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SCANNED NOV 0 8 2010

Department of the Treasury

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

OMB No 1545-0052 2009

		nue Service Note. The foundation may be able			ate reporting	requirements	
For	calenda	ar year 2009, or tax year beginning $07/01/09$, a	and ending $06/3$	0/10			
G C	heck a		turn of a former public	\neg		Final return	
		Amended return Add	ress change	Name	change	······	<u></u>
Use	the IR	Name of foundation				loyer identification num	ber
l	abel.				42	<u>-1407185</u>	
Oth	erwise	GLYNN FELLOWSHIP FOUNDATION	ON		1	ohone number (see page 1	0 of the instructions)
•	orint	Number and street (or P O box number if mail is not delivered	d to street address)	Room/suite	56.	<u>3-332-6054 </u>	
	type.	3408 CROWNE POINTE CIRCLE			C If exe	emption application is pend	ling, check here
	Specifi uctions	Only of town, state, and 211 code			D 1 F	oreign organizations, check	chere 🕨 📗
		DETTENDORE IN	52722		1	oreign organizations meetii	7
$\overline{}$	-	/pe of organization 💹 Section 501(c)(3) exempt private			85	5% test, check here and at	tach computation 🕨 🔲
			e private foundation		•	rate foundation status was	
		tet value of all assets at end J Accounting method	Cash X Acc	rual	secu	on 507(b)(1)(A), check her	
	•	rom Part II, col (c), Use Other (specify)			1	foundation is in a 60-mont	
	e 16) 🕨		be on cash basis)		unde	r section 507(b)(1)(B), che	ck here
Pa	irt I	Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) Netin	vestment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal	books	, ,	ome	income	purposes
	Ι".	the amounts in column (a) (see page 11 of the instructions))		ļ			(cash basis only)
	l	Contributions, gifts, grants, etc , received (attach schedule)			·····		
		Check ► X If the foundation is not required to attach Sch B	0 44.0		0 410	0.412	
	1	Interest on savings and temporary cash investments	2,419		2,419	2,419	
	1	Dividends and interest from securities					·
	1	Gross rents					
, e	l .	Net rental income or (loss)			·····		
eu		Net gain or (loss) from sale of assets not on line 10					
Revenue	1	Gross sales price for all assets on line 6a					
ימי	1	Capital gain net income (from Part IV, line 2)			0		·····
		Net short-term capital gain				0	
		Income modifications					***************************************
		Gross sales less returns & allowances					
	1	Less Cost of goods sold					·····
	1	Gross profit or (loss) (attach schedule)					
		Other income (attach schedule) Total. Add lines 1 through 11	2,419		2,419	2,419	······
		Compensation of officers, directors, trustees, etc	2,419		2,719	2,419	
enses		Other employee salaries and wages					
Sus	1	Pension plans, employee benefits					-,
	1	Legal fees (attach schedule)			-		
û		Accounting fees (attach schedule) STMT 1	174				174
Ve	i .	Other professional fees (attach schedule)					
at		Interest			RECE	IVED I	
isti	į.	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	24	1 _		781	 -
Ë		Depreciation (attach schedule) and depletion		10			
dπ		Occupancy		18	NUV ®	1 2010 12	··· <u>·</u> ··
Ă		Travel, conferences, and meetings	. .	163)			
Operating and Administrative Exp		Printing and publications		i	OGL	EN, UT	
g		Other expenses (att. sch.) STMT 3	130	<u> </u>			130
tin		Total operating and administrative expenses.					
3ra		Add lines 13 through 23	328	<u> </u>	0	<u> </u>	304
þę		Contributions, gifts, grants paid	3,000				3,000
_	1	Total expenses and disbursements. Add lines 24 and 25	3,328		0	0	3,304
		Subtract line 26 from line 12					······································
	а	Excess of revenue over expenses and disbursements	-909				
		Net investment income (if negative, enter -0-)			2,419		
	С	Adjusted net income (if negative, enter -0-)				2,419	
		Ast and Dananuark Reduction Act Notice and page 20					5 900 BE (0000)

end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

1 64, 761

2 -909

3 4 63,852

Form 990-PF (2009)

Page	3
r aye	•

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income			-	
	be the kind(s) of property sold (e.g., real estate, shouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date⊦sold (mo , day, yr)
1a N/A						
<u>b</u>						
<u>c</u>		· 				
<u>d</u>						
<u>e</u>	(f) Depreciation allowed	(a) Cos	t or other basis		(h) Gain	or (loss)
(e) Gross sales price	(or allowable)		pense of sale			minus (g)
a						
b						
<u>c</u>						
d						
e Complete only for assets shown	g gain in column (h) and owned by the fo	undation on 12/3	1/69			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i)	col (l	k), but not	(h) gain minus less than -0-) or om col (h))
а						
b						
С			·			
d						
е				<u> </u>		
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in			2		
, ,	ss) as defined in sections 1222(5) and (6	·				
*	, column (c) (see pages 13 and 17 of the	instructions)				
Part V Qualification U	nder Section 4940(e) for Reduc	ed Tay on Ne	at Investment Inco	_3_		
	e foundations subject to the section 4940			1110		
	•	(a) tax on not mit	oouncin moonie ,			
If section 4940(d)(2) applies, leave the	·					
	tion 4942 tax on the distributable amoun	• •	e base period? 📙 Ye	es 🔀 No		
	lify under section 4940(e) Do not comple		 			
	each column for each year, see page 18	of the instruction	s before making any en	tries		(4)
(a) Base period years Calendar year (or tax year beginning			(c) ue of noncharitable-use ass	sets		(d) ibution ratio ivided by col (c))
2008		,352				
2007		,174 ,195				
2006	-	142	62,	305	· · · · · · · · · · · · · · · · · · ·	0.002279
2004	2	,673	60,			0.043946
	••	•	•			
2 Total of line 1, column (d)				2		0.046225
•	5-year base period—divide the total on li	• •	he			
number of years the foundation h	has been in existence if less than 5 years	i		3	·	0.023113
4. Enter the net value of noncharita	ble-use assets for 2009 from Part X, line	5		4		0
4 Enter the net value of nonchanta	bie-use assets for 2005 from Part A, life	5		-	 	
5 Multiply line 4 by line 3				5		
. •						
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)			6	ļ	24
						0.4
7 Add lines 5 and 6				7		24
8 Enter qualifying distributions from	n Part XII. line 4					3,304
	n Part XII, tille 4 n line 7, check the box in Part VI, line 1b	and complete the	at part usino a 1% tax r	ate Seeth	<u></u> е	3,304
Part VI instructions on page 18		, sile somplete ti	part comg a 170 tax t	000 (11	-	
						orm 990-PF (2009)

Form	990-PF (2009) GLYNN FELLOWSHIP FOUNDATION 42-1407185		F	Page 4
Pa	Irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions	<u> </u>		
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			24
	here ▶ X and enter 1% of Part I, line 27b			
С	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			24
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-			24
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	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			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			24
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			-
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	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		X
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		X
	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			
С	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		X
	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
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	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			
	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? N/A	6		
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ▶ IA			
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	X	<u>L</u>
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	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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?

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4b

X

Form	990-PF (2009) GLYNN FELLOWSHIP FOUNDATION	42-1	407185				Pag	je 6
Pa	irt VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (co	ntınue	:d)			
5a	During the year did the foundation pay or incur any amount to						T	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?		Yes	X 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	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X 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 inst			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or				<u> </u>			
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions d	escribed in					
-	Regulations section 53 4945 or in a current notice regarding disaster assistance				N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he			•		1		_
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from							
·	because it maintained expenditure responsibility for the grant?	on the tax	n/a 🗌	Yes	□No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)		-17	.03				
60	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	av promumo						
6a	on a personal benefit contract?	ay premiums		Yes	X No			
h	·	reanal hanafit cont	t?	162	<u> </u>	en l		x
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonar benefit conti	actr			6b		<u> </u>
7 .	If "Yes" to 6b, file Form 8870	-14 4		V	X No			
	At any time during the tax year, was the foundation a party to a prohibited tax sh		 2	Yes	N/A	7b		—
	If yes, did the foundation receive any proceeds or have any net income attributa int VIII Information About Officers, Directors, Trustees, Fo			v Daio				—
Pi		unuation man	ayers, nigili	y Fait	ı Employ	ees,		
1 1	and Contractors .ist all officers, directors, trustees, foundation managers and their compensa	tion /soo nago 22	of the instructi	one)				—
	ist an officers, directors, trustees, foundation managers and their compensa	Ton (see page 22	or the mstructi		Contributions to	1		—
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, ente	1 ` 677	Contributions to ployee benefit	(e) Exp	ense acco	ount,
	(a) Name and address	devoted to position	-0-)	piar	ns and deferred ompensation	other	allowance	es
	D. CONTROLLED A.	-			ompensation	 		
SE	E STATEMENT 4					}		
		 				 		
		•						
				+		 		
				1				
						+		
_	Compensation of five highest-paid employees (other than those included or		22 -645			l		—
2	If none, enter "NONE."	i line i—see page	23 of the instru	ictions).			
	THORE, CHEF HONE.	T	<u> </u>	(d)	Contributions to	T		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation) en	ployee benefit		ense acco	
	(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) compensation	į piai	ns and deferred compensation	other	allowance	3 S
NC	NTP			+ ~	этроповаот	 		
NC	NE.							
	 -			+		 		
				+		-		
				+		+		—
		 		1		†		
Tota	number of other employees paid over \$50,000					•	L	

Form 990-PF (20		42-1407185	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundard Contractors (continued)	ation Managers, Highly Paid Em	ıployees,
3 Five highe	st-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NOI	NE."
	(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		
Fait IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year Include relevant statistical	information such as the number of	Expenses
	d other beneficiaries served, conferences convened, research papers produced, etc		Lapenses
1 N/A			
2			
2			
3			
4			
D-4 IV D	Commence of December 2014 at the contract of t	04 - £4b - !	
Part IX-B	Summary of Program-Related Investments (see page 2 largest program-related investments made by the foundation during the tax year on line:		A
1 N/A	angust program related investments made by the foundation during the tax year of line.	s rand 2	Amount
,			
2			
	-related investments. See page 24 of the instructions		
3			

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Total. Add lines 1 through 3

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

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3,304

3,280

За

3b

4

5 6

3

b

Pa	art XIII Undistributed Incom	e (see page 26 of	the instructions)			
1	Distributable amount for 2009 from Part		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7					-24
2	Undistributed income, if any, as of the e	end of 2009				
а	Enter amount for 2008 only					
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to					
а	From 2004	2,707				
b	From 2005	176				
С	From 2006	1,251				
d	From 2007	2,236				
е	From 2008	2,400				
f	Total of lines 3a through e	`	8,770			
4	Qualifying distributions for 2009 from Pa	art XII,				
	line 4 ▶ \$3,304					
а	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)				
С	Treated as distributions out of corpus (E	lection				
	required—see page 26 of the instruction	ns)				
đ	Applied to 2009 distributable amount					-24
е	Remaining amount distributed out of co	rpus	3,328			
5	Excess distributions carryover applied to	2009				
	(If an amount appears in column (d), the	e same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	act line 5	12,098			
b	Prior years' undistributed income Subtr	act				
	line 4b from line 2b				******	
С	Enter the amount of prior years' undistri	buted				
	income for which a notice of deficiency	has				
	been issued, or on which the section 49	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instruction					
е	Undistributed income for 2008 Subtract					
	4a from line 2a Taxable amount—see p	page				
	27 of the instructions					
f	Undistributed income for 2009 Subtract					
	4d and 5 from line 1 This amount must	be				•
-	distributed in 2010					0
7	Amounts treated as distributions out of	·				
	to satisfy requirements imposed by sect					
	170(b)(1)(F) or 4942(g)(3) (see page 27	or the				
	instructions)	4				······································
8	Excess distributions carryover from 200					
	applied on line 5 or line 7 (see page 27	or the	2 707			
۵	instructions)	n	2,707			•
9	Excess distributions carryover to 2019	υ.	0 301			
10	Subtract lines 7 and 8 from line 6a		9,391			
10	Analysis of line 9	176				
a b	Excess from 2005 Excess from 2006	1,251				
	Excess from 2006 Excess from 2007	2,236				
c d	Excess from 2008	2,400				
e	Excess from 2009	3,328			İ	
<u> </u>	E10000 HOIH 2000	3,320	<u>.</u>	, <u> </u>		

Pa	rt XIV Private Operating For	undations (see pa	age 27 of the inst	ructions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2009, enter the date of	of the ruling	•		
b	Check box to indicate whether the found	ation is a private opera	ating foundation descri	bed in section 49	942(J)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(-) T-4-1
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for					
	each year listed					
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	-				
е	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					
а	"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					<u></u>
С	"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					
۲a	rt XV Supplementary Inform	• •	-		ad \$5,000 or more	in assets at
	any time during the ye		of the instruction	ons.)		
1	Information Regarding Foundation Mar	-				
а	List any managers of the foundation who				•	
	before the close of any tax year (but only N/A	if they have contribute	ed more than \$5,000)	(See section 507(d)(2))	
<u> </u>	List any managers of the foundation who		the steel of a serverat	(a. a. a. a. a. b. laasa		
b	ownership of a partnership or other entity			· · · · · ·	portion of the	
	N/A) of which the loundar	ion has a 10% or grea	ter interest		
2	Information Regarding Contribution, G	rant Gift Loan Scho	lambin etc. Brogram			
2				ns. ble organizations and d	and not accept	
	unsolicited requests for funds. If the foun organizations under other conditions, cor		· · · · ·	o or the instructions) to	individuals of	
_				ld be addressed		
а	The name, address, and telephone numb MARY ELIZABETH SIEVE		• • •	iu de audressed		
	2707 E. HAYES ST. DA					
h				av should include		
b	The form in which applications should be SEE STATEMENT 5	submitted and inform	ation and materials the	ey snoula include		
_						-
С	Any submission deadlines JUNE 1					
d	Any restrictions or limitations on awards,	such as by geography	cal areas, charitable 6	elds kinds of institution	ne or other factors	
u	SEE STATEMENT 6	Such as by geographi	vai aicas, cilalitable li	ะเนอ, KIIIUS UI IIISIIIU[[0]	is, or other factors	
	THE CALLESTING OF					Form 990-PF (2009

Part XV Supplementary Information (c	ontinued)			
3 Grants and Contributions Paid During th	e Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year JANEE JACKSON 505 W. 6TH ST. #6 DAVENPORT IA 52803	NONE	U ILLINOIS	FELLOWSHIP	3,000
			1	
Total			<u> </u>	3,000
b Approved for future payment		T	▶ 3a	3,000
N/A				
Total			▶ 3b	000 DE (000

DAA

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Part XVI-A		ctivities				 -
Enter gross am	ounts unless otherwise indicated	Unrelated (a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	rvice revenue			code		the instructions)
a		_				
b		_				
						
		_				
		_				
	d contracts from government agencies					······································
	dues and assessments			1 4		
	savings and temporary cash investments			14	2,419	
	nd interest from securities					
	come or (loss) from real estate					
	anced property			+ +		· · ·
	t-financed property			+		
7 Other invest	come or (loss) from personal property			+		
	s) from sales of assets other than inventory					
	or (loss) from special events			 		
	or (loss) from sales of inventory	-		1		
	ue a			+		
e						
12 Subtotal Ad	ld columns (b), (d), and (e)			0	2,419	0
13 Total. Add I	ne 12, columns (b), (d), and (e)				13	2,419
(See worksheet	in line 13 instructions on page 28 to verify calcula	tions)				
Part XVI-B	Relationship of Activities to the	Accomplishm	ent of Exempt I	Purposes		
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions)	•			•	of the
3	TO PROVIDE SCHOLARSHIPS	/FELLOWS	HIPS TO QU	ALIFYI	NG STUDENTS	5
			· •			
				· · · · · · · · · · · · · · · · · · ·		
	············		·			
						
				-		.
						·
						
					· · · · · · · · · · · · · · · · · · ·	
						
		· ·				
					-	
						
					·	

For	m 990-PF	(2009) GLYNN I	FELLOWSH	IP FOUNDATIO	N	42-1407185		Pa	ge 1 3
P	art XVII			ransfers To and Tra	insactions a	and Relationships With I	Noncharitable		
_	Did the	Exempt Orga						1,7	T
1				age in any of the following	-	-		Yes	No
			otner than sect	ion 501(c)(3) organization	is) or in section	527, relating to political			
	organız								
•	(1) Cas		oundation to a n	ioncharitable exempt orga	inization of			1	
	• •	er assets					1a(1)	<u> </u>	X
	• •	er assets ansactions					1a(2)	 	^
				.					7.
		es of assets to a nonch					1b(1)	 	X
		chases of assets from ital of facilities, equipm					1b(2)		X
		mbursement arrangem		ssets			1b(3)	_	X
		ns or loan guarantees	ients				1b(4)		X
		-	r mamharehin i	or fundraising solicitations			1b(5)		X
,				other assets, or paid emp			1b(6)		X
,			-		•) should always show the fair m	1c		
•				-		oundation received less than fail			
				- · · · · · · · · · · · · · · · · · · ·		oods, other assets, or services			
	(a) Line no	(b) Amount involve		of noncharitable exempt organic		(d) Description of transfers, transac		ements	
N/									
				*** * <u>*</u>					
				·		* * *			
									
	-								
				·-·					
									
	-								
28	s Is the fo	undation directly or inc	directly affiliated	with, or related to, one o	r more tax-exem	npt organizations			
	describe	ed in section 501(c) of	the Code (other	r than section 501(c)(3)) o	r in section 527	?	□ Ye	es X	No
t	If "Yes,"	complete the following	g schedule						
		(a) Name of organization	n	(b) Type of organiza	tion	(c) Description of	of relationship		
	N/A		••						
			. -						
			<u> </u>			 			
	_			<u> </u>	<u> </u>	v			
	Under pe	nalties of perjury, I declare	that I have exam	ined this return, including acc	ompanying schedu	ules and statements, and to the best sed on all information of which prepa	of my knowledge and		
	belief, it	A A /	M	_ A	Of Hadiciary) is ba	· ^ ·			
		NOUS C	<u>a / nac</u>	R	10/28/	SECRET	ARY/TREASUR	<u>ÆR</u>	
ere.	▼ Sign	ature of officer or trustee			Date '	Title	1		
Ĭ		_				Date Check if	Preparer's identification number (see Sig		on
Sign Here	ır's ıly	Preparer's signature				self-employed	page 30 of the m	struction	s)
S	Paid Preparer's Use Only	agriature P DON		ORHEAD, CPA		10/22/10	P00055	710	<u> </u>
	P rep Use	Firm's name (or yours if	MOORH		, P.C.			^~-	
	4 -	self-employed), address and ZIP code	·	LILLIE AVE	2006 442	4	EIN ► 42-109		
	L	and an oode	DAVE	NPORT, IA 52	806-440	Τ	Phone no 563-38	<u>⊌ – 4</u>	144

421407185 GLYNN FELLOWSHIP FOUNDATION 42-1407185 FYE: 6/30/2010		Federal Statements	S	10	10/22/2010 3:42 PM	
Statement 4 - Form 990-PF,	90-PF, Part VIII, Line	1 - List of Off	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	ees, Etc.		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses ·	
JANET WOODS-BRAGG 504 1/2 W. 11TH STREET DAVENPORT IA 52803	DIRECTOR	0.00	0	0	0	
MARY ELIZABETH SIEVERT 2707 E. HAYES ST. DAVENPORT IA 52803	PRESIDENT	00.0	0	0	0	
RITA STERLING 1507 11TH AVE. EAST MOLINE IL 61244	SECRETARY	00.0	0	0	0	
DORIS MACK 3408 CROWNE POINTE CIRCLE BETTENDORF IA 52722	TREASURER	0.00	0	0	0	
KATE KING 2132 W. 30TH ST. DAVENPORT IA 52804	DIRECTOR	0.00	0	0	0	
REVEREND DR. BRIAN MICLOT 518 W. LOCUST ST. DAVENPORT IA 52803	DIRECTOR	0.00	0	0	0	
SHEILA ENGEL 2625 E. 56TH ST. DAVENPORT IA 52807	EX-OFFICIO	00.0	0	0	0	
						-
					4	

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42-1407185 Federal Statements

10/22/2010 3:42 PM

FYE: 6/30/2010

Statement 5 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICANTS MUST SUBMIT A RESUME, AN OFFICIAL TRANSCRIPT, AND THREE REFERENCES.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

JUNE 1

Statement 6 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

APPLICANTS MUST BE RESIDENTS OF SCOTT COUNTY, IOWA. MAXIMUM \$3,000 FELLOWSHIP.