

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of the return to extend the return

OMB No 1545-0052

2009

G Check∛	<b>M</b> -that apply	Initial return	Initia	l return d	of a former p	oublic char	<u>ty</u>		Final return
		Amended return		Addres	s change		Name c	hange	
	Name of for						A Emp	loyer identific	ation number
Use the IF		RIGAN-WALLA FOU	NOITAGN				1		
label.		ERT T. BORAWSKI						77-	0359520
Otherwis	Number and	d street (or P O box number	f mail is not delivere	ed to street	address)	Room/sui	e B Telep	hone number (see	page 10 of the instructions)
print or type.	1						-		
See Speci	1280 SP	ACE PARK WAY				104		•	0) 691-689
Instruction	City or town	n, state, and ZIP code	REC	JEIV!			C If exc	emption applica ling, check here	tion is
	1		_  _		ျွ			=	ons, check here
		N VIEW, CA 9404		<del>-9</del>	101				ions meeting the
H Check	ype of organiza	ation. X Section 501						6% test, check homputation .	
		onexempt charitable trust			vate tounda		E If pri	vate foundation	status was terminated
			ounting <b>Outbo</b>			rual			(1)(A), check here
	(from Part II, co	ol (c), line	ther (specify)				F If the	foundation is	ın a 60-month terminatio
16) 🕨	•		, column (d) mu	ıst be on	cash basis.)	1	unde	er section 507(b)	(1)(B), check here
		enue and Expenses (The columns (b), (c), and (d)	(a) Revenue		(b) Net inve	estment	(c) Adjus	ted net	(d) Disburseme for charitable
m	ay not necessanly	y equal the amounts in	expenses books		incon		inco		purposes
		ge 11 of the instructions).)	DOOKS						(cash basis or
1	l if the	, etc , received (attach schedule) , foundation is <b>not</b> required to							
1	ck 🕨 📖 attach	Sch B			<del></del>				
	_	d temporary cash investments	164	6 <b>,</b> 507.	1.6	6,507.	<u> </u>	•	AMOU 1
		est from securities	100	5,30/.	т.е	0,307.			ATCH 1
									· 1
	•	oss)	<u> </u>	4,426.	<del></del>	¦			
6a Net b Gro	gain or (loss) from ss sales price for all	sale of assets not on line 10 43,926.		1,420.					
ass ass	ets on line 6a	43,320	` <u> </u>			4,413.		<del></del>	
7 Ca <sub>l</sub>	•	ome (from Part IV, line 2)				7,413.			
8 Net	•	tal gain							
	ome modification is sales less returns	ns · · · · · · · · · · · · · · · · · · ·	<b></b>			*	<del> </del>		
and	allowances · · ·								
	Cost of goods sol								
		) (attach schedule)	_ [	5,300.		7,800.		-7,800.	ATCH 2
		ch schedule)	I .	5,633		3,120.		-7,800.	AICH Z
		nrough 11	100	0.		-, <u>-</u> 20.		.,000.	··
	•	ers, directors, trustees, etc	<u> </u>	<del></del> -		+	<del></del>		
14 Oth		aries and wages	· · ·			-			<del></del>
<u>→</u>	ision plans, emp	chedule) ATCH 3		1,200.		0.		0.	
S b Acc		tach schedule) ATCH 4		1,375.		0.		0.	
D C C++		ees (attach schedule)		<del> </del>	<del></del>				
17 Inte		ees (attach schedule)				<del></del>			
17 IIII		) (see page 14 of the instructions)	10	0,150.		5,090.			
19 De		schedule) and depletion.		5,440.	1	6,440.			
20 Oc	•			<del> ]</del>		- 1			
20 Oct		, and meetings		· ·			-		
21 11a		tions			-				
22 Pili		ach schedule) ATCH 6	3	3,025.		2,922.			
23 Ou		ach schedule) 11 91				,			
D 100		•	68	3,190	2	4,452.		0.	
25 Cor		h 23		1,000.		,			61
	=	grants paid		9,190	2	4,452.	<del></del>	0.	61
	expenses and disbu	rsements, Add lines 24 and 25		,		-, 100		Ŭ.	
			36	5,443					
		ome (If negative, enter -0-)	<u> </u>	-,	13	8,668.	···-		<del></del>
1		ie (if negative, enter -0-)				-, 555.		-0-	<del></del>
<u>  CAdj</u>	usteu net Incom	ie (if negative, enter -0-) work Reduction Act Notice	<u> </u>					CH 5	Form 990-PF

PAGE 2

Par	+ 11	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
гаі	Ų III	Dalance Sheets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1		Cash - noa-interest-bear	ing			
2			cash investments	50,592.	187,705.	187,705.
3	3 /	Accounts receivable		_		
-			btful accounts ▶	•		
4						
			btful accounts ▶			
٤						
6			officers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)			
1 7			receivable (attach schedule)			
'			ibtful accounts	-		'
ه ا			se			
Assets			leferred charges			
SSI		•	te government obligations (attach schedule)			
۱۱۱			e stock (attach schedule) ATCH 7	8,004,777.	7,903,867.	4,608,813.
-		•				
1.	1	Investments - land, building				
		Less accumulated depreca	ation			
1:	2	Investments - mortgage	loans		· ·	
1:	3	Investments - other (att	ach schedule)			
14	4	Land, buildings, and equipment basis	<b>-</b>			
-		Less accumulated depreca (attach schedule)	ation >			
11	5	Other assets (describe	► ATCH 8	8,272.	8,512.	8,512.
110	6	Total assets (to be con	pleted by all filers - see the			
		instructions Also, see p	page 1, item I)	8,063,641.	8,100,084.	4,805,030.
1:			accrued expenses			, , , , , , , , ,
1:		· •				1
g 1	9	•				1
2			ors, trustees, and other disqualified persons			
Liabilities 5			otes payable (attach schedule)			
			e ▶)			
-	-	<b>.</b>				,
2	3	Total liabilities (add line	es 17 through 22) <u></u>			•
$\top$			llow SFAS 117, check here ▶			
		and complete lines	24 through 26 and lines 30 and 31.			
Sel		-				•
SI 2	4 E					•
ala ,	J C	• •			-	· ·
削	J		not follow SFAS 117,			•
Fund Balances		check here and con	nplete lines 27 through 31.			
ō 2	7		ncipal, or current funds	8,251,140.	8,063,641.	,
		•	or land, bidg, and equipment fund	-		
Net Assets		• • •	nulated income, endowment, or other funds	-187,499.	36,443.	
t As		<del>-</del> :	nd balances (see page 17 of the	<u> </u>		,
<u>≅</u>  °				8,063,641.	8,100,084.	
	4	Tetal liabilities and no	et assets/fund balances (see page 17			•
3	1			8,063,641.	8,100,084.	;
D	~+_U		anges in Net Assets or Fund			
	للكك	not cocoto or fired b	alances at beginning of year - Part II	column (a) line 30 (mus	t agree with	
						8,063,641.
			ed on prior year's return)		1 . [	36,443.
		r amount from Part I,			ا و ا	30, 443.
						8,100,084.
		lines 1, 2, and 3				0,100,004.
5 C	ecr)	eases not included in	n line 2 (itemize) ▶	: <u>-</u>	5	8,100,084.
<u>6 T</u>	ota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b)	), line 30 <u> 6</u>	8,100,084.

Part IV Capita	ai Cains ai	nd Losses for Tax on Inve				
, (		scribe the kind(s) of property sold (e warehouse, or common stock, 200 s		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
la SEE PART I			,			
b						
С						
d	<del>-</del> .					
e						
(e) Gross sales pr	orice	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а						
b						
С				<u> </u>		
d				ļ		
е						
Complete only for	assets show	ring gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	aın mınus
(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	col	(k), but not less t Losses (from co	
a						
b						
С						
d						
е						
2 Capital gain net ir	ncome or (ne	et capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		4,413.
		(loss) as defined in sections 12 e 8, column (c) (see pages 13 a				
ii gaiii, aiso ciitei		o, column (c) (ccc pages no t		1 1		
-	ın Part I line	8		131		
If (loss), enter -0- Part V Qualification (For optional use by	cation Under domestic pr	ivate foundations subject to the			me)	
If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation	cation Under domestic pr applies, lea	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib	iced Tax on Net Investment Ince section 4940(a) tax on net invest	ment inco	_	Yes X No
If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation	cation Under domestic pr applies, lead liable for the tion does not	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e).	utable amount of any year in the b	ment inco	d?	Yes X No
If (loss), enter -0- Part V Qualification (For optional use by a section 4940(d)(2) Was the foundation of "Yes," the foundation of the section 1 Enter the appropriate that the section of	cation Under domestic pr applies, lead liable for the tion does not	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e). t in each column for each year	utable amount of any year in the book page 18 of the instructions be	ment inco	d?	Yes X No
If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation (a) Base penod year Calendar year (or tax year be	cation Under domestic pr ) applies, lea liable for the tion does not priate amoun	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e). t in each column for each year (b)  Adjusted qualifying distributions	utable amount of any year in the bound to complete this part  see page 18 of the instructions bound to complete the comple	ment inco	d?	atio
If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation (a) Base penod year	cation Under domestic pr ) applies, lea liable for the tion does not priate amoun	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e). t in each column for each year (b)  Adjusted qualifying distributions  330,000.	utable amount of any year in the bound of the page 18 of the instructions bound of nonchantable-use assets  3,890,933.	ment inco	d?	atto y col (c)) 0.084813
If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the foundation (a) Base penod year Calendar year (or tax year be	cation Under domestic pr ) applies, lea liable for the tion does not priate amoun	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e). t in each column for each year (b) Adjusted qualifying distributions 330,000. 1,055,358.	utable amount of any year in the bound of the instructions bound of the instruction bound of the instruct	ment inco	d?	atto y col (c)) 0.084813 0.171372
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If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2)  Was the foundation If "Yes," the foundation (a) Base penod year Calendar year (or tax year be) 2008 2007	cation Under domestic pr ) applies, lea liable for the tion does not priate amoun	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e). t in each column for each year (b)  Adjusted qualifying distributions 330,000.  1,055,358.  904,473. 611,452.	utable amount of any year in the bound of the instructions be section 4940(a) tax on net invest the bound of the instructions be considered in the instructions be considered in the instruction of the instructions be considered in the instruction of the instruc	ment inco	d?	atto y col (c)) 0.084813 0.171372 0.112547 0.074312
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If (loss), enter -0- Part V Qualification (For optional use by f section 4940(d)(2)  Was the foundation f "Yes," the foundation f "Yes," the foundation f asseption (a) Base period year Calendar year for tax year be 2008 2007 2006 2005 2004  Total of line 1, cd Average distribution number of years	cation Under domestic process description (d)	r Section 4940(e) for Reduivate foundations subject to the ve this part blank.  section 4942 tax on the distrib qualify under section 4940(e).  t in each column for each year  (b)  Adjusted qualifying distributions  330,000.  1,055,358.  904,473.  611,452. 422,743.  the 5-year base period - divide	utable amount of any year in the bound of the instructions be section 4940(a) tax on net invest the bound of the investigation of the section of the section 4940(a) tax on net invest the bound of the section 4940(a) tax on net investigation of the section of the section 4940(a) tax on net investigation of the section of the section 4940(a) tax on net investigation of the section	efore mak	d?	0.084813 0.171372 0.112547 0.074312 0.056058
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If (loss), enter -0- Part V Qualification (For optional use by If section 4940(d)(2) Was the foundation If "Yes," the fou	cation Under domestic produced in the column (d) cation ratio for sthe foundation of the foundation of the column (d) cation ratio for sthe foundation of the foundation of the foundation ratio for sthe foundation of the foundation o	r Section 4940(e) for Redulivate foundations subject to the verthis part blank.  section 4942 tax on the distribition 4940(e). The each column for each year (b)  Adjusted qualifying distributions 330,000. 1,055,358. 904,473. 611,452. 422,743.  the 5-year base period - divide on has been in existence if less aritable-use assets for 2009 from the come (1% of Part I, line 27b).	utable amount of any year in the bound of the instructions be section 4940(a) tax on net invest the instructions be see page 18 of the instructions be see p	efore mak	d?	0.084813 0.171372 0.112547 0.074312 0.056058 0.499102 0.099820 439,029.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)_
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_	2,7	73.
	here 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-) 2			
3	Add lines 1 and 2		2,7	73.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		2,7	73.
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 5, 220.			
	Exempt foreign organizations-tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868)  6c  0.			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		5,2	20.
8	Enter any penalty for underpayment of estimated tax. Check here X 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,4	47.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax > 2,447. Refunded > 11			
Pai	t 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
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		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?	1 c		X
d		-		
	(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?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	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	X	
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	Х	
8a				
	instructions) > CA,			
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	8 b	Χ	
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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		X

Form **990-PF** (2009)

				_
orm	990-PF'(2009) 77-0359520			Page 5
Par	t 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		Х
	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12	.,	х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X 555	
	Located at 1280 SPACE PARK WAY, MOUNTAIN VIEW ZIP+4 CA 940	13	 	- <b>-</b>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	· · ·		· [
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т —	T.	T
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	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 X No.			
	(1) Engage in the sale of exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		١.,	'
	disqualified person/			·
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	, *		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualmed person?			, <u>;</u>
	(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)?	1.5	7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if		ľ ,	1 -3
	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 )		,;;\	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	-	X.
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	3	1.	<del>                                     </del>
_	Organizations relying on a current notice regarding disaster assistance check here		1	ļ. , ,
C	were not corrected before the first day of the tax year beginning in 2009?	1 c	1	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)):	1. *		
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and		1	ļ
_	6e, Part XIII) for tax year(s) beginning before 2009?		,	
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)	′	-	1
	to all years listed, answer "No" and attach statement - see page 20 of the instructions )	2b	<u> </u>	ļ

. 4b X Form **990-PF** (2009)

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.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 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?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Par	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continuea)		
5 a	During the year did the foundation pay or incur any amou	nt to				
-	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election					
	directly or indirectly, any voter registration drive?	•	•	Yes X No	.	
	(3) Provide a grant to an individual for travel, study, or other					
	- · · · · · · · · · · · · · · · · · · ·					
	(4) Provide a grant to an organization other than a charge			Yes X No		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			. L Yes X No	'	
	(5) Provide for any purpose other than religious, charital					
	purposes, or for the prevention of cruelty to children o				'   1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
	Regulations section 53 4945 or in a current notice regard	ling disaster assistand	e (see page 22 of the		5b	X
	Organizations relying on a current notice regarding disast	ter assistance check h	ere	▶ X		ĺ
С	If the answer is "Yes" to question 5a(4), does the foundation	ation claim exemption t	from the tax			
	because it maintained expenditure responsibility for the gi			Yes X No	,	
	If "Yes," attach the statement required by Regulations sect					
6 2	Did the foundation, during the year, receive any funds, d		nav premiums			
va	on a personal benefit contract?	-		Yes X No	,	į
h	Did the foundation, during the year, pay premiums, direct			. — —	6b	X
	If "Yes" to 6b, file Form 8870	city of indirectly, of a p	ocisonal penent contra	~·		
7.	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chelter transaction?	Yes X No	.	
	If yes, did the foundation receive any proceeds or have a					$\frac{1}{x}$
	t VIII Information About Officers, Directors	Trustees Foun	dation Managers	Highly Paid Emplo	OVERS	
	and Contractors		_			
1_	List all officers, directors, trustees, foundation m	anagers and their	compensation (see			
	4-3-81	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	
	(a) Name and address	i hours per week	(c) Compensation (If not paid, enter	employee benefit plans	other allo	wances
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
7.00		i hours per week	-0-)	and deferred compensation	other allo	
AT	.,,	i hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	0
AT		i hours per week	-0-)	and deferred compensation	other allo	
AT	TACHMENT 9	i hours per week	-0-)	and deferred compensation	other allo	
	TACHMENT 9	i hours per week	-0-)	and deferred compensation	other allo	
	TACHMENT 9	i hours per week	-0-)	and deferred compensation	other allo	
	TACHMENT 9	i hours per week	-0-)	and deferred compensation	other allo	
	TACHMENT 9	hours per week devoted to position	0.	and deferred compensation  0.		
	TACHMENT 9  Compensation of five highest-paid employees (ot	hours per week devoted to position	0.	and deferred compensation  0.		
	TACHMENT 9	hours per week devoted to position	0.	and deferred compensation  0.  e page 23 of the inst  (d) Contributions to	ructions).	0
2	TACHMENT 9  Compensation of five highest-paid employees (ot	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit		0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	0.	and deferred compensation  0.  e page 23 of the inst	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2	TACHMENT 9  Compensation of five highest-paid employees (ot If none, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	ee page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If non	e, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total numb	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A		-
1 _ 11/11_		-
		-
2		
<b>-</b>		-
3		
4		_
	-	_
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		_
		_
2		_
		-
All other pro	ogram-related investments. See page 24 of the instructions	
3 NONE		_
		_
<del></del>	lines of Albranish 2	

Form **990-PF** (2009)

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatioi	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes: '		
а	Average monthly fair market value of securities	1a	4,377,821.
b	Average of monthly cash balances	1b	120,515.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	8,292.
d	Total (add lines 1a, b, and c)	1 d	4,506,628.
е	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	0.
3	Subtract line 2 from line 1d	3	4,506,628.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
•	SAL Annualiana	4	67,599.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,439,029.
6	Minimum investment return. Enter 5% of line 5	6	221,951.
	The proof of the instructions and certain foreign organizations check here   ■ and do not complete this proof or the instructions and certain foreign organizations check here ■ □ and do not complete this proof or the instructions are certain foreign organizations.	ate operating part)	
1	Minimum investment return from Part X, line 6	1	221,951.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 2,773.		
b	Income tax for 2009 (This does not include the tax from Part VI.)	1 !	
c		2c	2,773.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	219,178.
4	Recoveries of amounts treated as qualifying distributions		
5		5	219,178.
6	Add lines 3 and 4  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	219,178.
_		<u> </u>	<u> </u>
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	<del>,</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 .	C1 000
а		1a	61,000.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		^
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		_
а		3a	0.
b		3 b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	61,000.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	61,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	whether the fo	undation

Form 990-PF (2009)

rait	XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1 D	istributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	ne 7				219,178.
	ndistributed income, if any, as of the end of 2009				
	nter amount for 2008 only			0.	
	otal for prior years 20 07 ,20 06 ,20 05		0.		
3 E	xcess distributions carryover, if any, to 2009				1
a Fi	rom 2004 0.				ł
b Fi	rom 2005	,			
	1 0 1				3
	rom 2006				ı
	rom 2008				† 1
f T	otal of lines 3a through e	981,289.			
4 Q	Qualifying distributions for 2009 from Part XII,	ر الإيراني :			i
lır	ne 4 ▶ \$61,000.	-	, , , , , , , , , , , , , , , , , , ,		!
	pplied to 2008, but not more than line 2a	, v 1 3 3 a		0.	
<b>b</b> A	pplied to undistributed income of prior years (Election	a y a gitt			; 1
	equired - see page 26 of the instructions)	700		·	<u> </u>
c T	reated as distributions out of corpus (Election				}
	equired - see page 26 of the instructions)	,			
d A	applied to 2009 distributable amount				61,000.
e R	Remaining amount distributed out of corpus	0.	,		150 170
-	excess distributions carryover applied to 2009	158,178.			158,178.
	If an amount appears in column (d), the same mount must be shown in column (a))	w ,			í
6 E	inter the net total of each column as	•	,		
ir	ndicated below:	000 111			ı
a C	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	823,111.			<u> </u>
bР	Prior years' undistributed income Subtract		0.1		<b>.</b>
lu -	ne 4b from line 2b				
	Enter the amount of prior years' undistributed norme for which a notice of deficiency has been	Ť÷			,
IS	ssued, or on which the section 4942(a) tax has				!
b	een previously assessed	·			<u> </u>
	Subtract line 6c from line 6b Taxable		0.		
	mount - see page 27 of the instructions				
4	a from line 2a Taxable amount - see page			0.	,
2	7 of the instructions				
	Indistributed income for 2009. Subtract lines		.		
	ld and 5 from line 1. This amount must be				
7 A	Instributed in 2010				
to	o satisfy requirements imposed by section				
	(70(b)(1)(F) or 4942(g)(3) (see page 27 of the				Ī
8 E	nstructions)				
а	applied on line 5 or line 7 (see page 27 of the				•
	nstructions)	·			
	Subtract lines 7 and 8 from line 6a	823,111.			
	Analysis of line 9				
	Excess from 2005				'
	Excess from 2006				
	Excess from 2007				
	Excess from 2008				ļ -
	Excess from 2009				<u> </u>

Pa	ri XIV Private Oper	ating Foundations	(see page 27 of the	instructions an	nd Part VII-/	(4, question 9)	NOT APP	TICABL
1 a		•		•				
<b>h</b>	foundation, and the ruling					49426	1)(3) or	1042(1)(5)
ь	Check box to indicate wh	Tax year	private operating foun	Prior 3 years		4942(	ľ	1942(J)(5)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007		(d) 2006	(e) To	tal
	I or the minimum investment return from Part X for each year listed		,,,					
b	85% of line 2a							
С	Qualifying distributions from Part							
	XII, line 4 for each year listed .		<del></del>					
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					<del></del> -		
<b>.</b>	4942(j)(3)(B)(i) "Endowment" alternative test-						<del> </del>	
U	enter 2/3 of minimum invest-							
	ment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than							
	gross investment income (interest, dividends, rents,							
	payments on secuntres loans (section 512(a)(5)),							
	or royalties)						<del> </del>	
	(2) Support from general public and 5 or more			1				
	exempt organizations as provided in section 4942							
	(j)(3)(B)(iii)	<u>-</u>						
	port from an exempt organization							
	(4) Gross investment income.							
Pa		ary Information (C during the year - se			oundation	had \$5,000	or more in	n assets
1	Information Regardin		<u> </u>					
а	List any managers of before the close of any	the foundation who l	nave contributed mo					undation
	WILFRED J.	CORRIGAN						
b	List any managers of ownership of a partner						y large portio	n of the
_	N/A							
2	Information Regardin	- ·		-				
	Check here ► X if t unsolicited requests f organizations under ot	for funds If the foun	dation makes gifts,	grants, etc (see	charitable of page 28 of	organizations a f the instruction	and does not ons) to indivi	t accept duals or
а	The name, address, a	nd telephone number	of the person to who	m applications sho	ould be addre	essed		
b	The form in which app	lications should be su	bmitted and informat	ion and materials	they should	ınclude		
С	Any submission deadle	ines:	· · · · · · · · · · · · · · · · · · ·					
d	Any restrictions or li factors:	mitations on awards	, such as by geogr	aphical areas, c	haritable fie	lds, kinds of	institutions,	or other

Form 990-PF (2009)			77-0359520	Page 11
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 10				
		Ì		
			1	
			1	
Total			▶ 3a	61,000.
b Approved for future payment				
,,				
		}		
	İ			
		1		
Total		_ <del>.</del>		

Part X	VI-A Analysis of Income-Produ	cing Activ	/ities			· <del></del>
	oss amounts unless otherwise indicated		ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Prog	ram`service revenue	Business code	Amount	Exclusion code	1	(See page 28 of the instructions)
a	an service revenue					
_						**
		!				
e .						
f						
g F	ees and contracts from government agencies					·
2 Mem	bership dues and assessments					
3 Intere	est on savings and temporary cash investments					
4 Divid	ends and interest from securities			14	166,507.	·
5 Net r	ental income or (loss) from real estate			_ <b>.</b>		
а [	Debt-financed property					
b 1	Not debt-financed property			1.5	7-000	
	ental income or (loss) from personal property .			15	-7,800.	
	r investment income			10	4 400	
	or (loss) from sales of assets other than inventory			18	4,426.	
9 Netr	ncome or (loss) from special events					<del> </del>
	s profit or (loss) from sales of inventory			_		····
1 Othe	rrevenue a			25	2,500.	<del></del>
b (	S TREASURY TAX REFUND			25	2,300.	
C						
ď						
e	45 (45	at v		273 3 3	165,633.	
2 Subt	otal Add columns (b), (d), and (e)	, , , , , , , , , , , , , , , , , , ,				165,633
	I. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions on page 28					
Line No	the accomplishment of the for page 29 of the instructions )	oundation's	exempt purposes (	other than	by providing funds for	such purposes). (Se
		•				
		-	NOT APPLICAB	i.e.		

		Exempt Orga	nizations			_						
1	ın sed	ne organization directly	ode (other than	section 501(c)	(3) organization	s) or in s					Yes	No
а	organı Transi	zations? fers from the reporting fo	oundation to a no	oncharitable exem	pt organization of							
		ash								. 1a(1)		X
		ther assets								I .		X
b	Other	transactions.								ł	ļ	}
	(1) Sa	ales of assets to a nonch	arıtable exempt o	organization						. 1b(1)		X
	(2) Pu	urchases of assets from	a noncharitable e	exempt organization	ı <i></i> .					. 1b(2)		X
	(3) Re	ental of facilities, equipmi	ent, or other asse	ts						. 1b(3)		X
	(4) Re	eimbursement arrangeme	ents							. 1b(4)		X
		oans or loan guarantees									<b>_</b>	X
		erformance of services o										X
		ng of facilities, equipmen									<u> </u>	X
d		answer to any of t			=							
		of the goods, other										
	value	in any transaction or	sharing arrang	gement, show ii	n column (d)	the value	of the good	ds, other	assets, c	r servic	es re	ceived
(-)		45.4	4-3-31			(4) 5						
(a)	_ine no	(b) Amount involved N/A	(c) Name of r	noncharitable exemp	ot organization	N/A	cription of trans	iers, transac	tions, and s	nanng ama	ingeme	ents
		N/A				- 11/25	<del></del>					
				· · · · · · · · · · · · · · · · · · ·		<del> </del>	<u> </u>	_		-		
•					<del></del>	<del> </del>						
						<del> </del>						
				***************************************		<del>-</del>						
		<u></u>			<del></del>							
		···								-		
						1						
		· <u>-</u> -			• •					<u> </u>		
	sectio	foundation directly or n 501(c) of the Code (oth	ner than section 5						escribed ii		es [	X No
b	If "Ye:	s," complete the following					<del></del>			_	_	
	<del></del> -	(a) Name of organization	1	(b) Typ	e of organization			(c) Descript	ion of relation	onsnip		
		····					<del></del>		<del> </del>			
-						+	<del></del>	•				
								-				
	Under belief,			amined this return, of preparer (other the				rmation of v		arer has a		
စ္	Sı	gnature of officer of trustee				Date	,	Title				
Sign Here	Paid Preparer's Use Only	Preparer's signature	ureu ()	arta	Date	17/12	Check if self-employ	red ▶	number	r's identif (See Signa of the instr 0 4 4 2	ature o	
	Pa Prepa Use (	Firm's name (or yours if	HARRIS		1C.	<del></del>		EIN ▶	81-057	3056		
	₹ ⊃	self-employed), address, and ZIP code	2200 C	GENG ROAD, ALTO, CA	SUITE 100		303	Phone no	650	210-5	000	
		l		<u></u>				1	·	Form 99		(2009)

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

THE CORRIGAN-WALLA FOUNDATION

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Employer identification number

20**09** 

Name of estate or trust C/O ROBERT T. BORAWSKI 77-0359520 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (e) Cost or other basis (b) Date acquired (c) Date sold (a) Description of property the entire year (d) Sales price (see page 4 of the (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a 20. 1 b b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 20. column (3) on the back . . 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold (a) Description of property (see page 4 of the instructions) (d) Sales once the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b...... 4,393. 6ь 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 9 Gain from Form 4797, Part I 13. 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2009

Schedule D (Form 1041) 2009

30

31

32

33

29

30

Subtract line 28 from line 27

Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

(see the Schedule Ginstructions in the instructions for Form 1041)

### SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

### Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2009

Name of estate or trust

THE CORRIGAN-WALLA FOUNDATION

Employer identification number 77-0359520

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)  (b) Date acquired (mo , day, yr)  (c) Date sold (mo , day, yr)  (d) Sales price (see page 4 of the instructions)  (e) Cost or other basis (see page 4 of the instructions)  (f) Gain or (los Subtract (e) from	THE CORRIGAN-WALLA FOUNDAT		6- 11-1-1 O V		77-0359520				
CHUNGWA TELECOM 02/10/2010 02/10/2010 19. 0.	Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less								
CHUNGWA TELECOM 02/10/2010 02/10/2010 19. 0. 1 SH FRONTIER COMMUNICATIO	<del></del>	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(see page 4 of the instructions)	(see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)			
	CHUNGWA TELECOM		02/10/2010	19.	0.	19			
NS 07/08/2010 07/08/2010 1. 0.					_	_			
	NS	07/08/2010	07/08/2010	1.	0.	1			
			_						
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	· · · · · · · · · · · · · · · · · · ·								
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					}				
			<u> </u>	I					

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
LLOYD'S BANKING GROUP		12/18/2009	4,393.	0.	4,39
5,000 SHS IOWA TELECOM	08/17/2007	06/02/2010	39,500.	39,500.	
			<del></del>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
					<del> </del>
b Total. Combine the amounts in colu	1	Ll			4,393

THE CORRIGAN-WALLA FOUNDATION 77-0359520
FORM 990-PF - PART IV

Kınd of P				ription		or	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)		
VACUES OF SUICE	aiiOwable		NKING GROUP	12/3/109	<u> </u>	P	VAR	12/18/200	
4,393.			YPE: SECURI	ries			4,393.		
.,		CHUNGWA TE	LECOM			P	02/10/2010	02/10/20	
19.		1	YPE: SECURI	ries			19.		
		5,000 SHS	IOWA TELECON			P		06/02/20	
39,500.		39,500.							
			IER COMMUNI YPE: SECURI			Р	07/08/2010	07/08/20	
1.		0.					1.		
TAL GAIN(LO	oss)						4,413.		
						1			

## - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	165,091. 489. 662. 265.	166,507.
REVENUE AND EXPENSES PER BOOKS	165,091. 489. 662. 265.	166,507.
		TOTAL
DESCRIPTION	MORGAN STANLEY DIVIDENDS MORGAN STANLEY INTEREST KINDER MORGAN INTEREST KINDER MORGAN DIVIDENDS	

9E7000 1 000	REN	INA TI	) RO	YYC	ALTY INCO	OME			
Taxpayer's Name THE CORRIGAN-WA				<del></del>					ing Number 59520
DESCRIPTION OF PROPERTY									
KINDER MORGAN I	ENERGY PARTN	ERS							
Yes No Did you	ı actively participate in t	he operation	of the	activity	during the tax year?				<u> </u>
OTHER MOONE	· -	<del> </del>	<del></del> •			• • •		-	
OTHER INCOME						-26	,850		
ORDINARY LOSS	· · · · · · · · · · · · · · · · · · ·					1 20	,000	+	
TOTAL GROSS INCOME · · ·	<del></del>					<del> </del>			-26,850.
OTHER EXPENSES:									
SEE ATTACHMENT								_	
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<del>-</del>								4	
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<del> </del>	···							$\dashv$	
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		•						7	
						_			
DEPRECIATION (SHOWN BEL	LOW)					, A			
LESS: Beneficiary's Portion	n							_	
AMORTIZATION								4	
LESS: Beneficiary's Portion								-	
DEPLETION								-	
LESS: Beneficiary's Portion								1	1,814.
TOTAL RENT OR ROYALTY II	NCOME (LOSS) · · · ·							:	-28,664.
Less Amount to									
Rent or Royalty								_	
Depreciation								_	
								_	
Investment Interest Expen	ise					—		_	
Other Expenses				• • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		-	
Net Income (Loss) to Othe Net Rent or Royalty Income (I				• • •					-28,664.
Deductible Rental Loss (if Ap								:	
SCHEDULE FOR DEPRE									
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(ı) Life or rate	(j) Depreciation for this year
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									<del></del>
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JSA Totals				<del></del>	· · · · · · · · · · · ·				

### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

ORDINARY LOSS	26,850.
	-26,850.

OTHER DEDUCTIONS

INVESTMENT INTEREST EXPENSE	365.
TAXES	76.
SECTION 59(E) EXPENDITURES	1,373.
	1,814.

Taxpayer's Name THE CORRIGAN-WAI	· · · · · · · · · · · · · · · · · · ·		D K	<u> </u>	ALIY INC	<u>OIVI</u>	<u> </u>	7		ing Number 59520
DESCRIPTION OF PROPERTY PERMYANTEAWINHRO		r DI.FTT	ON							
	actively participate in			activity	during the tax year	>				· · · · · · · · · · · · · · · · · · ·
OTHER INCOME		<del></del>	<del></del> •							
							19	9,050		
ROYALTY INCOME					<del> </del>				_	10 050
TOTAL GROSS INCOME OTHER EXPENSES:			• • • •	• • •		• • •	<del></del>	• • • •	<u>·</u>	19,050.
SEE ATTACHMENT										
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	<del></del>								┪	
							ļ		4	
									$\dashv$	
										•
DEPRECIATION (SHOWN BELO	(W)						300年前19	de Bolon	-	
LESS: Beneficiary's Portion							1 1 vale de	* P	-	
AMORTIZATION							C. Ca auxiliary	~#T-##, ~;	-	
DEPLETION					. 16,4	140.	***	Mr. Mar	~	
LESS: Beneficiary's Portion									4	17 5/0
TOTAL EXPENSES	OME (LOSS) · · ·								:	17,548. 1,502.
Less Amount to	<u> </u>					-			<del></del>	
Rent or Royalty									<del></del>	
Depreciation							-			
Investment Interest Expense									_	
Other Expenses										
Net Income (Loss) to Others										1,502.
Net Rent or Royalty Income (Los Deductible Rental Loss (if Appli									: —	1,302.
SCHEDULE FOR DEPREC							,	_	,	
		-	(4)	(e)		(0)	Depreciation		(1) L 150	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS	Bus	(f) Basis for depreciation		in	(h) Method	(i) Life or	(j) Depreciation for this year
	anadjasted basis	Loquirou	des	%	doprociation		prior years	Wicking	rate	Tor time year
		<u> </u>				-		•		
		<u></u>				1		<del> </del>		
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	-					+				
<del></del>				-		-		<del> </del>		
JSA Totals · · · · · · · · · · · · · · · · · · ·						<u>ا</u>			<u> </u>	
RU0059 517K		5:44:3			09-9.4		CORO			PAGE 19

### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

19,050. 19,050. ROYALTY INCOME

OTHER DEDUCTIONS

780. TAXES 328. ADMINISTRATIVE EXPENSES

1,108.

### ROYALTY DEPLETION SCHEDULE

### ACTIVITY NAME: PERMIAN BASIN ROYALTY TRUST

	COMPUTED DEPLETION LIMITATION (100% OF NET INCOME)	16,440. 17,942.
	DEPLETION ALLOWED (LESSER OF LINE 1 OR 2)	16,440.
4.	CARRYOVER DEPLETION	
5.	TOTAL DEPLETION	16,440.
6.	LIMITED DEPLETION	
7.	ALLOWED DEPLETION	16,440.
8.	DEPLETION CARRYOVER TO NEXT YEAR	

### RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
KINDER MORGAN ENERGY PERMIAN BASIN ROYALT	-26,850. 19,050.	16,440.	1,814. 1,108.	-28,664. 1,502.
TOTALS	-7,800.	16,440.	2,922.	-27,162.

# FORM 990PF, PART I - OTHER INCOME

•	TED	ME	-7,800.	-7,800.
	ADJUS	NET INCOME		
	NET	INVESTMENT	-7,800	-7,800.
	REVENUE AND	EXPENSES PER BOOKS	-7,800. 2,500.	-5,300.
				TOTALS
			МЕ	
		DESCRIPTION	ROYALTY INCOME US TREASURY	

~	)
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FEE	
LEGAL	
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- I	
RT I	

		REVENUE AND	NET	ADJUSTED	
		EXPENSES	INVESTMENT	NET	CHARITABLE
DESCRIPTION		PER BOOKS	INCOME	INCOME	PURPOSES
LEGAL FEES		4,200.			.0
	TOTALS	4,200.	0	0	0

FEES	
ACCOUNTING	
١	l
Η	
PART	
F,	
990P	
FORM	

CHARITABLE PURPOSES	.0	0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	34,375.	34,375.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

### TAXES ı PART I FORM 990PF,

CHARITABLE	PURPOSES		0.
NET INVESTMENT	INCOME	5,090.	5,090.
REVENUE AND EXPENSES	PER BOOKS	.090 5,090. 5,000.	10,150.
	DESCRIPTION	FTB & REGISTRY OF CHAR. TRUST FOREIGN TAX AT SOURCE FEDERAL TAX EXTENSION	TOTALS

PAGE 26

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

RENT AND ROYALTY EXPENSES

DESCRIPTION

N/D EXPENSES - KINDER MORGAN

2,922.

103.

TOTALS

3,025.

	STOCK
FOUNDATION	- CORPORATE
_	ΙΙ
N-WALLA	PART
CORRIGAN	990PF,
THE (	FORM

	•		
ALIACHMENI	$\frac{\text{ENDING}}{\overline{\text{FMV}}}$	4,608,813.	4,608,813.
ALLACII	ENDING BOOK VALUE	7,903,867.	7,903,867.
310CN	BEGINNING BOOK VALUE	8,004,777.	8,004,777.
- 11			TOTALS
FORM 930FF, FARI II - CORFORMIE	DESCRIPTION	SEE STATEMENT A	

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PAGE 29

ATTACHMENT 8

	ENDING <u>FMV</u>	8,512.		
ATTACHMENT 8	ENDING BOOK VALUE	8,512.		
TS	BEGINNING BOOK VALUE	8,272.		
990PF, PART II - OTHER ASSETS	PTION	OTHER RECEIVABLES TOTALS		
FORM 9	DESCRIPTION	OTHER I		

EXPENSE ACCT AND OTHER ALLOWANCES	.0	. 0		·		0.
CONTRIBUTIONS EXI TO EMPLOYEE AI BENEFIT PLANS AI	· o	.0	·	·	ö	0.
COMPENSATION	·	.0	.0	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR 2.00	SECRETARY 2.00	TREASURER/DIRECTOR 2.00	DIRECTOR 2.00	DIRECTOR 2.00	GRAND TOTALS
NAME AND ADDRESS	WILFRED J. CORRIGAN 101 FIRST STREET, SUITE 612 LOS ALTOS, CA 94022	ROBERT BORAWSKI 1280 SPACE PARK WAY 104 MOUNTAIN VIEW, CA 94043	SEAN CORRIGAN 101 FIRST STREET, SUITE 612 LOS ALTOS, CA 94022	ERIK CORRIGAN 101 FIRST STREET, SUITE 612 LOS ALTOS, CA 94022	ELSA CORRIGAN 101 FIRST STREET, SUITE 612 LOS ALTOS, CA 94022	

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E YEAR	
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PAID DURING	
PAID	
AND CONTRIBUTIONS PAID DURING	
AND C	
GRANTS	
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X	
PART	
990PF,	
FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BULLIS-PURISSIMA ELEMENTARY SCHOOL FOUNDATION	NONE	EDUCATIONAL	11,000
102 WEST PORTOLA AVENUE	PUBLIC CHARITY		
LOS ALTOS, CA 94022			
KAINOS HOME AND TRAINING CENTER	NONE	CHARITABLE	50,000
3631 JEFFERSON AVENUE	PUBLIC CHARITY		
REDWOOD CITY, CA 94062			

TOTAL CONTRIBUTIONS PAID 61,000

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V 09-9 4

# THE CORRIGAN-WALLA FOUNDATION Supplement to Form 4797 Part | Detail

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
KINDER MORGAN ENERGY			13.		0	13.
						,
Totals						13.

### . Form 8868

ation for Extension of Time File an Apı

(Rev January 2	011)	Exemp	t Orgai	lization Return		OMB No	1545-1709		
Department of t	Department of the Treasury Internal Revenue Service  File a separate application for each return.								
		Automatic 3-Month Extension.	complete o	only Part I and check this box			<b>▶</b> X		
				nsion, complete only Part II (on pag			•••		
	_			Itomatic 3-month extension on a pre			38		
•		, ,		·	•				
				ou need a 3-month automatic extenition of time					
				ed in Part I or Part II with the exce					
				Contracts, which must be sent to					
				sit www.irs.gov/efile and click on e-					
Part I Au	tomatic 3-	Month Extension of Time. Or	nly submit	original (no copies needed).					
A corporation	n required t	o file Form 990-T and requesting	an autom	atic 6-month extension - check this	box and co	mplete			
Part I only			·		• • • • • ·		▶[		
All other cor	porations (i	including 1120-C filers), partnersh	nips, REMIC	Os, and trusts must use Form 7004 to	request a	n extension	of time		
to file incom									
Type or	l	tempt organization THE CORRIG	SAN-WALI	LA FOUNDATION	1 ' '	r identificatio	n number		
print	Number street and room or suite no. If a P.O. box see instructions								
File by the	l		x, see instru	ctions					
due date for filing your		PACE PARK WAY							
return See		or post office, state, and ZIP code For	a foreign ad	dress, see instructions.					
instructions.	Instructions.   MOUNTAIN VIEW, CA 94043								
Enter the Re	turn code fo	or the return that this application	is for (file a	a separate application for each return	)		. 0 4		
Application			Return	Application	<del></del>		Return		
Is For			Code	Is For			Code		
Form 990			01	Form 990-T (corporation)			07		
	Form 990-BL 02 Form 1041-A								
Form 990-EZ			03	Form 4720			08		
Form 990-PF 04 Form 5227							10		
<del></del>		) or 408(a) trust)	05	Form 6069			11		
Form 990-T (		<del></del>	06	Form 8870			12		
	<u> </u>		·		<del></del>		<del></del>		
The books	are in the d	care of NOBERT T. BOR	AWSKI						
	-	550 691-6898		=AX No ►	<del></del>				
				the United States, check this box			▶∐		
				oup Exemption Number (GEN)		<del></del>	ns is		
				irt of the group, check this box	▶	and att	ach		
		EINs of all members the extensi							
	it an autom	•		equired to file Form 990-T) extension					
until			exempt org	ganization return for the organization	named a	bove. The e	xtension is		
		's return for:							
• •	alendar yea	ar 20 or	01 00 00		10/21	00.10			
► X t	ax year beg	jinning117	<u>01</u> , 20 <u>09</u>	and ending	<u>10/31</u> ,	20 10			
0 1645-04-0			444	de consense of the desired services.	C 1 1				
		red in line 1 is for less than 12 mg	onths, chec	k reason: [] Initial return []	Final returi	n			
Cn	ange in acc	counting period							
3a If this a	polication i	s for Form 990-BL 990-PF 990	0-T 4720.	, or 6069, enter the tentative tax,	less any	T			
		its See instructions.	0 1, 1720,	, or oods, enter the terraine tax,	icos uny	3a \$	3,160.		
			4720 or	6069, enter any refundable cre	edits and	154			
		ents made. Include any prior year			und	3b \$	5,220.		
				ent with this form, if required, by usi	na FFTPS	150,4			
		Fax Payment System). See instruc		in the term, in required, by usi		3c \$	0.		
				with this Form 8868, see Form 84	153-EO ar				
•	٠,	_							

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

payment instructions.

Form 8868 (Re	ev. 1-2011)				Page 2				
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and che	eck this box					
	complete Part II if you have already been gra				• • —				
	filing for an Automatic 3-Month Extension,				•				
Part il	Additional (Not Automatic) 3-Month Ex			copies needed).					
Type or									
print	C/O ROBERT T. BORAWSKI	77-0359520							
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
extended	1280 SPACE PARK WAY								
due date for filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
return. See instructions.	MOUNTAIN VIEW, CA 94043								
instructions.									
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	)	0 4				
Application		Return	Application		Return				
Is For		Code	is For	i	Code				
Form 990		01		······································					
Form 990-B	L	02	Form 1041-A		08				
Form 990-E	· · · · · · · · · · · · · · · · · · ·	03	Form 4720		09				
Form 990-Pi		04	Form 5227		10				
	(sec. 401(a) or 408(a) trust)	05	Form 6069	· · · · · · · · · · · · · · · · · · ·	11				
	(trust other than above)	06	Form 8870		12				
	ot complete Part II if you were not already	granted an	automatic 3-month extension on	a previously filed Forr	n 8868.				
The book	s are in the care of ▶ ROBERT T. BORA e No. ▶ 650 691-6898	WSKI	-AX No. ▶						
	anization does not have an office or place of I				<b>\</b>				
	or a Group Return, enter the organization's for				ic ic				
	e group, check this box								
			int of the group, check this box	and and	2011 0				
	names and EINs of all members the extension		09/15 ,	20.11					
	est an additional 3-month extension of time un		11/01 , 20 09 , and ending		20 10				
	lendar year, or other tax year beginni ax year entered in line 5 is for less than 12 m			Final return					
	•	onuis, chec	k leason miliai letum	] r illai retuiri					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hange in accounting period	YER IS	WATTING FOR INFORMATION	FROM THIRD					
7 State II	7 State in detail why you need the extension TAXPAYER IS WAITING FOR INFORMATION FROM THIRD PARTIES AND ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND								
	URATE TAX RETURN	1111111	onban 10 1122 II odniza						
	OWITH THE RELEASE								
8a If this	application is for Form 990-BL, 990-PF, 99	O-T 4720	or 6069, enter the tentative tax	less any	<del></del>				
	undable credits. See instructions.	0 1, 1120	, or oode, enter the termanic tan	8a \$	2,773.				
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable cr						
	ted tax payments made. Include any pri								
	t paid previously with Form 8868.	o. , ou. c	voipayinjoin anomos as a sistem	8b \$	5,220.				
	e Due. Subtract line 8b from line 8a. Include	vour paym	ent with this form, if required, by us						
	onic Federal Tax Payment System). See instruc	-	on in 1110 101111, 11 10441104, 5, 50	8c \$	0.				
(2.00			d Verification						
	of perjury, I declare that I have examined this form, and complete, and that I am authorized to prepare this for	ncluding acc		o the best of my knowledg	ge and belief,				
Signature >			Title ►	Date ►					
Н	ARRIS MYCFO, INC.			Form 8868	(Rev 1-2011)				
2	200 GENG ROAD, SUITE 100								
D	מזר מזיים כמ פעותם								

JSA