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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052
2009

For calendar year 2009, or tax year beginning 07-01-2009 , and ending 06-30-2010

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC
Number and street (or P O box number if mail is not delivered to street address)
PO BOX 493
Room/suite
City or town, state, and ZIP code
MT DORA, FL 327560493

A Employer identification number
20-4046341
B Telephone number (see page 10 of the instructions)
(352) 787-0002
C If exemption application is pending, check here ☐
D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 106,406
J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	13,080			
	2 Check ☒ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	55	55		
	4 Dividends and interest from securities.				
	5a Gross rents	9,829			
	b Net rental income or (loss) _____ -10,675				
	6a Net gain or (loss) from sale of assets not on line 10	-19,934			
	b Gross sales price for all assets on line 6a _____ 254				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	1,014			
	12 Total. Add lines 1 through 11	4,044	55		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	1,454			
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	61	61		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	25			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	19,065	20		20
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	20,605	81		20
	25 Contributions, gifts, grants paid	118,150			118,150
	26 Total expenses and disbursements. Add lines 24 and 25	138,755	81		118,170
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-134,711			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	220,929	104,000	104,000
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	20,188		
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)		2,406	2,406	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	241,117	106,406	106,406	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	241,117	106,406	
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	241,117	106,406	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	241,117	106,406		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	241,117
2	Enter amount from Part I, line 27a	2	-134,711
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	106,406
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	106,406

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	9800SH COLONIAL BANKGROUP INC	D	2002-09-18	2009-11-08
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 254		20,188	-19,934
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-19,934
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-19,934
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	119,069	180,322	0 660313
2007	161,876	218,290	0 741564
2006	77,020	110,801	0 695120
2005			
2004			

2	Total of line 1, column (d).	2	2 096997
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 698999
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.	4	165,382
5	Multiply line 4 by line 3.	5	115,602
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	
7	Add lines 5 and 6.	7	115,602
8	Enter qualifying distributions from Part XII, line 4.	8	118,170

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1

Date of ruling or determination letter (attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, 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, col (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

a

2009 estimated tax payments and 2008 overpayment credited to 2009

6a

30

b

Exempt foreign organizations—tax withheld at source

6b

c

Tax paid with application for extension of time to file (Form 8868)

6c

d

Backup withholding erroneously withheld

6d

7

Total credits and payments Add lines 6a through 6d.

7

30

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

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

30

11

Enter the amount of line 10 to be Credited to 2010 estimated tax 30 Refunded

11

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?

1b

No

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

c

Did the foundation file Form 1120-POL for this year?

1c

No

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 \$

e

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

No

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

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

Yes

b

If "Yes," has it filed a tax return on Form 990-T for this year?

4b

Yes

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?

5

No

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

By language in the governing instrument, or

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) FL

8a

b

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

No

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

10

Yes

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Part VII-A

Statements Regarding Activities (continued)

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 page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶GUIDESTAR.ORG	13	Yes	
14	The books are in care of ▶KRISTEN L BARTCH-KNIGHT Telephone no ▶(352) 787-0002 Located at ▶PO BOX 493 MT DORA FL ZIP+4 ▶327560493			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			

Part VII-B

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
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No (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)?. ☐ Yes ☒ No (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 ☒ 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 page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
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		
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?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 page 20 of the instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
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		

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☐ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b

6b

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DALE E BARTCH	PRESIDENT	0	0	0
PO BOX 493	5 00			
MT DORA, FL 327560493				
CHERYL E BARTCH	V PRESIDENT	0	0	0
PO BOX 493	10 00			
MT DORA, FL 327560493				
KRISTEN L BARTCH-KNIGHT	SECR-TREAS	0	0	0
PO BOX 493	5 00			
MT DORA, FL 327560493				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "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
NONE				

Total number of other employees paid over \$50,000.

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

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	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3.	

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	657
b	Average of monthly cash balances.	1b	160,634
c	Fair market value of all other assets (see page 24 of the instructions).	1c	6,610
d	Total (add lines 1a, b, and c).	1d	167,901
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	167,901
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	2,519
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	165,382
6	Minimum investment return. Enter 5% of line 5.	6	8,269

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	8,269
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	8,269
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	8,269
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	8,269

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	118,170
b	Program-related investments—total from Part IX-B.	1b	
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		
a	Suitability test (prior IRS approval required).	3a	
b	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	118,170
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 page 26 of the instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	118,170
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7					8,269
2 Undistributed income, if any, as of the end of 2008					
a Enter amount for 2008 only.					
b Total for prior years 20____, 20____, 20____					
3 Excess distributions carryover, if any, to 2009					
a From 2004.					
b From 2005.					
c From 2006.					73,441
d From 2007.					153,815
e From 2008.					110,080
f Total of lines 3a through e.		337,336			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 118,170					
a Applied to 2008, but not more than line 2a					
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)					
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .					
d Applied to 2009 distributable amount.					8,269
e Remaining amount distributed out of corpus		109,901			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)					
6 Enter the net total of each column as indicated below:					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		447,237			
b Prior years' undistributed income Subtract line 4b from line 2b.					
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.					
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .					
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions					
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)					
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)					
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a		447,237			
10 Analysis of line 9					
a Excess from 2005. . . .					
b Excess from 2006. . . .					73,441
c Excess from 2007. . . .					153,815
d Excess from 2008. . . .					110,080
e Excess from 2009. . . .					109,901

Part XIVPrivate Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

DALE E AND CHERYL E BARTCH

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number of the person to whom applications should be addressed

CHERYL E BARTCH
PO BOX 493
MT DORA, FL 327560493
(352) 787-0002

b

The form in which applications should be submitted and information and materials they should include

GRANT APPLICATION GUIDELINES ATTACHED POST-SECONDARY EDUCATION SCHOLARSHIPS FOR DESERVING, NEEDY STUDENTS THE CRITERIA FOR DEFINING DESERVING AND NEEDY SHALL BE DETERMINED BY THE BOARD OF DIRECTORS OF THE FOUNDATION THE FIVE PAGE SCHOLARSHIP APPLICATION WITH SUBMISSION INSTRUCTIONS IS ATTACHED

c

Any submission deadlines

NONE

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NO REQUESTS BY TELEPHONE ACCEPTED ALL APPLICATIONS MUST BE SUBMITTED BY MAIL NO RESTRICTIONS TO KINDS OF INSTITUTIONS AS LONG AS INSTITUTION QUALIFIES AS TAX EXEMPT ORGANIZATION SCHOLARSHIP APPLICANTS ARE LIMITED POST-SECONDARY EDUCATION ONLY THE PURPOSE AND AMOUNT WILL BE DEPENDENT UPON NEED AND WILL BE DETERMINED ON A CASE-BY-CASE BASIS THE FOUNDATION WILL NOT AWARD EDUCATIONAL LOANS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	118,150
b Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2009)

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

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash.	1a(1)		No
	(2) Other assets.	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
	(3) Rental of facilities, equipment, or other assets.	1b(3)		No
	(4) Reimbursement arrangements.	1b(4)		No
	(5) Loans or loan guarantees.	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.				
*****			2010-11-01	
Signature of officer or trustee			Date	
*****			*****	
Preparer's Signature			Date	
ALFRED C HALIDAY JR			2010-11-04	
Firm's name (or yours if self-employed), address, and ZIP code			Check if self-employed ☐	
HALIDAY BAIR & HUX PA			Preparer's identifying number (see Signature on page 30 of the instructions)	
400 WEBSTER STREET			EIN	
LEESBURG, FL 34748			Phone no (352) 787-3445	

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 organization DALE E AND CHERYL E BARTCH CHARITABLE FOUNDATION INC	Employer identification number 20-4046341
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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	☒ 501(c)(3) exempt private foundation ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DALE E AND CHERYL E BARTCH CHARITABLE FOUNDATION INC	Employer identification number 20-4046341
--	---

Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DALE E AND CHERYL E BARTCH PO BOX 493 MT DORA, FL 327560493	\$ 13,080	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
—		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization DALE E AND CHERYL E BARTCH CHARITABLE FOUNDATION INC	Employer identification number 20-4046341
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Part II

Noncash Property (see Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization DALE E AND CHERYL E BARTCH CHARITABLE FOUNDATION INC	Employer identification number 20-4046341
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 Relationship of transferor to transferee		

Additional Data

Software ID: 09000034
Software Version: 09540951
EIN: 20-4046341
Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN CANCER SOCIETY1650 W MAIN ST 3 LEESBURG,FL 34748	NONE	501(C)(3)	CANCER RESEARCH	500
BOYS & GIRLS CLUB400 EXECUTIVE BLVD LEESBURG,FL 34748	NONE	501(C)(3)	ANNUAL FUND RAISING DRIVE	3,500
BOYS & GIRLS CLUB400 EXECUTIVE BLVD LEESBURG,FL 34748	NONE	501(C)(3)	SCHOLARSHIP PROGRM FOR DISADVANTAGED	10,000
CHILDRENS MIRACLE NETWORK 3160 SOUTHGATE COMMR BLVD ORLANDO,FL 32806	NONE	501(C)(3)	FUNDING FOR 2 CHILDREN'S HOSPITALS	2,400
FLORIDA HOSPITAL FOUNDATN 2809 N ORANGE AVE ORLANDO,FL 32804	NONE	501(C)(3)	TRANSPLANT ANTI-REJECTION MEDS	50,000
HOSPICE OF LAKE COUNTY12300 LANE PARK ROAD TAVARES,FL 327789660	NONE	501(C)(3)	CANCER RESEARCH	500
LEESBURG FOOD BANK INC1305 SUNSHINE AVE LEESBURG,FL 34748	NONE	501(C)(3)	FOOD FOR THE NEEDY	50,000
LOWE'S FBO THE RED CROSS9540 US HIGHWAY 441 LEESBURG,FL 34788	NONE	501(C)(3)	RED CROSS-HAITIAN EARTHQUAKE RELIEF	1,000
MARCH OF DIMES7928 S US HIGHWAY 441 4 LEESBURG,FL 34788	NONE	501(C)(3)	IMPROVE HEALTH OF BABIES	250
Total ▶ 3a				118,150

TY 2009 Explanation of Non-Filing with Attorney General Statement

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Statement: FLORIDA ATTORNEY GENERAL DOES NOT REQUIRE COPY

**TY 2009 Investments Corporate
Stock Schedule**

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC
EIN: 20-4046341

Name of Stock	End of Year Book Value	End of Year Fair Market Value
9800 SHARES COLONIAL BANGROUP INC		

TY 2009 Other Assets Schedule

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INDOOR TOY STORAGE LLC		2,406	2,406

TY 2009 Other Expenses Schedule**Name:** DALE E AND CHERYL E BARTCH

CHARITABLE FOUNDATION INC

EIN: 20-4046341

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDOOR TOY STORAGE LLC				
BANK SERVICE CHARGES	955			
PRINTING	617			
START UP COSTS	4,747			
TELEPHONE	294			
ADVERTISING	12,412			
EXPENSES				
POSTAGE	40	20		20

TY 2009 Other Income Schedule

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Description	Revenue And Expenses Per Books	Net Invest ment Income	Adjusted Net Income
IRS REFUND	1,014		

TY 2009 Other Professional Fees Schedule

Name: DALE E AND CHERYL E BARTCH

CHARITABLE FOUNDATION INC

EIN: 20-4046341

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDOOR TOY STORAGE LLC	1,454			

TY 2009 Substantial Contributors Schedule

Name: DALE E AND CHERYL E BARTCH
CHARITABLE FOUNDATION INC

EIN: 20-4046341

Name	Address
DALE E AND CHERYL E BARTCH	PO BOX 493 PO BOX 493 MT DORA, FL 327560493

TY 2009 Taxes Schedule

Name: DALE E AND CHERYL E BARTCH

CHARITABLE FOUNDATION INC

EIN: 20-4046341

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FLORIDA ANNUAL REPORT	61	61		

**DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.**

Attention: Kristen L. Bartch
P. O. Box 493
Mount Dora, Florida 32756

SCHOLARSHIP APPLICATION

1. Deadline for consideration: _____
2. This application should be completed and returned with the following required items to:

**DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.**

Attention: Kristen L. Bartch
P. O. Box 493
Mount Dora, Florida 32756

- a) A recent photograph not larger than 3" x 5" (newspaper photos are not accepted).
- b) A sheet listing honors received, clubs and social activities participated in, talents and interests you have.
- c) Transcript from high school.
- d) Three letters of recommendation giving specific data regarding your academic ability, character, family background, and economic status (with emphasis on character) from any of the following: Principal, dean, teacher, advisor, minister, employer, or civic leader. These letters shall be included with this application.
- e) A sheet listing your job experience (if any), including place of employment, dates of employment, job title, and duties.
- f) On a separate sheet of paper, write a brief autobiography. Please include your career goals and objectives.

-
3. Notification will be sent upon receipt of this application form. Updates on status will also be sent. Awards will be made in _____.

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

Name: _____

_____ Mr.
_____ Ms. _____ / _____ / _____
First Middle Last Social Security

University / College: _____

Semester applying for: _____ Fall _____ Spring Year _____

Date accepted by University / College: _____ / _____ / _____

Intended Major: _____

PERSONAL INFORMATION

Permanent home address:

_____ (_____) _____
Number & Street or Postal Box Number Area Code & Telephone Number

_____ Height: _____' _____"
City State Zip Code Weight: _____ lbs

Date of birth: _____ / _____ / _____ Place of birth: _____
City State

EDUCATIONAL INFORMATION

High School:

_____ Name

_____ City State

Dates of attendance: _____ through _____
Month Year Month Year

Academic average (GPA): _____

Date of graduation: _____ / _____ / _____

Educational institution currently attending: _____

SAT Score: _____ ACT Score: _____

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

PARENTAL INFORMATION

Father:	Mother:
Name: _____	Name: _____
Job Title: _____	Job Title: _____
Place of	Place of
Employment: _____	Employment: _____
Address of	Address of
Employment: _____	Employment: _____
_____	_____
City State Zip Code	City State Zip Code
Business	Business
Telephone: (____) _____ - _____	Telephone: (____) _____ - _____

FINANCIAL INFORMATION

Do you live with:

		Parent(s)	Student
_____ Both parents	TOTAL INCOME		
_____ One parent	last calendar year:	\$ _____	\$ _____
Father _____	U.S. Income		
Mother _____	tax paid:	- _____	- _____
_____ Independent	Social Security		
_____ Other:	tax paid:	- _____	- _____
_____	Medical / Dental		
_____	expenses:	- _____	- _____
	AVAILABLE INCOME:	\$ _____	\$ _____

A copy of the first page of your parent(s) IRS Form 1040 Income Tax Return must be attached to this application.

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

Number of family members

(including parents): _____

Number of family members

attending college: _____

Do you expect to be employed
while attending college?

☐ Yes

☐ No

If yes, name the place of employment:

CERTIFICATION

I certify that, to the best of my knowledge, the information provided in this application is correct. I have completed this application with the understanding that it is the property of the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.

Signature

Date signed

I (we) certify that, to the best of my(our) knowledge, the information provided is correct (one parent or guardian signature required, unless applicant is 18 or older).

Father's Signature

Date signed

Mother's Signature

Date signed

Dale E. and Cheryl E. Bartch Charitable Foundation, Inc.

Please provide the following information:

BUDGET

Anticipated college expenses:

Tuition \$ _____

Books

Housing _____

Board _____

Sub-Total – Anticipated Expenses: \$_____

Less:

Scholarships - _____

Financial Aid - _____

Sub-Total -

Net Anticipated Expenses \$ _____

**DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.**

Attention: Kristen L. Bartch
P. O. Box 493
Mount Dora, Florida 32756

GRANT APPLICATION GUIDELINES

These guidelines are provided to assist those charitable organizations which are considering making application for grants from the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC. There are many worthy charitable causes, but those which fall within the following described guidelines are the causes which the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC., are most inclined to support. The grant committee charged with responsibility for selecting recipients of gifts from the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC., will follow the grant guidelines.

The grant committee shall consider all qualified applications received from organizations that are exempt from taxation under the Internal Revenue Code of the United States of America.

The qualified organizations are those which are charitable, religious, and/or educational in nature. No part of any gift shall be used to influence legislation or to carry on propaganda, the sole object and purpose of the charitable foundation being to further the cause of charity, education, and religion.

Decisions regarding grants will be based on the following described considerations, and if DALE E. BARTCH, CHERYL E. BARTCH and KRISTEN L. BARTCH are deceased, then the funds of the Foundation shall be administered as follows:

- A. One Million Dollars (\$1,000,000.00) shall be set aside as a segregated fund to benefit the Muscular Dystrophy Association, to be used as needed for the direct benefit of the clients, and not for administrative costs.
- B. One Million Dollars (\$1,000,000.00) shall be set aside as a segregated fund to benefit the United Way of Lake County, Florida to be distributed to the approved agencies determined by the Budget and Allocations Committee to be in the greatest need. This shall be distributed at a rate of \$250,000.00 per year until this segregated fund is exhausted.
- C. One Million Dollars (\$1,000,000.00) shall be distributed to the American Cancer Society to be used for direct research costs.

- D. One Million Dollars (\$1,000,000.00) shall be distributed to the American Heart Association to be used as deemed necessary but not for administrative costs.
- E. One Million Dollars (\$1,000,000.00) shall be set aside as a segregated fund to benefit the Sunrise ARC of Lake County, Florida for the direct benefit of the clients and not for administrative costs. Distributions from this segregated account shall be made as the Directors shall so determine.
- F. Four Million Dollars (\$4,000,000.00) shall be distributed to the Lake Sumter Community College for the construction of a building on campus, which will be named after the Bartch family.
- G. One Million Dollars (\$1,000,000.00) shall be distributed to the Florida Hospital Diabetes Foundation to be used as deemed necessary but not to be used for administrative costs.
- H. One Million Dollars (\$1,000,000.00) shall be distributed to the Boys and Girls Clubs of Lake and Sumter Counties to establish an endowment in the name of Dale E. and Cheryl E. Bartch.
- I. The remainder of the Foundation's assets shall be managed and distributed for the sole benefit of providing post-secondary education scholarships to deserving, needy students. The criteria for defining "deserving" and "needy" shall be determined by the directors of the Foundation.

Provided, however, should KRISTEN L. BARTCH survive DALE E. BARTCH and CHERYL E. BARTCH, then, as the Managing Director of the Foundation, the above set forth Guidelines shall not be mandatory, but shall be used by KRISTEN L. BARTCH as a guide setting forth the charitable inclinations of DALE E. and CHERYL E. BARTCH.

Though the guidelines set forth hereinabove shall be adhered to by the Gift Committee of the Foundation in virtually every choice of recipients of funds, the Gift Committee reserves the right to select deserving donees that fall outside the definition of the guidelines but that demonstrate an unusual need in harmony with the concerns of the DALE E. AND CHERYL E. BARTCH CHARITABLE FOUNDATION, INC.

All grant requests are to be received no later than _____ of each year. All such requests shall be in writing by the proposed grant recipient. The Foundation will consider grant requests at its annual meeting during the month of _____.

APPLICATION REQUIREMENTS

Institutions or organizations wishing to apply for funds should supply the Foundation with a fully developed proposal

The proposal should include the following information, and should be forwarded to the address above:

- Completed Grant Proposal Synopsis Sheet
- Principal objective and brief history of the organization/institution
- List of the current Board of Directors
- Copy of letter from IRS showing proof of tax-exempt status
- Detailed outline of project, including its expected outcome, including the number served by the grant, if applicable
- Financial information for prior 3 years (financial statements; audited or unaudited - if unaudited, please explain why)
- Proposed budget for current year for both the project and the organization/institution
- Source(s) of other funding for the project for which funding is requested (if applicable)

FOLLOW-UP PROCESS

Proposals will be reviewed upon receipt. Additional information may be requested. Once all required information is received, the proposal will be presented at the next regularly scheduled meeting of the Grant Committee.

Once a decision is made by the Committee, the Foundation will communicate the decision to the applicant in writing.

For further information, please call Kristen L. Bartch at (352) 787-0002.

**DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.**

Attention: Kristen L. Bartch
P. O. Box 493
Mount Dora, Florida 32756

GRANT PROPOSAL SYNOPSIS SHEET

DATE: _____

NAME OF ORGANIZATION: _____

NAME, TITLE AND ADDRESS OF CONTACT:

(PERSON) _____

(TITLE) _____

(STREET ADDRESS) _____

(CITY/STATE/ZIP) _____

(PHONE NUMBER) _____

AMOUNT OF GRANT REQUEST: \$ _____

PURPOSE OF GRANT REQUEST: _____

**PRIOR GRANTS RECEIVED FROM THE DALE E. AND CHERYL E. BARTCH
CHARITABLE FOUNDATION, INC.:**

PURPOSE OF GRANT: _____

DATE: _____ AMOUNT: \$ _____

PURPOSE OF GRANT: _____

DATE: _____ AMOUNT: \$ _____