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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

Jul 1, 2009, and ending

Jun 30,

_	For c	aler	ıdaı	year 2009, or ta	x year beginning 0	Tul 1	, 2009	, and ending Ju	n_	30 , 2010	
	G C	hec	k al	l that apply:	Initial return 🔲 Init	ial Return	of a former p	ublic charity		∐ Fin	al return
					Amended return		Address	change 🔲 Nar	ne (change	
-	He	e the	T	Name of foundation			<u></u>		Α	Employer identification nu	mber
	IRS	label	. 1	DON MCLEAN	FOUNDATION					13-3307700	
	Othe		•, [Number and street (or	PO box number if mail is no	t delivered to	street address)	Room/suite	В	Telephone number (see the	instructions)
	or t	rınt type.			THE PAVILION	261 OL	D YORK RD	720		(215) 884-56	78
	See S	peci		City or town			State	ZIP code	ပ	If exemption application is	pending, check here
	Instru	iction	ıs.	JENKINTOWN			PA	19046	D	1 Foreign organizations, cher	
-	Н	Che		type of organizat	tion. X Section 501	(c)(3) exe	empt private fe	oundation		2 Foreign organizations mee	ting the 85% test, check
		\Box		•	nonexempt charitable ti			private foundation		here and attach computation	on P
-	1	Fair		ket value of all assets		counting method X Cash Accrual			Ε	If private foundation status under section 507(b)(1)(A)	s was terminated
		(froi	n Pa	rt II, column (c), line	16)	Other (spec	ıfy)	_	F	If the foundation is in a 60	
	>					column (d) must be on	cash basis.)	Ľ	under section 507(b)(1)(B)	
	Part	150		nalysis of Re		(a) Re	venue and	(b) Net investme	nt.	(c) Adjusted net	(d) Disbursements
-			E	xpenses (The	total of amounts in	expense	es per books	income		income	for charitable
			co	olumns (b), (c), a ordy equal the am	nd (d) may not neces- nounts in column (a)						purposes
				ee the instruction							(cash basis only)
•		П	1	Contributions, gifts, g	grants, etc, received (att sch)		30,000.	MULTINE COLOR			Vet 1 5 4 30
		-	2		undn is not req to att Sch B	**************************************	19	3		9856.5555	7.432
			3		ngs and temporary		625	60		COF	*
==		1	4	cash investment Dividends and interes		<u> </u>	625.	62	5.	625.	
2011			-	Gross rents	est from securities .						() () () () () () () ()
₩				Net rental income or (loss)		18 18 14 P. S	75 THE 18 OF S				
ò	R				sale of assets not on line 10	MARCON CASO 1 A	THE RESERVE THE PARTY OF THE PA	The state of the s			2
JAN 04	Ε		-	Gross sales price for		34 W TO 1				TOTAL WATER STORY	216 4 2 18
₹	V E		7	assets on line 6a	ome (from Part IV, line 2)	F 150-27	arid .			14 W. T. W. T.	1 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			8		capital gain	5 4 4 N	#2.7				\$2.35 \$2. 35 \$
QEINIVIED	ñ		9	Income modifica		a ph	401 SA46	40			A STATE OF
, IT	Ε		10 a	Gross sales less returns and allowances .		S. 7	77.3	17			
25				allowances . Less Cost of		16 / C	- Lo				#4 × #4
4			L	goods sold .		170	*** *********************************	1			
	Š.			Gross profit/(loss) (100			3.91.2.24
ัช	7		11	Other income (a			1 060				10.5 7.2 364
_	•		12	Tetal Add hose	ROYALTIES		1,269. 31,894.	1,26			
-			12 13		cers, directors, trustees, etc	 	31,694.	1,89	4.	1,894.	i jaran
		- 1	14	Other employee sala						 	
		- 1	-	• •	employee benefits						
		- 1		Legal fees (attach so							
		D		Accounting fees (att							
		M		Other prof fees (atta							
	0,	N		Interest .							
	OPERAT	5	18		menst) NY ANNUAL FILING		60.				
	R	R	19	Depreciation (at			1				8 (188 £ 188 £ 189 £
	1	Ţ		sch) and deplets	IPIN RECEIVE						
	N Y	i i	20 21	Occupancy .		;					
		- 1	21 22	Printing and put	nces and meetings bleationsDEC 2021)10 C	}			 	
		v I	23	Other expenses	(aftach schedule)	10	} 				
		Ē		o in or oxportage			=				
		S :	24	Total operating	and administrative	UT			_		
		S		expenses. Add	lines 13 through 23 .		60.				
			25	Contributions, gifts,	grants paid		35,000.				
			26	Total expenses	and disbursements.		25 060				
-		+	27	Add lines 24 and Subtract line 26			35 , 060.				
		'			nue over expenses						
			а	and disburseme	ents		-3,166.				
			ь	Net investment inco	me (if negative, enter -0-)			1,89	4.		
					e (if negative, enter -0-)					1,894.	



Derf.	m	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
rak	7 (7.7	Dalance Silects	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-	bearing			<u> </u>
	2	Savings and tempora	ry cash investments	168,585.	165,419	165,419.
	3	Accounts receivable				
		Less allowance for o	loubtful accounts ▶			
	4	Pledges receivable		a de te à	<u> </u>	
		Less: allowance for o	loubtful accounts			
	5	Grants receivable				
	6	Receivables due from offic disqualified persons (attac	ers, directors, trustees, and other h schedule) (see the instructions)			
	7	Other notes and loans rece	eivable (attach sch)		est e e	
Š		Less: allowance for o	loubtful accounts ▶			
A S E T	8	Inventories for sale of				
	9	Prepaid expenses an	d deferred charges			ļ <u></u>
S	10:	Investments – U.S. a obligations (attach so	and state government :: hedule)			
	l	b Investments — corporate s	tock (attach schedule)			
	(c Investments — corporate t	oonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			
		Less, accumulated depreci- (attach schedule)	ation			
	12	Investments - mortg	age loans			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment: basis ►	4	* 金、安、本、金	· 多一个 · 该 · 参
		Less: accumulated deprect (attach schedule)	ation •			
	15 16	Other assets (describ Total assets (to be of see instructions. Also	ompleted by all filers -	168,585.	165,419.	165,419.
Ļ	17	Accounts payable an				
Ā	18	Grants payable				A Section &
В	19	Deferred revenue				
Ľ	20	Loans from officers, direct	ors, trustees, & other disqualified persons			
Ţ	21	Mortgages and other notes	payable (attach schedule)			, A
ļ	22	Other liabilities (desc	ribe)			
E S	23	Total liabilities (add	lines 17 through 22)			A
		Foundations that foll and complete lines 2	ow SFAS 117, check here > 4 through 26 and lines 30 and 31.			
NF	24	Unrestricted				g 2 4 50
N F E U T N	25	Temporarily restricted	d			**
D	26	Permanently restricte	ed			
A B S A L T A		Foundations that do and complete lines 2	not follow SFAS 117, check here X 7 through 31.			A transfer
ĔĹ	27	Capital stock trust or	rincipal, or current funds .			N.
TA	28		or land, building, and equipment fund		<u> </u>	
O E	29		lated income, endowment, or other funds	168,585.	165,419.	
RS	30	- ·	und balances (see the instructions)	168,585.	165,419.	
	31		et assets/fund balances	168,585.	165,419.	
Parl	:00	Analysis of Chan	ges in Net Assets or Fund Balanc			
1	Total	I net assets or fund ba	lances at beginning of year — Part II, colun	nn (a), line 30 (must agr	ee with	
	end-	of-year figure reported	on prior year's return)		1	168,585.
		r amount from Part I, I		•	. 2	-3,166.
3		increases not included in lin	e 2 (Itemize)		3	
4		lines 1, 2, and 3		•	4	165,419.
5		ases not included in line 2 (i		Dad II askers do s	5	1.65 410
<u>6</u>	rotal	THE LASSETS OF TUNG DA	lances at end of year (line 4 minus line 5)	– raπ II, column (b), lin	e 30 6	165,419.

/a\ ,ak aaal ala b		t Income	47.5	_		
2-story brick warehou	pe the kind(s) of property sold (e.g., reuse; or common stock, 200 shares ML	eal estate, C Company)	(b) How acqu P — Purcha D — Donati	ise	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a						
b ,						
<u> </u>						
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	100		(h) Gain or	(loca)
(c) Gloss sales price	(or allowable)	plus expense of sal			(e) plus (f) m	
a	<u> </u>					
<u>ь</u> с						
d				-		
e						
Complete only for assets show	ring gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Colu	mn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a			ain minus column (k an -0-) or Losses (fro), but not less
a						
b						
С						
d						
e	<u> </u>					
2 Capital gain net income or (ne	t capital loss). If gain, also if (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2		
3 Net short-term capital gain or ((loss) as defined in sections 1222(5) a	and (6).				
If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see the instructions).	If (loss), enter -0-		2		
urti, mic 0				J		
Part V Qualification Unde	r Section 4940(e) for Reduced e foundations subject to the section 49 his part blank.			ie		
Part V Qualification Unde (For optional use by domestic private If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the se	e foundations subject to the section 49 his part blank. tion 4942 tax on the distributable amount for under section 4940(e) Do not com-	940(a) tax on net investmen ount of any year in the base injete this part.	t income)		Yes	X No
(For optional use by domestic private If section 4940(d)(2) applies, leave to Was the foundation liable for the section 4940(d) applies for the section 4940(d) applies, leave to Was the foundation liable for the section 4940(d) applies, leave to 4940(d)(2) applies, leave to 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(e foundations subject to the section 45 his part blank. tion 4942 tax on the distributable amount of the section 4940(e). Do not comin each column for each year; see the	equation of any year in the base instructions before making	t income)			X No
Part V Qualification Unde (For optional use by domestic private If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the se	e foundations subject to the section 49 his part blank. tion 4942 tax on the distributable amount for under section 4940(e) Do not com-	940(a) tax on net investmen ount of any year in the base injete this part.	t income) period? any entries.	•	Yes (d) Distribution on the control of the contro	ratio
(For optional use by domestic private if section 4940(d)(2) applies, leave to was the foundation liable for the sectif 'Yes,' the foundation does not qual 1. Enter the appropriate amount in (a) Base period years Calendar year (or tax year)	tion 4942 tax on the distributable amount each column for each year; see the	ount of any year in the base injecte this part. Instructions before making (c) Net value of	t income) period? any entries.	•	(d) Distribution	ratio by column (c))
(For optional use by domestic private (For optional use by domestic private (If section 4940(d)(2) applies, leave to (Was the foundation liable for the section (Yes,' the foundation does not qual 1. Enter the appropriate amount (a) Base period years (Calendar year (or tax year beginning in)	tion 4942 tax on the distributable amount each column for each year; see the	ount of any year in the base injecte this part. Instructions before making (c) Net value of	t income) period? any entries.	•	(d) Distribution	ratio
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(For optional use by domestic private if section 4940(d)(2) applies, leave to was the foundation liable for the sectif 'Yes,' the foundation does not qual 1. Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginning in) 2008 2007 2006 2005	tion 4942 tax on the distributable amount of the section 4942 tax on the distributable amount of the section 4940(e). Do not common each column for each year; see the harmonic of the section 4940(e). Adjusted qualifying distributions 0.	ount of any year in the base injecte this part. Instructions before making (c) Net value of noncharitable-use ass	period? any entries. 0. 4,880. 0,411.	•	(d) Distribution	ratio by column (c)) 0.000000 0.064566 0.090006
(For optional use by domestic private of section 4940(d)(2) applies, leave to the section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(tion 4942 tax on the distributable amount of the section 4942 tax on the distributable amount of the section 4940(e). Do not comin each column for each year; see the (b) Adjusted qualifying distributions 0. 10,000.	ount of any year in the base injecte this part. Instructions before making (c) Net value of noncharitable-use ass	period? any entries. ets 0.	•	(d) Distribution	ratio by column (c)) 0.000000
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(For optional use by domestic private (For optional use by domestic private (If section 4940(d)(2) applies, leave to (If section 401) appl	tion 4942 tax on the distributable amount of the section 4940 tax on the distributable amount of the section 4940(e). Do not comin each column for each year; see the (b). Adjusted qualifying distributions. 0. 10,000. 14,438. 0.	pount of any year in the base inplete this part. Instructions before making (c) Net value of noncharitable-use ass 154 160 158	period? any entries. 4,880.),411. 3,872.	2 3 4	(d) Distribution	ratio by column (c)) 0.000000 0.064566 0.090006 0.000000 0.154572 0.038643 0.
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Petr	Wilson Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see to	he ins	tructions)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here . Fig. and enter 'N/A' on line 1.		: 4	AV.
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)			
E	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		38.
	check here . ► and enter 1% of Part I, line 27b			
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)l	j		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>	0.
3	Add lines 1 and 2 .	3		38.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	·	38.
6	Credits/Payments·		19 . A 18	71-16
а	2009 estimated tax pmts and 2008 overpayment credited to 2009 .			
	Exempt foreign organizations – tax withheld at source			A second
	Tax paid with application for extension of time to file (Form 8868) 6c 0.		Mr. Art Com	Section,
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d	7	F	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached .	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		38.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax . Refunded	11		
Par	VIII A Statements Regarding Activities		-	-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?		1a	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1ь	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials public or distributed by the foundation in connection with the activities.	shed		
c	: Did the foundation file Form 1120-POL for this year?		1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	Х
	If 'Yes,' attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
	of 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	X
_	If 'Yes,' attach the statement required by General Instruction T	•		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			algir.
_	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conf with the state law remain in the governing instrument?	iict	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV .		7 X	+
	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete F	42(j)(E	5)	الكلابا
	for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete F	art XI	V 9	<u> X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name	nes	_	1.
BAA	and addresses		10	X X
			Form 990-PF	(とびひろ)

Pa	TIVILA Statements Regarding Activities Continued			-9-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Х
	Website address ► N/A	<u> </u>		
14	The books are in care of ► SM_SHUBERT_CPA Telephone no. ► (215)	884	-567	 18
	Located at ► 720 The Pavilion, 261 Old York Rd, Jenkintown, PA ZIP +4 ► 19046			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			$\prod_{i=1}^{n}$
	and enter the amount of tax-exempt interest received or accrued during the year			_
20	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1	a During the year did the foundation (either directly or indirectly):		387	29.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ı.	-	100 m
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		i in the second	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		.5.41 .5.51	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	40	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	14.		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here	6.4		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?		1	
	If 'Yes,' list the years ► 20 , 20 , 20	146		# sig
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)	2b		X
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 1		
	► 20, 20, 20	·	*	
2		1		. iy € .d
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No		*	Street.
	b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	76	**
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X
2 / /				2000

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			•	
2 Compensation of five highest-paid employees	(other than those incl	uded on line 1— see ins	tructions). If none, ente	r 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
n/a				
0		-,-		
0				
0				
0				
Total number of other employees paid over \$50,000				None

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3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE. (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Com NONE N/A	es,
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Com NONE N/A	
N/A	pensation
Total number of others receiving over \$50,000 for professional services	None
Part IX A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	enses
1	
2	
3	
·	
4	
PartilX:B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Arr	nount
1	
2	
All other program-related investments. See instructions	
3	
Total Add lines 1 through 3	

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	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1 b	
	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1 d	
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part of the complete the comp		ations
1	Minimum investment return from Part X, line 6	1	0.
2:	a Tax on investment income for 2009 from Part VI, line 5		
1	Income tax for 2009. (This does not include the tax from Part VI)		
•	Add lines 2a and 2b	2 c	38.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Pa	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	
ı	Program-related investments – total from Part IX-B	16	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	4.14	
Ī	a Suitability test (prior IRS approval required)	3a	
ı	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	er the foundat	on

Part XIII Undistributed Income (see instructions)

			(a Corp			Yea	rs pr	b) for to	2008			(c) 2008				(c 20	1) 09	
1	Distributable amount for 2009 from Part XI,																	
2	· · · · · · · · · · · · · · · · · · ·									╁╌								0.
	a Enter amount for 2008 only								•					0.				
	Total for prior years 20 , 20 , 20									1				-	·			····
	Excess distributions carryover, if any, to 2009:									1								
	a From 2004 0						•	•	3	ŀ				ļ				
ı	From 2005 14,500								R	1								٠,
	From 2006 10,000	. T					,											
•	From 2007 0 .	1					~							1			- *	
	From 2008 . 0 .	.]																
1	Total of lines 3a through e .		2	4,5	00.	1		•	~		-7	•		1		~ •		*
4	Qualifying distributions for 2009 from Part	绣		,	,		Ĩ.	-	и			^	",			4, 3	-,	-34
	XII, line 4. ► \$									ľ							٠	
•	Applied to 2008, but not more than line 2a		1.	Á	**		• •	*	**						, ¹⁵ ,	<u>.</u>		·z *
ı	Applied to undistributed income of prior years (Election required – see instructions)	- 1	٠,		-38 İ			·		K.	~′,		*	~~		. 1	,å.	\$10°.
(Treated as distributions out of corpus (Election required – see instructions).					٠,	• *****	人	Ж.		Š~		24	Ĭ	<u>)</u> ,	•	egg (T	\$ E.
•	Applied to 2009 distributable amount	هتر -	7,4%	,, ,	· 6.	- 1 1,700	2000	·	,'	1	-, D	-# -	***	-	~ ~	, y. 24. s	-200	. 322 .
	Remaining amount distributed out of corpus		· · · ·		0.	À	,56	حسي ترت	秀×	10-		4,614		_	-3	, File		. X
	Excess distributions carryover applied to 2009 .			•	<u> </u>	V 477		2,34		1 No.	\$. Tage.		 -					<u> 4 </u>
	(If an amount appears in column (d), the	A - 98	J 45/21	- E	4	* * <u>*</u> *	家	jag.	*	. 40.	3 .8247	1	, 64		2,503.4		-77	-55.
	same amount must be shown in column (a).)		-16.	,			2	24.			1.88	: 1 : 1	٠.	· d		مكاتم	Â,10	ا این مین این علی د
6	Enter the net total of each column as	Sec. 20	r i	7 , હ્યું −-	έ,	. 29.0	***	J.	4	14	2 3	, 1 j	, *;		-		7	1,000
0	indicated below:	14 · 🦓		£36.5°	v.	· - \$6	- 10 m	·	ž,	ļ., .	· •	12 ²⁰ =	*	, =	. 🦄	4.00	· Ł	¥.×.
ā	Corpus. Add lines 3f, 4c, and 4e Subtract line 5		2	4,50	00.			•	,	Ĺ		·	2,		ىد	2		
	Prior years' undistributed income Subtract line 4b from line 2b	#1. 1/s		*3578 ****					0.	- A-C	* 7	*			*,22 , ~62.4	- 	- Şir	178
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	**	4							14.			**************************************	×	· #	,		
c	Subtract line 6c from line 6b Taxable amount – see instructions	×, -		. 4,					0.	,	, ئر	- X. - S.	**			,		*
		-							<u> </u>	-		<u></u>			• ′			
E	Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions	is ×		,3										0.			·	- #
f	Undistributed income for 2009. Subtract lines	* ' '8	*	٠	•	z	. ,			*	条	4	į,	1				
	4d and 5 from line 1 This amount must be distributed in 2010]. :		4	,	<	. , ~					,	•					0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)																	•
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)				0.										·····			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a		2	A 50														
10	Analysis of line 9			4,50	,,,,									\dashv				
	Excess from 200514,500.				l									1				
	Excess from 2006 10,000.	1												-				
	Excess from 2007 . 0 .	1																
	Excess from 2008 . 0 .	1			-									- 1		•		4
	Excess from 2009 0 .	1			1					,								
ΛΛ	0.	Ц			1													

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Recipient

3 Grants and Contributions P	aid Duri	ng the Ye	ar or Approved for Futu	re Payment		
Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home of	or busin	ess)	substantial contributor	recipient	CONTRIBUTION	
a Paid during the year						
GOOD SHEPARD FOOD BA	NK				CHARITABLE	
CAMDEN			None	N/A		
AUBURN	ME	04211				7,500.
HOSPITALITY HOUSE					CHARITABLE	
ROCKLAND			None	N/A		
M	NE	04843				12,500.
CAMDEN AREA FOOD					CHARITABLE	}
PANTRY						
CAMDEN		04843		N/A		5,000.
CAMDEN HILLS REGIONAL	HIGH	SCHOOL				
25 KEELSON DR			i			
ROCKPORT	ME	04856	None	N/A	CHARITABLE	5,000.
Chuck Hendrick						
PO BOX 206						•
ROCKPORT	ME	04856		N/A	CHARITABLE	5,000.
Total			<u>' </u>		► 3a	35,000.
b Approved for future payment		•	<u></u>			30,000.
				'		
			:			
Total					▶ 2L	i e

Total

Part XVI-A Analysis of Income-Producing Activities

Enter dross	s amounts unless otherwise indicated.	Unrelate	ed business income	Evolude	d by section 512, 513, or 514	
,		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
•	ram service revenue:			code		(see the instructions)
		ļ		ļ		
				 		
				 		-
				 		
f				 		
·	and contracts from government agencies	<u> </u>		 		
_	bership dues and assessments	· .			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	st on savings and temporary cash investments	N/A		<u> </u>		
	lends and interest from securities .	31,55		1		
	ental income or (loss) from real estate					
	-financed property					
	debt-financed property .					
6 Net re	ntal income or (loss) from personal property					
7 Other	r investment income .					
8 Gain o	or (loss) from sales of assets other than inventory .					
9 Net ii	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory					
	r revenue.			T	Proc. 1981 80 50	4 3
	ALTIES	N/A	1,269.		· · · · · · · · · · · · · · · · · · ·	
		 				
			 			
-		 	· · · · · · · · · · · · · · · · · · ·	 		
e	otal. Add columns (b), (d), and (e)		1,269.			
12 511017						1
						1 260
13 Total	I. Add line 12, columns (b), (d), and (e)				13	1,269.
13 Total (See works	I. Add line 12, columns (b), (d), and (e)	Iculations.)			13	1,269.
13 Total (See works	I. Add line 12, columns (b), (d), and (e)	Iculations.)			13	1,269.
13 Total (See works	I. Add line 12, columns (b), (d), and (e)	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
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13 Total See works Part XVII	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
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13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	
13 Total (See works Part XVII	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	culations.) Accompli	shment of Exemp	t Purp	13 oses	1,269.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

relatur a Trans (1) C (2) O b Other (1) S (2) P (3) R (4) R (5) Le (6) P c Sharii	ng to political or fers from the relash ther assets transactions ales of assets trurchases of assental of facilities eimbursement a coans or loan guerformance of sing of facilities, or go of facilities.	ganizations? porting foundation to o a noncharitable exists from a noncharit s, equipment, or other arrangements arrantees services or memberslequipment, mailing li	able exempt organization	rganization of			1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5) 1b (6) 1c	X
the go	oods, other asse	ets, or services given	by the reporting foundation	n. If the founda	ation received les	s than fair mar	ket value in	
	(b) Amount in		show in column (d) the value of noncharitable exempt organization		d) Description of trans			noments
(a) Line no.	(b) Amount in	voiveu (C) Name	or noncharitable exempt organiza	10011	Description of tran	isiers, dansacuons,	and Sharing arran	yements
					<u></u>		<u> </u>	
								
						 		
			···					
·								
								
								
			· · · · · · · · · · · · · · · · · · ·					
					·			
			 					
descr b If 'Yes	ibed in section 5	501 (c) of the Code (c following schedule.	ated with, or related to, on ther than section 501(c)(3) (b) Type of organ) or in section	5277	tions Description of		X No
					<u> </u>			
(Soll	Mari	this/eturn, including accompanying iddiciary) is based on all information	schedules and sta n of which preparer	tements, and to the be has any knowledge		and belief, it is true	, correct, and
Signa	ature of officer or trus	stee		Dat		Title		
Paid Pre-	Preparer's signature	Kuemu	Naubert, CPA		ote 2/07/10	Check if self- employed ►	Preparer's Identifyi (See Signature in	
parer's Use	Firm's name (or yours if self-		MAN AND HUTTNER	LLP		EIN >		
Only	employed), address, and		ROAD SUITE 720					
1	ZIP code	JENKINTOWN		PA 1	9046	Phone no	(215) 884	
AA							Form 99	0-PF (2009)

Schedule B (Form 990, 990 EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization	Employer identification number				
DON MCLEAN FOUNDATION	<u> 13</u> -3307700				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust 501(c)(3) taxable private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	nd by the General Rule or a Special Rule . or (10) organization can check boxes for both the General	ral Rule and a Special Rule. See instructions.			
General Rule — X For an organization filing Form S contributor (Complete Parts I are	990, 990-EZ, or 990-PF that received, during the year, \$ nd II)	5,000 or more (in money or property) from any one			
Special Rules -					
509(a)(1)/170(b)(1)(A)(vi) and re	ation filing Form 990 or 990-EZ, that met the 33-1/3% su eceived from any one contributor, during the year, a con III, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	itribution of the greater of (1) \$5,000 or (2) 2% of the			
aggregate contributions of more	(10) organization filing Form 990 or 990-EZ, that receive than \$1,000 for use exclusively for religious, charitable, or animals. Complete Parts I, II, and III.	d from any one contributor, during the year, scientific, literary, or educational purposes, or the			
contributions for use exclusively this box is checked, enter here t	(10) organization filing Form 990 or 990-EZ, that receive for religious, charitable, etc, purposes, but these contribute total contributions that were received during the year of the parts unless the General Rule applies to this organ	butions did not aggregate to more than \$1,000. If for an <i>exclusively</i> religious, charitable, etc.			
religious, charitable, etc, contrib	outions of \$5,000 or more during the year	▶\$			
990-PF) but it must answer 'No' on I	covered by the General Rule and/or the Special Rules of Part IV, line 2 of their Form 990, or check the box on line eet the filing requirements of Schedule B (Form 990, 990).	ie H of its Form 990-EZ, or on line 2 of its Form			
BAA For Privacy Act and Paperwo for Form 990, 990EZ, or 990-PF.	ork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)			

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization CLEAN FOUNDATION	' '	r identification number
	Contributors (see instructions)	[13-3	307700
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DON MCLEAN BOX 307 CAMDEN ME 04843	\$ 30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue Service		File a separate application for each return	·	<u> </u>		
• If you are filing for	e filing for an Automatic 3-Month Extension, complete only Part I and check this box .					
 If you are filing for 	an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II	(on page 2 of this form	n)	_	
Do not complete Part	<i>II unless</i> you have airead	dy been granted an automatic 3-month extension	on a previously filed F	orm 8868.		
Partil Automa	tic 3-Month Extens	ion of Time. Only submit original (no c	opies needed).			
A corporation required	to file Form 990-T and r	equesting an automatic 6-month extension - che	eck this box and compl	ete Part I only	► 🗌	
All other corporations income tax returns	(including 1120-C filers)	partnerships, REMICS, and trusts must use Fori	m 7004 to request an e	xtension of time to file	e	
returns noted below (6 the additional (not auto Form 990-T. Instead,)	months for a corporation matic) 3-month extension must submit the fully	ectronically file Form 8868 if you want a 3-month in required to file Form 990-T). However, you can on or (2) you file Forms 990-BL, 6069, or 8870, g completed and signed page 2 (Part II) of Form 8 -file for Charities & Nonprofits	not file Form 8868 electrons	ctronically if (1) you was posite or consolidated	rant J	
Name of E	xempt Organization		En	nployer identification number	er	
Type or						
print DON M	CLEAN FOUNDATIO	ON	13	3-3307700		
File by the due date for Number, si	reet, and room or suite number	If a P O box, see instructions				
Advantage .	HUBERT, THE PAV	VILION 261 OLD YORK RD, #720				
instructions City, town	or post office, state, and ZIP coo	fe For a foreign address, see instructions				
JENKI	NTOWN			PA 19046		
Check type of return t	o be filed (file a separat	e application for each return).				
Form 990	· [Form 990-T (corporation)	Form 4720			
Form 990-BL	Ī	Form 990-T (section 401(a) or 408(a) trust)	Form 5227			
Form 990-EZ Form 990-T (trust other than above) Form 606						
X Form 990-PF		Form 1041-A	Form 8870			
Telephone No. If the organization If this is for a Groucheck this box the extension will a light request an auto	p Return, enter the orga I I it is for part of the cover matic 3-month (6 month)	FAX No. ► or place of business in the United States, check in ization's four digit Group Exemption Number (Gine group, check this box ► and attach a list is for a corporation required to file Form 990-T) ethe exempt organization return for the organization	EN) If this st with the names and E xtension of time	s is for the whole grou EINs of all members	▶ □	
The extension is	for the organization's re					
► V tay year	year 20 or	, 20_09_, and endingJun_30,	20 10			
	for less than 12 months		, <u>,</u>	nge in accounting peri	ıod	
				Ige in accounting peri		
nonrefundable ci	edits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative ta	x, less any	3a \$	0.	
	n is for Form 990-PF or 9 ny prior year overpaymen	90-T, enter any refundable credits and estimated nt allowed as a credit		3b \$	0.	
deposit with FTD	coupon or, if required, b	Ba. Include your payment with this form, or, if req by using EFTPS (Electronic Federal Tax Payment	System).	3c \$	0.	
Caution. If you are go payment instructions.	ng to make an electronic	fund withdrawal with this Form 8868, see Form	8453-EO and Form 88	79-EO for		
BAA For Privacy Act	and Paperwork Reduction	on Act Notice, see instructions.		Form 8868 (Rev. 4	4-2009)	