

#### 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



### Form 990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending Initial Return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation Employer identification number 11-6556638 M J SURGALA TRUST Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) В 5966 WYNDEMERE DRIVE (814) 838-4921 City or town State ZIP code C If exemption application is pending, check here ERIE PA 16505 D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation Check type of organization Section 501(c)(3) exempt private foundation X Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year J Accounting method | X | Cash | | Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here **►** S (Part I, column (d) must be on cash basis ) 14,812,082. Part | Analysis of Revenue and (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income for charitable purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 2 Ck ► X if the foundn is **not** req to att Sch B Interest on savings and temporary cash investments 50,685 50,685. 50,685 260,375. 260,375. Dividends and interest from securities 260,375. 5a Gross rents b Net rental income L-6a Stmt 125,035 6a Net gain/(loss) from sale of assets not on line 10 REVENU b Gross sales price for all assets on line 6a 747,389 125,035. Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 436,095. 436,095. 311,060. 66,293. 66,293. 66,293. 66,293 13 Compensation of officers, directors, trustees, etc DEL CHARGENIED DEC 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) DMINISTRATIVE **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest 2,358. 2,358 2,358 2,358 Taxes (attach schedule)(see instr.) TAX ON NET INVEST 19 Depréciation (attach sch) and depletion (56 <u>6,0</u>00. 6,000. Occupancy 20 6,000. 6,000. Travel, conferences, and meetings 21 1,054. 1,054. 1,054. Sintint and publications Sinter expenses (attable scriedule) 23 See Line 23 Stmt 929 1,094 1,094. 1,094

76,799

478,480

555,279

-119,184

Total operating and administrative expenses. Add lines 13 through 23

Total expenses and disbursements.

Contributions, gifts, grants paid

Subtract line 26 from line 12: a Excess of revenue over expenses

**b** Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

Add lines 24 and 25

and disbursements

76,799

76,799

234,261.

75,580

75,580

360,515

76**,**799.

478,480.

555,279.

	1	(attach schedule)	L				
	15	Other assets (describe	_ )[				
	16	Total assets (to be completed by all filers—see instructions. Also, see page 1, item l)		13,064,977.	12,945,7	93.	14,812,082.
Ļ	17	Accounts payable and accrued expenses					
L	18	Grants payable					
A B	19	Deferred revenue					
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons	ſ				
ī	21	Mortgages and other notes payable (attach schedule)					
Ţ	22	Other liabilities (describe►	)[				
Ė S	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	X				
N F E U T N	24	Unrestricted		13,064,977.	12,945,7	93.	
EU	25	Temporarily restricted	Ĺ				
D	26	Permanently restricted					
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
EL	27	Capital stock, trust principal, or current funds					
SN	28	Paid-in or capital surplus, or land, building, and equipment fund					
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	L		<u></u>		
R S	30	Total net assets or fund balances (see the instructions)	L	13,064,977.	12,945,7	93.	
	31	Total liabilities and net assets/fund balances (see the instructions)		13,064,977.	12,945,7	93.	
Par	t III	Analysis of Changes in Net Assets or Fund Bala	ance	'S			
1	Tota	I net assets or fund balances at beginning of year– Part II, of year figure reported on prior year's return)	olum	n (a), line 30 (must agre	e with	1	13,064,977.
2		er amount from Part I. line 27a				2	-119,184.

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

Add lines 1, 2, and 3

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

12,945,793.

4

5

6

Gar	Capital Gains and L	osses for Tax on investment				· · · · · · · · · · · · · · · · · · ·	7.N = · · · · · · · · ·
		the kind(s) of property sold (e.g., ree, or common stock, 200 shares ML	cai estate,	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	2000 SHS AMETEK INC		1	P		02/18/01	12/29/10
t	25 SHS IPATH S&P 50	O SHORT TERM FUTURES	1	P		05/20/10	12/29/10
	3 CALLS BANK OF AME	RICA CORP	]	Ρ.		07/14/10	08/09/10
	5 CALLS INTL BUSINE	SS MACHINES	]	Ρ		03/23/10	07/17/10
	See Columns (a) thru (d)						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		-	(h) Gain or (e) plus (f) m	
a	78,098.		12	,158.			65,940.
		****		,374.			-2,424.
				104.	•		215.
				0.			1,037.
			606	,717.			60,267.
		ng gain in column (h) and owned by				(I) Gains (Colu	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an	(i) y		ain minus column (k an -0-) or Losses (fro	), but not less
а	1						65,940.
t	)						-2,424.
	;						215.
	1						1,037.
	See Columns (i) thru (l)						60,267.
2	Capital gain net income or (net	capital loss). — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		125,035.
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	and (6)				
	If any also enter in Port I line	9 column (a) (see the instructions)	If (loss) onter 0	:			
	in Part I, line 8	8, column (c) (see the instructions)	ii (loss), enter -o-		3		
<b>Par</b>	tiv Qualification Under	Section 4940(e) for Reduced	Tax on Net Investmen	t Incom	ıe		
	es,' the foundation does not qualif	on 4942 tax on the distributable am y under section 4940(e) Do not cor	nplete this part			Yes	X No
_1	Enter the appropriate amount in	each column for each year, see the	instructions before making a	any entrie	s		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	(colı	<b>(d)</b> Distribution umn (b) divided	
	2009	588,505.	11,816	,064.			0.049806
	2008	587,150.	12,977				0.045243
	2007	542,517.	12,724				
	2006	490,365.	11,904				0.042635
	2005	553,825.	11,931				0.042635
	2000	337,023.		. 966.1			0.042635 0.041192
2	Total of line 1, column (d)		11,551	,966.			0.042635
3				,966.	2		0.042635 0.041192
3	Average distribution ratio for the number of years the foundation	5-year base period – divide the tot has been in existence if less than 5	al on line 2 by 5, or by the	,966.	2		0.042635 0.041192 0.046415
4	number of years the foundation	: 5-year base period — divide the tot has been in existence if less than 5 able-use assets for 2010 from Part X	al on line 2 by 5, or by the years	,966.		13	0.042635 0.041192 0.046415 0.225291
	number of years the foundation	has been in existence if less than 5	al on line 2 by 5, or by the years	, 966.	3	13	0.042635 0.041192 0.046415 0.225291 0.045058
4	number of years the foundation  Enter the net value of noncharit	has been in existence if less than 5 able-use assets for 2010 from Part )	al on line 2 by 5, or by the years	, 966.	3	13	0.042635 0.041192 0.046415 0.225291 0.045058 3,314,410.
4 5	number of years the foundation  Enter the net value of noncharit  Multiply line 4 by line 3	has been in existence if less than 5 able-use assets for 2010 from Part )	al on line 2 by 5, or by the years	, 966.	3 4 5	13	0.042635 0.041192 0.046415 0.225291 0.045058 3,314,410. 599,921.
<b>4 5 6</b>	number of years the foundation  Enter the net value of noncharit  Multiply line 4 by line 3  Enter 1% of net investment income	has been in existence if less than 5 able-use assets for 2010 from Part 2 ome (1% of Part I, line 27b)	al on line 2 by 5, or by the years	, 966.	3 4 5	13	0.042635 0.041192 0.046415 0.225291 0.045058 3,314,410. 599,921. 3,605.

		556638		Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	ne instructi	ons)		
1ੑa	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		7,2	210.
	check here ► and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			_	
	foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		7,2	210.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
_	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		7,2	210.
	Credits/Payments				
	2010 estimated tax pmts and 2009 overpayment credited to 2010				
	Exempt foreign organizations – tax withheld at source				
	: Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8			64.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		7,2	274.
10		10			0.
		11			
Par	t VII-A   Statements Regarding Activities	———	—		
1 a	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?	<u> </u>	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials publior distributed by the foundation in connection with the activities	ished			
_	Did the foundation file Form 1120-POL for this year?		1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ŀ	- '-		
_	(1) On the foundation > \$ (2) On foundation managers > \$		- 1		Ī
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers	'n			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	[	2		Х
	If 'Yes,' attach a detailed description of the activities	[			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	[			
•	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		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If 'Yes,' has it filed a tax return or Form 990-T for this year?	Į	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	[	5		Х
	If 'Yes,' attach the statement required by General Instruction T				İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	,	ł		
	● By language in the governing instrument, or		ŀ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that con with the state law remain in the governing instrument?	nflict	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	Ī	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see the instructions)	Ī			
	NY - New York				
h	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	—			<u></u>
	olf 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	ļ	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(1)(3) or	4942(1)(5)			
•	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? Yes, complete F	art XIV	9		Х
10	Did any persons become substantial contributors during the tax year of 'Yes,' attach a schedule listing their name and addresses	nes	10		x_

BAA

enterprise at any time during the year?

b If 'Yes,' did it have excess business holdings in 2010 as a result o(1) any purchase by the foundation or disqualified persons after May 26, 1969;(2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)

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 2010? 3b 4a

BAA

Form 990-PF (2010)

•				
Form 990-PF (2010) M J SURGALA TRUST		470014	11-65	6638 Page
Part VILB Statements Regarding Activity		1 4/20 May Be Requ	uired (continuea)	
<ul><li>5a During the year did the foundation pay or inc</li><li>(1) Carry on propaganda, or otherwise attem</li></ul>	-	n (section 4945(e))?	☐ Yes [X]	No
(2) Influence the outcome of any specific pul on, directly or indirectly, any voter registr	ration drive?			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 in section 509(a)(1), (2), or (3), or section	than a charitable, etc, o n 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religied educational purposes, or for the prevention			Yes X	No
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or i (see instructions)?	the transactions fail to on a current notice regard	qualify under the except ding disaster assistance	ons	5b
Organizations relying on a current notice reg	ardıng disaster assistanı	ce check here	▶ 🗌	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response	the foundation claim exnsibility for the grant?	emption from the	Yes	No
If 'Yes,' attach the statement required by Reg	gulations section 53 494	5-5(d)		
6a Did the foundation, during the year, receive a on a personal benefit contract?	any funds, directly or ind	irectly, to pay premiums	Yes X	No
<b>b</b> Did the foundation, during the year, pay pren If 'Yes' to 6b, file Form 8870	niums, directly or indirec	tly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the four	ndation a party to a proh	ibited tax shelter transa	ction? Yes X	No
<b>b</b> If yes, did the foundation receive any proceed				7b
Information About Officers, I and Contractors	Directors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees,
1 List all officers, directors, trustees, foundati	on managers and their	compensation (see inst	ructions).	
(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
MARY LINCOLN (TRUSTEE) 5966 WYNDEMERE DRIVE	EXEC DIR			
ERIE PA 16505	8.00	66,293.	0.	0
	-			
2 Compensation of five highest-paid employe	es (other than those in	luded on line 4 see ins	tructions). If none, en	er '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				
0	-			

2 Compensation of five highest-paid employee	s (other than those inc	luded on line + see ins	tructions). It none, ent	er NUNE.
(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				
0				
0				
0				
0				
Total number of other employees paid over \$50,000	)		<u> </u>	None
			_	E 000 BE (0010

Form 990-PF (2010) M J SURGALA TRUST 11-65 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	<del></del>
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
Total number of others receiving over \$50,000 for professional services	None
Part N-A Summary of Direct Charitable Activities	
	T
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	4
	~
2	-
3	-
4	-
	-
Partix-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	~
2	-
All other program-related investments. See instructions	
3	-
Total. Add lines 1 through 3	<u> </u>
BAA	Form <b>990-PF</b> (2010)

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

	see instructions.)		
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities	1a	10,951,940.
	Average of monthly cash balances	1 b	2,565,228.
	: Fair market value of all other assets (see instructions)	1 c	0.
	I Total (add lines 1a, b, and c)	1 d	13,517,168.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
•	(attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d	3	13,517,168.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	202,758.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,314,410.
6	Minimum investment return. Enter 5% of line 5	6	665,721.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating t	foundations
AF	and certain foreign organizations check here ► and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	665,721.
2 8	Tax on investment income for 2010 from Part VI, line 5		
ı	Income tax for 2010. (This does not include the tax from Part VI)		
	: Add lines 2a and 2b	2 c	7,210.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	658,511.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	658,511.
6	Deduction from distributable amount (see instructions) .	6	
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	658,511.
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc— total from Part I, column (d), line 26	1 a	555,279.
I	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
ı	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	555,279.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	555,279.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe qualifies for the section 4940(e) reduction of tax in those years	r the fo	undation

#### Part XIII Undistributed Income (see instructions)

			<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1	Distributable amount for 2	2010 from Part XI,				658,511.
2	line 7	of the and of 2010:			,	030,311.
	Undistributed income, if any, as Enter amount for 2009 on				588,505.	
	Total for prior years. 20	-	r :		366,303.	
	Excess distributions carryover, if		•		<u>.</u>	
	From 2005	0.				
	From 2006	0.				
	From 2007	0.				
	From 2008	0.				
	From 2009	2,605.				
	Total of lines 3a through		2,605.			
	Qualifying distributions fo		2/003.	:	!	
•	XII, line 4 ► \$					
а	Applied to 2009, but not r				555,279.	
b	Applied to undistributed in (Election required – see i	ncome of prior years instructions)			<u></u>	
c	: Treated as distributions o (Election required – see i				: 	
d	Applied to 2010 distributa	able amount			• .	
е	Remaining amount distrib	outed out of corpus	0.	4		
5	Excess distributions carryover ap		2,605.			2,605.
	(If an amount appears in same amount must be sh	column (d), the				
	came amount most be on	(4)				
6	Enter the net total of each	h column as				
	indicated below:		· · · · · · · · · · · · · · · · · · ·			
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	0.			
b	Prior years' undistributed line 4b from line 2b	income Subtract		0.		
c	Enter the amount of prior	years' undistribut-	•			
	ed income for which a no has been issued, or on w	tice of deficiency				
	4942(a) tax has been pre					
d	Subtract line 6c from line	6b Taxable				
	amount - see instruction			0.		ŕ
е	Undistributed income for 2009.	Subtract line 4a from			33,226.	
	line 2a. Taxable amount — see i	mau ucuvna			33,220.	
f	Undistributed income for 3 4d and 5 from line 1. This distributed in 2011					655,906.
7	Amounts treated as distri	butions out of				033,300.
,	corpus to satisfy requirem by section 170(b)(1)(F) or (see instructions)	nents imposed				
_	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8	Excess distributions carry applied on line 5 or line 7		0.			
	Excess distributions care Subtract lines 7 and 8 fro	ryover to 2011. om line 6a	0.			
	Analysis of line 9.					
	Excess from 2006	0.				
	Excess from 2007	0.				
	Excess from 2008	0.				
	Excess from 2009	0.				
e	Excess from 2010	0.				

Form 990-PF (2010) M J SURGALA TRUS	Т			11-6556638	Page <b>10</b>
Part XIV Private Operating Foundation	ns (see instruc	ctions and Part \	/II-A, question 9	9)	N/A
1a If the foundation has received a ruling or or is effective for 2010, enter the date of the		that it is a private of	operating foundation	n, and the ruling	
<b>b</b> Check box to indicate whether the foundat	ion is a private op	erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	<del>                                      </del>	
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</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		1	1		•
Part XV Supplementary Information assets at any time during the	(Complete this e year – see ir	part only if the structions.)	organization ha	id \$5,000 or moi	re in
Information Regarding Foundation Managers of the foundation who close of any tax year (but only if they have NONE	nave contributed m	ore than 2% of the than \$5,000). (See	total contributions r section 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a	of the stock of a cor 10% or greater inter	poration (or an equ est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here \( \subseteq \) if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc	s to preselected cha , (see instructions) t	ritable organization o individuals or org	anızatıons under oth	ept unsolicited ner conditions,
a The name, address, and telephone number MARY LINCOLN TRUSTEE	er of the person to	whom applications s	should be addresse	d	
5966 WYNDEMERE DRIVE					
ERIE	PA 1650	<del></del>	4) 868-4921		
<b>b</b> The form in which applications should be CONTACT THE TRUSTEE FOR IN			•		
c Any submission deadlines NONE					-
d Any restrictions or limitations on awards, a AWARDS ARE MADE IN THE FIE					

Supplementary Information (continued)

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

Name and address (pure or business)  **Para duming the year* **Part duming the year* **Part JOSPH** SMEDICAL CENTER FDN 703 MAIN STREET 703 MAIN STREET 703 MAIN STREET 704 MAIN STREET 705 MAIN STREET 706 MAIN STREET 707 MAIN STREET 707 MAIN STREET 708 MAIN STREET 709 MAIN STREET 700 MA	3 Grants and Contributions Paid During the Ye			nt	
REGIONAL HEALTH CARE   PA   100   Pass   P		any foundation manager or	status of	Purpose of grant of	Amount
TO MAIN STREET PATERSON NJ 07503 DEPARTMENT OF COMMUNITY MEDICINE MT SINAI MEDICAL CENTER NY 10011 CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND OH 44195 CCOMMUNITY SHELTER SERVICES 655 WEST 16TH STREET HAMOTI SECOND CENTURY FUND 2 EAST 2ND STREET BA 16507 HAMOTI SECOND CENTURY FUND 2 EAST 2ND STREET N/A ERIE, PA 16507 HANOTI SECOND CENTURY FUND 2 EAST 2ND STREET N/A ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREGATION N/A ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREGATION N/A ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET N/A ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET N/A ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET N/A ERIE PHILHARMONIC ORCHESTRA N/A ERIE PHILHARMONIC ORCHEST		substantial contributor	recipient		<del></del>
NA					
DETERSON NJ 07503 DEPRATMENT OF COMMUNITY MEDICINE MT SINAI MEDICAL CENTER MSW YORK NY 10011 SCHEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND OH 44195 COMMUNITY SHELTER SERVICES 655 WEST 16TH STREET PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 UNITARIAN UNIVERSALIST CONGEGRATION 180 PERRY HIGHWAY ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGEGRATION 180 PERRY HIGHWAY NAERIE, PA 16509 NAERIE PA 16501 ERIE PA 16501 See Line 3a statement  1006 STATE STREET PA 16501 See Line 3a statement  125,000.  125,000.  125,000.  125,000.  126,000.  126,000.  126,000.  126,000.  127,000.  128,000.  129,000.  129,000.  120,		17.75			
DEPARTMENT OF COMMUNITY MEDICINE MY STNAI MEDICAL CENTER NEW YORK NY 10011 CLEVELAND CLINIC CLEVELAND CLIVIC CLEVELAND CLIVIC COMMUNITY SHELTER SERVICES 655 WEST 16TH STREET PA 16503 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 LERIE, PA 16507 LERIE, PA 16507 LERIE, PA 16509 NEIGHBORHOOD ART HOUSE RRIE, PA 16503 RERIE, PA 16503 N/A RRIE, PA 16503 SO1(c) (3) SO1(c) (3) SO1(c) (3) SOPONTS AS TWENDENT TO FUND OF THE WOMEN'S AND OCHILDREN'S HOSPITAL REALIGIOUS SO1(c) (3) SO1(c) (3) ROVIDES RESIDENCE FOR THE HOWELESS SO(00). COMMUNITY HORDVEMENT FOR THE CONSTRUCTION OF THE WOMEN'S AND OCHILDREN'S HOSPITAL SO(1c) (3) SO1(c) (3) SO(c) (3) ROVIDES RESIDENCE FOR THE HOWELESS SO(00). COMMUNITY HORDVEMENT FOR THE WOMEN'S AND OCHILDREN'S HOSPITAL REALIFICABLE PA 16509 N/A SOI(c) (3) SO(c) (3) SO(c) (3) SO(c) (3) SO(c) (4) SO(c) (4) SO(c) (4) SO(c) (5) SO(c) (6) SO(c) (7) SO(c)		N/A			105 000
ME STALE MEDICAL CENTER N/A CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND CLEVELAND COMMUNITY SHELTER SERVICES 655 WEST IGHT STREET ERIE PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET ERIE, PA 16507 HANOT SECOND CENTURY FUND 2 EAST 2ND STREET N/A ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREATION 7180 PERRY HIGHWAY ERIE, PA 16509 ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET PA 16501 See Line 3a statement  N/A  Total  Total  HOMEBOUND AND HOMELESS 50,000. ACADEMIC AND RESEARCH HEALTH CARE FACILITY 5,000. PROVIDES RESIDENCE FOR THE HOMELESS 5,000. COMMUNITY HOSPITAL ENDOMMENT TO FUND FOR THE CONSTRUCTION OF THE WOMEN'S AND 501(c) (3) S01(c) (3) FROUITS HOSPITAL ENDOMMENT TO FUND S01(c) (3) FROUITS ART EDUCATION AND SUPPORT TO S01(c) (3) TOTAL  TOTAL  TOTAL  HOMEBOUND AND HOMELESS 50,000. ACADEMIC AND RESEARCH HEALTH CARE FACILITY 5,000. PROVIDES RESIDENCE FOR THE HOMELESS 5,000. COMMUNITY HOSPITAL ENDOMMENT TO FUND S01(c) (3) S01(c) (3) S01(c) (3) FROUITS HOSPITAL RELIGIOUS  15,000. PROVIDES ART EDUCATION AND SUPPORT TO S01(c) (3) S01(c) (3) S01(c) (3) S01(c) (3) S01(c) (3) S01(c) (3) FROUITS AST EDUCATION AND SUPPORT TO S01(c) (3) S01(c) (			[501(c)(3)	3	125,000.
NEW YORK					
CLEVELAND CLINIC   9500 EUCLID AVENUE   N/A   S01(e) (3)   S01(e) (3		N/A	500/->/1>		50 000
9500 EUCLID AVENUE CLEVELAND OH 44195 COMMUNITY SHELTER SERVICES 655 WEST 16TH STREET PA 16503 HANOT SECOND CENTURY FUND 2 EAST 2ND STREET N/A ERIE, PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET RAMOT SECOND CENTURY FUND 2 EAST 2ND STREET RAMOT SECOND CENTURY FUND ERIE, PA 16507 HAMOT SECOND CENTURY FUND ERIE, PA 16507 REIGHOCHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 REIE, PA 16503 REIE, PA 16503 REIE, PA 16504 REIGHOCHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 REIE PHILHARMONIC ORCHESTRA 1006 STATE STREET N/A ERIE PA 16501 See Line 3s statement  N/A  Total  Total  N/A  HEALTH CARE FACILITY FROWIDES RESIDENCE FROW THE HOMELESS  5,000. COMMUNITY HOSPITAL ENDOWMENT TO FUND S09(a)(1) FACILITY IMPROVEMENT FOR THE CONSTRUCTION OF THE WOMEN'S AND OF THE WOMEN'S AND S10(c)(3) S11(c)(3) S11(c)(4) S11(c)(4) S11(c)(4) S11(c)(4) S11(c)(4) S1			509(a)(1)		50,000.
Solicity		N / 7			
COMMUNITY SHELTER SERVICES   655 WEST 16TH STREET		N/A	E01 (a) (3)		5 000
### STREET			201(6)(3)		5,000.
ERIE PA 16503 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 HOLD THE CONSTRUCTION OF THE WOMEN'S AND SO1(c) (3) CHILDREN'S HOSPITAL RELIGIOUS PROVIDES ART EDUCATION AND SUPPORT TO SO1(c) (3) SO1(c) SO1(c		NI / Z			
HAMOT SECOND CENTURY FUND   2 EAST 2ND STREET		N/A	501 (0) (3)		5 000
2 EAST 2ND STREET ERIE, PA 16507 HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREGATION 7180 PERRY HIGHWAY ERIE, PA 16509 NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  N/A  Total  ENDOWMENT TO FUND FACILITY IMPROVEMENT FOR THE CONSTRUCTION OF THE WOMEN'S AND SO1(c) (3) CHILDREN'S HOSPITAL RELIGIOUS  15,000. PROVIDES ART EDUCATION AND SUPPORT TO SO1(c) (3) SO1(c) (3) PROVIDES ART EDUCATION AND SUPPORT TO SO1(c) (3) ORCHESTRA TO THE REGION  10,000.  478,480.			301(0)(3)	1	3,000.
ERIE, PA 16507  HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET  ERIE, PA 16507  UNITARIAN UNIVERSALIST CONGREGATION 7180 PERRY HIGHWAY ERIE, PA 16509  NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503  ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501  See Line 3a statement  Sog(a)(1) FACILITY IMPROVEMENT FOR THE CONSTRUCTION OF THE WOMEN'S AND SO1(c)(3) CHILDREN'S HOSPITAL RELIGIOUS  15,000.  PROVIDES ART EDUCATION AND SUPPORT TO SO1(c)(3) SINCE ITY YOUTH SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION ORCHESTRA TO THE REGION 249,680.		N/A			
HAMOT SECOND CENTURY FUND 2 EAST 2ND STREET PA 16507 UNITARIAN UNIVERSALIST CONGREGATION 7180 PERRY HIGHWAY ERIE, PA 16509 NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET PA 16501 See Line 3a statement  Total  FOR THE CONSTRUCTION OF THE WOMEN'S AND SO1(c) (3) CHILDREN'S HOSPITAL RELIGIOUS  15,000.  PROVIDES ART EDUCATION AND SUPPORT TO SO1(c) (3) INNER CITY YOUTH SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION ORCHESTRA TO THE REGION 249,680.		11,71	509 (a) (1)	1	3,800.
2 EAST 2ND STREET ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREGATION 7180 PERRY HIGHWAY ERIE, PA 16509 N/A ERIE, PA 16509 N/A ERIE, PA 16509 REIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  Total  Total  N/A  501(c) (3) PROVIDES ART EDUCATION AND SUPPORT TO S01(c) (3) SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION 249,680.	•			I I	2,000
ERIE, PA 16507 UNITARIAN UNIVERSALIST CONGREGATION 7180 PERRY HIGHWAY ERIE, PA 16509 NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET REIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  Total  Total  501(e) (3) SO1(e) (4) S		N/A		L I	
UNITARIAN UNIVERSALIST CONGREGATION 7180 FERRY HIGHWAY ERIE, PA 16509 NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  Total  Total  RELIGIOUS  15,000.  PROVIDES ART EDUCATION AND SUPPORT TO Sol(c) (3) INNER CITY YOUTH SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION 10,000.  249,680.		1., 2.	501(c)(3)	1	5,000.
Total  Total  Tight Perry Highway  ERIE, PA 16509  N/A  Sol(e) (3)  PROVIDES ART EDUCATION AND SUPPORT TO  INFORMATION AND SUPPORT TO  Sol(e) (3)  PROVIDES ART EDUCATION AND SUPPORT TO  INFORMATION AND SUPPORT TO  SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION  CALL OF THE PROVIDES ARE EDUCATION AND SUPPORT TO  SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION  249,680.	·			1	•
ERIE, PA 16509 NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  Total  b Approved for future payment  Fig. (2)  Total  Total  15,000.  PROVIDES ART EDUCATION AND SUPPORT TO SOI(e) (3) SOI(e) (4) SOI(e) (4					
NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET PA 16501 See Line 3a statement  N/A  Total  Total  PROVIDES ART EDUCATION AND SUPPORT TO 501(c) (3) 1NNER CITY YOUTH SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION 249,680.			501(c)(3)		15,000.
ERIE, PA 16503 ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET ERIE PA 16501 See Line 3a statement  Total  Total  Approved for future payment  PA 16503  Sol(e) (3) SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION  10,000.  249,680.	·			PROVIDES ART EDUCA-	
ERIE PHILHARMONIC ORCHESTRA 1006 STATE STREET PA 16501 See Line 3a statement  Total  Approved for future payment  SUPPORTS A SYMPHONY ORCHESTRA TO THE REGION 10,000.	201 EAST 10TH STREET	N/A		TION AND SUPPORT TO	
N/A   SOLICION   SOL	ERIE, PA 16503		501(c)(3)	INNER CITY YOUTH	10,000.
ERIE PA 16501 See Line 3a statement  Total  b Approved for future payment  10,000.  249,680.	ERIE PHILHARMONIC ORCHESTRA			SUPPORTS A SYMPHONY	
Total  Total  Approved for future payment  Total  Approved for future payment	1006 STATE STREET	N/A		ORCHESTRA TO THE REGION	
Total  D Approved for future payment  D Approved for future payment	ERIE PA 16501		501(c)(3)		10,000.
Total  B Approved for future payment  Approved for future payment	See Line 3a statement				
Total  B Approved for future payment  Approved for future payment					
b Approved for future payment					249,680.
b Approved for future payment					
b Approved for future payment					
b Approved for future payment			<u> </u>	<u> </u>	470 400
			<u> </u>		4/8,480.
Total > 3b	<b>b</b> Approved for future payment				
Total > 3b					
Total > 3b					
Total > 3b					
Total → 3b					
Total ► 3b					
Total > 3b			•		
Total > 3b					
Total > 3b		İ			
Total > 3b					
Total > 3b					
Total ► 3b					
Total ► 3b					
Total ► 3b					
Total ► 3b					
Total ► 3b					
Total ► 3b					
	Total		•	► 3b	

Page 12

Part XXII-A Analysis of Income-Producing Activi	

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
			Code		
a b			<del>    -</del>		
С	<del>                                      </del>		1 1-		
d				_	
e		<del></del>			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investments	90001		18	50,685.	
4 Dividends and interest from securities	90001		18	260,375.	
5 Net rental income or (loss) from real estate:					i i
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·			
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	90001		18	125,035.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			Je se s		
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				436,095.	
13 Total. Add line 12, columns (b), (d), and (e)				13	436,095

#### Part XVII-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions)
· · ·	

# Form 990-PF (2010) M J SURGALA TRUST 11-6556638 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	_							Ye	No.
de	escribe	d in section 501(i	c) of the Code (of	ngage in any of the fi ther than section 501	ollowing with a (c)(3) organiza	any other organizations) or in section	on 527,	Ye	es No
	_	to political organi							
		•	ing foundation to	a noncharitable exen	npt organization	on of		10 (1)	v
	) Cash							1a (1) 1a (2)	X
•	•	r assets						14(2)	
		insactions.	anaharitahla aya	mot organization				1b (1)	Х
•	•		ioncharitable exe	mpt organization ible exempt organizat	ion			1b (2)	$\frac{x}{x}$
•	•		juipment, or othe		iort			1 b (3)	- X
•	•	al of facilities, et abursement arran	•	1 035013				1 b (4)	X
•	•	is or loan guaran	•					1 b (5)	X
				p or fundraising solic	utations			1 b (6)	X
•	•			sts, other assets, or p				1c	X
•	· · · · · · · · · · · · · · · · · · ·	or radiities, equi	oment, maining ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	op				
th	ne aood	ls. other assets. o	or services given	complete the following by the reporting foun how in column(d) the	dation If the 1	oundation received	less than fair marke	et value in	
(a) Line		(b) Amount involved		of noncharitable exempt org	·		nsfers, transactions, and		nents
(d) Line	, 110.	(b) ranount intortoo	(e) mains of	or mononarrado oxompe or g		<u> </u>			
	$\top$					·-			
<del></del>									
		·							
de	escribe	undation directly d in section 501( complete the foll	c) of the Code (o	ated with, or related ther than section 501	to, one or mor (c)(3)) or in se	e tax-exempt organ ection 527?	ızatıons	Yes	X No
		Name of organi		(b) Type of o	organization		(c) Description of re	lationship	
		, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	<u> </u>			<del></del>	
			<del></del>						,
		•							
				-					
		***			•				
	Under p	enalties of perjury, I de	clare that I have exam	ined this return, including ac than taxpayer or fiduciary) is	companying sched	ules and statements, and	to the best of my knowledg	e and belief, it is t	true,
C:	correct,	and complete Declara	tion of preparer (other	than taxpayer or fiduciary) is	s based on all infor	mation of which preparer i	ias any knowledge		
Sign		Mari	Luin	She The	too	111.14-11	N MDMCMDD	/ EVEC DI	r D
Here	_	7,000	y y www	may just	ue	7/-/ 7- //	TRUSTEE /	EXEC DI	. K
	Sig	nature of officer or this Print/Type preparer's		Frepaler's supran		Date Date		PTIN	
		'' ' '			hartather	disp 11-12-1	, ,	P0026364	46
Paid				<u>PA JANGO.</u> LASTOWSKI CPA	PHY TOP HOTELS	WO-CTAI	self-employed Firm's EIN ► 25-1		10
Prepa		Firm's name			<del> </del>		Firms Ciny 23-1	120320	
Use C	nly	Firm's address	1137 W 38	BTH ST	PA	16508-2324	Phone no (814	) 868-48	02
			DKID		PA	10000-2024	Truppedo (OTA	· —	
BAA								Form <b>990-F</b>	r (2010,

#### Form 990-PF Part I, Line 6a

#### **Net Gain or Loss From Sale of Assets**

2010

ame			Employer Identification Number
1 J SURGALA '	rrust		11-6556638
Asset Informa	ation:		
Description of Pr	operty AL:	L SALES	
Date Acquired.	<u>Various</u>	How Acquired Purchased	
Date Sold	Various	Name of Buyer VARIOUS	
Sales Price	747,389	Cost or other basis (do not reduce by depreciation)	622,354.
Sales Expense		Valuation Method Cost	
Total Gain (Loss)	125,	035. Accumulation Depreciation	
Description of Pr	operty		
Date Acquired.		How Acquired.	
Date Sold.		Name of Buyer:	
Sales Price:		Cost or other basis (do not reduce by depreciation)	
Sales Expense:		Valuation Method	
Total Gain (Loss	).	Accumulation Depreciation	
Description of Pr		<del></del>	
Date Acquired.		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss	) <sup>,</sup>	Assumulation Degrapation	
Description of Pr			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	-
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense			
Total Gain (Loss	)	Accumulation Depresention	
Description of Pr			· · · · ·
Date Acquired		How Acquired	
Date Sold	<del></del>	Name of Buyer	
Sales Price	<del> </del>	Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method:	
Total Gain (Loss)	·	Accumulation Depreciation	
Description of Pr		, todaniation Doproduction	
Date Acquired		How Acquired	····
Date Sold		Name of Buyer	··
Sales Price		Cost or other basis (do not reduce by depreciation)	10-1
Sales Expense		Valuation Method	
Total Gain (Loss)	· ———	Accumulation Depreciation	
Description of Pr			
Date Acquired		How Acquired	
Date Sold		Name of Buyer .	
Sales Price.		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss	· <del></del>	Accumulation Depreciation:	
Description of Pr		Accumulation Depreciation.	<del></del>
	operty	How Acquired	
Date Acquired			
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss	)	Accumulation Depreciation:	

Form 990-PF, Page 1, Part I, Line 23

#### Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
REGISTRATION FEES	750.	750.	750.	750.
INVESTMENT MATERIALS	179.	179.	179.	179.
MISCELLANEOUS	165.		165.	165.
Total	1,094.	929.	1,094.	1,094.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (a) thru (d)**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
10 CALLS INTL BUSINESS MACHINES	<u>P</u>	07/21/09	01/16/10
10 CALLS INTL BUSINESS MACHINES 10 CALLS INTL BUSINESS MACHINES	<u>P</u>	11/23/09	03/05/10
	<u>P</u>	03/23/10	10/13/10
10 CALLS INTL BUSINESS MACHINES	<u>P</u>	10/13/10	10/19/10
700 SHS VANGUARD BONF INDEX FUND INTMED	<u>P</u>	12/17/09	12/09/10
150 SHS APPLE INC	<u>P</u>	09/21/09	12/20/10
1400 SHS BANK OF AMERICA CORP	<u>P</u>	09/14/05	12/31/10
700 SHS BLACKSTONE GROUP LP	<u>P</u>	06/22/07	12/31/10
100 SHS GOOGLE INC CLASS A	P	09/30/08	12/21/10
2000 SHS INTERNATIONAL BUSINESS MACHINES	P	02/18/10	01/15/10
1000 SHS NOVAVAX INC.	P	09/01/09	12/29/10
1000 SHS OREXIGEN THERAPEUTICS	P	12/01/09	12/10/10
1000 SHS POWERSHARES QQQ TRUST SER 1	Р	10/24/08	12/17/10
300 VANGUARD BOND INDEX FUND INTERMEDIATE TERM	P	09/01/09	12/09/10
300 VANGUARD BOND INDEX FUND LONG TERM	P	10/06/09	11/09/10
1000 VANGUARD BOND INDEX FUND SHORT TERM	Р	08/31/07	12/16/10

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (e) thru (h)**

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)
1,775.		0.	1,775.
2,553.		81.	2,472.
2,264.		1,367.	897.
3,683.		1,497.	2,186.
58,247.		56,639.	1,608.
48,440.		28,001.	20,439.
18,653.		60,179.	
9,889.		24,860.	-14,971.
60,090.		37,058.	23,032.
265,504.		229,689.	35,815.
2,641.		7,069.	
8,391.		7,309.	1,082.
54,610.		<u>29,268.</u>	<u>25,342.</u>
24,963.		23,882.	1,081.
24,771.		23,889.	882.
80,510.		75,929.	4,581.

Form 990-PF, Part IV	/ Capital Gains	and Losses	for Ta	v on Inves	tment Incor	me	Continued
Columns (e) thru (h)		and Losses	101 Ta	X OII IIIVES	itilent incor	ne -	Continued
(e) Gross sales price	(f) Depreciatio			Cost or other			n or (loss) (f) minus (g)
Total		<u>'</u>	_	606,7	17.		60,267.
Form 990-PF, Part IV Columns (i) thru (l)	V, Capital Gains	and Losses	for Ta	x on Inves	stment Incor	me	
Complete only for as by the foundation on		ıın ın colum	n (h) ai	nd owned		gain min	is (column (h)
(i) Fair Market Value as of 12/31/69	(j) Adjuste as of 12			Excess of er column		or lo	less than -0-) sses (from lumn (h))
Total	11 Part VV June	22					1,775. 2,472. 897. 2,186. 1,608. 20,43941,52614,971. 23,032. 35,8154,428. 1,082. 25,342. 1,081. 882. 4,581.
Line 3a statement  Recipi  Name and (home or b	ent	If recipie an individual show a relationsh	dual, iny iip to	Foun- dation status of re-		ose of ontribution	Person or Business Checkbox
		any found manage substan contribu	r or itial	cipient			Amount
a Paid during the yelling HANDS 541 CAMBRIDGE BOSTON ERIE CITY MISS 1023 FRENCH ST ERIE,	STREET MA 02134	N/		501 (c) (3)	MONKEYS TO Q TO ASSIST WI ASSISTS TH	GHLY TRAINED UADRIPLEGICS TH DAILY LIV IE HOMELESS ITH SHELTER MEALS	Person or Business X  5,450.  Person or Business X  50,000.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

	· · · · · · · · · · · · · · · · · · ·	<del></del> ,		
Recipient	If recipient is	Foun-	Purpose of	Person or
	an individual,	dation	grant or contribution	Business
Name and address	show any	status		Checkbox
(home or business)	relationship to	of re-		1
	any foundation	cipient		Amount
	manager or			
	substantial			
	contributor			
a Paid during the year				
AMERICAN CANCER SOCIETY			PROVIDES EDUCATION	Person or
2115 WEST 38TH STREET	N/A		AND RESEARCH INTO THE	Business X
ERIE PA 16501		501 (c) (3)	CAUSES OF CANCER	3,500.
ST_CASMIR'S_CHURCH		302 (0) (0)	RELIGIOUS	Person or
147 MONTGOMERY STREET	N/A			Business X
PATERSON NJ 07501		501 (c) (3)		2,000.
ERIE ART MUSEUM		001(0)(0)	PROVIDES A MUSEUM FOR	Person or
417 STATE STREET	N/A	<b>-</b>	ART EXHIBITS AND	Business X
ERIE, PA 16507		501 (c) (3)	ART EDUCATION	15,000.
BOCA RATON REGIONAL HOSPITAL			PROVIDES COMMUNITY	Person or
800 MEADOWS ROAD	N/A		HEALTH CARE SERVICES	Business X
BOCA RATON FL 33486		501 (c) (3)		6,000.
PENN STATE UNIVERSITY			SCHOLARSHIP FUND	Person or
BEHREND COLLEGE	N/A			Business X
ERIE PA 16510		501 (c) (3)		26,000.
YOUNG PEOPLES' CHORUS OF ERIE		002 (07 (27	CHORAL GROUP FOR	Person or
BEHREND COLLEGE	N/A		ELEMENTARY AND HIGH	Business X
ERIE PA 16510		501 (c) (3)	<del></del>	22,000.
SALVATION ARMY		, , , , ,	PROVIDES SOCIAL	Person or
1209 SASSAFRAS STREET	N/A	<b>-</b>	SERVICES TO THE	Business X
ERIE PA 16502		501 (c) (3)		5,000.
MERCY CENTER FOR WOMEN			PROVIDES SUPPORTIVE	Person or
1039 EAST 27TH STREET	N/A	<b>-</b>	SERVICES TO WOMEN IN	Business X
ERIE PA 16504		501 (c) (3)	NEED.	1,500.
ERIE HOMES FOR CHILDREN AND ADULTS			PROVIDES HOUSING AND	Person or
226 EAST 27TH STREET	N/A		SUPPORTIVE CARE TO	Business X
ERIE PA 16504	<del></del>	501 (c) (3)	INDIVIDUALS WITH DISABIL	5,000.
ERIE COUNTY LIBRARY			PROVIDES A FREE	Person or
160 EAST FRONT STREET	N/A		LIBRARY TO RESIDENTS	Business X
ERIE PA 16507		501(c)(3)	OF ERIE COUNTY	1,000.
ARTS COUNCIL OF ERIE			PROMOTES THE ARTS	Person or
307 FRENCH STREET	N/A		IN ERIE COUNTY	Business X
ERIE PA 16507		501 (c) (3)		5,000.
ERIE PLAYHOUSE			PROVIDES A COMMUNITY	Person or
13 WEST 10TH STREET	N/A		THEATRE AND PROMOTES	Business X
ERIE PA 16501		501(c)( <u>3</u> )	EDUCATION IN THEATRE	1,000.
BOCA RATON MUSEUM OF ART			PROVIDES A MUSEUM FOR	Person or
501 PLAZA REAL	N/A		ART EXHIBITS AND	Business X
BOCA RATON FL 33432		501 (C) (3)	ART EDUCATION	2,200.
EMMAUS MINISTRIES			PROVIDES MEALS AND	Person or
310 EAST 10TH STREET	N/A		SHELTER TO THE	Business X
ERIE PA 16503		501 (C) (3)	HOMELESS	10,000.
		T	PROVIDES CHILDREN	Person or
ERIE JUNIOR PHILHARMONIC				
ERIE JUNIOR PHILHARMONIC 609 WALNUT STREET	N/A		WITH MUSIC EDUCATION	Business X

4961 PITTSBURGH AVE PA 16509

CROHN'S AND COLITIS FOUNDATION

300 PENN CENTER BLVD

PITTSBURGH PA 15235

PUBLIC BROADCASTING OF NW PA

PA 16509

8455 PEACH STREET

ERIE

Business X

Person or Business X

Person or

Business X

8,000.

3,000.

250.

ORGANIZATION

RESEARCH AND

INDIVIDUALS

501 (C) (3)

ASSISTANCE TO

PUBLIC RADIO AND TELEVISON STATION

Form 990-PF, Page 11, Part XV, line Line 3a statement	e 3a			Continued
Recipient	If recipient is an individual,	Foun-	Purpose of grant or contribution	Person or Business
Name and address	show any	status	grant or contribution	Checkbox
(home or business)	relationship to	of re-		CHECKDOX
(nome or business)	any foundation	cipient		Amount
	manager or	O.P.O.K		,
	substantial			
	contributor			
	<u> </u>			
a Paid during the year				
ERIE ZOOLOGICAL SOCIETY			PROVIDES EDUCATIONAL AND	Person or
423 WEST 38TH STREET	<u>N/A</u>		RECREATIONAL ACTIVITIES	Business X
ERIE, PA 16508		501 (C) (3)	THROUGH A COMMUNITY ZOO	2,580.
UNITED_WAY_OF_ERIE			PROVIDES ASSISTANCE TO	Person or
420 WEST 6TH STREET	N/A		SOCIAL SERVICE ORGANIZAT	Business X
ERIE PA 16507		501 (C) (3)	IN THE ERIE AREA	12,000.
AMERICAN HEART ASSOCIATION			PROVIDES EDUCATION	Person or
823 FILMORE AVENUE	N/A		AND RESEARCH INTO THE	Business X
ERIE PA 16505		501 (C) (3)	CAUSES OF HEART DESEASE	1,000.
Visiting Nurse Association			PROVIDES HEALTH AND SUP-	Person or
2253 W Grandview Blvd	<u>N/A</u>		PORTIVE CARE TO TERMIN-	Business X
ERIE PA 16508		501 (C) (3)	ALLY ILL INDIVIDUALS	12,000.
MARCH OF DIMES			PROMOTES HEALTH	Person or
1407 PENINSULA DRIVE	N/A		OF PREGNANT WOMEN	Business X
ERIE PA 16505		501 (C) (3)	AND THEIR BABIES	500.
Flagship Niagara League			WORKS TO PROMOTE	Person or
150 East Front Street	<u>N/A</u>		PRESERVATION OF THE	Business X
ERIE PA 16507		501 (C) (3)	FLAGSHIP NIAGARA	8,500.
BARBER NATIONAL INSTITUTE			RESEARCH CENTER	Person or
100 BARBER PLACE	N/A		AND REHABILIATION	Business X
ERIE PA 16507		501 (C) (3)	SERVICES	1,600.
SAFE NET			ASSISTANCE TO	Person or
PO_BOX_1436	<u>N/A</u>		WOMEN_SUFFERING	Business X
ERIE PA 16512		501 (C) (3)	FROM DOMESTIC ABUSE	2,000.
St. Paul's Neighborhood Free Clinic			FREE MEDICAL	Person or
1608 WALNUT STREET	<u>N/A</u>		CLINIC_FOR_LOW_	Business X
ERIE PA 16502		501 (C) (3)	INCOME INDIVIDUALS	10,000.
Asbury Woods Partnership			COMMUNITY PARK	Person or
4105 ASBURY ROAD	<u>N/A</u>		AND NATURE	Business X
ERIE PA 16506		501 (C) (3)	CENTER	1,000.
BAYFRONT CTR FOR MARITIME STUDIES			UNIQUE HANDS ON	Person or
40 HOLLAND STREET	<u>N/A</u>		MARITIME EDUCATIONAL	Business X
ERIE PA 16507		501 (C) (3)	& RECREATIONAL	1,000.
ST_MARY'S_RC_CHURCH			RELIGIOUS	Person or
1300 NORTHERN BLVD	N/A		ORGANIZATION	Business X
MANHASSET NY 11030		501 (C) (3)		1,700.
AMERICAN RED CROSS			EMREGENCY RELIEF	Person or

`Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	substantial contributor			
a Paid during the year				
UNITARIAN UNIVERSALIST CHUCH			CHURCH	Person or
2601 ST ANDREWS BLVD	N/A			Business X
BOCA RATON FL 33434		501 (C) (3)		1,000.
ST VINCENT HEALTH CENTER AUXILIARY			COMMUNITY HOSPITAL	Person or
252 WEST 25TH STREET	N/A			Business X
ERIE PA 16502		501 (C) (3)		2,200.
JUNIOR ACHIEVEMENT OF WESTERM PA			PROGRAMS TO INSPIRE AND	Person or
5101 JORDAN ROAD BURKE	N/A		PREPARE YOUNG PEOPLE TO	Business X
ERIE PA 16563		501 (C) (3)	SUCCEED IN A GLOBAL ECON	1,000.
SECOND HARVEST FOOD BANK OF NWPA			PROVIDES LOW COST	Person or
1507 GRIMM DRIVE	N/A		FOOD TO THE POOR	Business X
ERIE PA 16502		501 (C) (3)	IN NW PA	10,000.
FAMILY SERVICE OF NW PA			PROVIDES FREE/LOW	Person or
5100 PEACH_STREET	<u>N/A</u>		COST MENTAL HEALTH	Business X
ERIE PA 16509		501(C)(3)	SERVICES IN NW PA	1,000.
AMERICAN RED CROSS			COMMITTED TO MEETING	Person or
825 FERN STREET	<u>N/A</u>		THE HUMANITARIAN NEEDS	Business X
PALM BEACH FL 33401		501 (C) (3)	OF AREA RESIDENTS	1,200.
PRESQUE ISLE PARTNERSHIP			SUPPORTS THE PA DNR	Person or
301 PENINSULA DRIVE	<u>N/A</u>		IN THE OPERATION OF	Business X
ERIE PA 16505		501 (C) (3)	PRESQUE ISLE STATE PARK	1,000.
EXPERIENCE CHILDREN'S MUSEUM			OPERATES A CHILDREN'S	Person or
420 FRENCH STREET	<u>N/A</u>		MUSEUM	Business X
ERIE PA 16507		501 (C) (3)	CURRORS OF SUR	1,000.
YMCA OF ERIE			SUPPORT OF THE	Person or
3727 CHERRY STREET	<u>N/A</u>		TEEN PROGRAM	Business X
ERIE PA 16508		501 (C) (3)	CHDDODE FOR	1,000.
ERIE COUNTY DIABITIS ASSOC			SUPPORT FOR	Person or Business X
1128 STATE STREET PA 16501	<u>N/A</u>		INDIVIDUALS WITH	Business X 1,000.
		501 (C) (3)	DIABETES	Person or
THE SIGHT CENTER OF NW PA 2545 WEST 26 STREET	N/A		ASSISTS INDIVIDUALS	Business X
ERIE PA 16506	<u>n/w</u>	501 (C) (3)	WITH VISION PROBLEMS AND BLINDNESS	1,000.
MECA INC. (UNITED CEREBRAL PALSY)		201(0)(3)	PROVIDES ASSISTANCE	Person or
1611 PEACH STREET	N/A		TO INDIVIDUALS WITH	Business X
ERIE PA 16501		501 (C) (3)	CEREBRAL PALSY	500.
ALZHEIMER'S ASSOCIATION		30. (0) (3)	PROVIDES ASSISTANCE	Person or
1128 STATE STREET	N/A		TO FAMILIES OF INDI-	Business X
ERIE PA 16501		501 (C) (3)	VIDUALS WITH ALZHEIMERS	500.
HUMANE SOCIETY OF NW PA		302 (0) (3)	PROVIDES SHELTER TO	Person or
2407 ZIMMERLY ROAD	N/A		NEGLECTED AND UNWANTED	Business X
	<del></del>	501 (C) (3)	ANIMALS	500.

Form 990-PF, Page 2, Part II, Line 10b

#### L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
CHARLES SCHWAB & CO	1,904,268.	2,211,452.	
IBM CORPORATION (DIVIDEND REINVESTMENT PROGRAM)	3,944,779.	5,092,867.	
MORGAN STANLEY DW INC. 684-032215-020	2,656,090.	3,066,834.	

Form 990-PF, Page 2, Part II, Line 10c

#### L- 10c Stmt

	End of Year			
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
MORGAN STANLEY DW INC. 684-032215-020	725,890.	730,860.		
CHARLES SCHWAB & CO	842,190.	837,493.		
Total	1,568,080.	1,568,353.		