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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                 |                                  |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|
| <b>For calendar year 2010, or tax year beginning</b> <b>, 2010, and ending</b> <b>,</b><br><b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>A</b> Employer identification number<br><b>20-3880761</b>                                                                                                                                                                                    |                                  |                                |
| <b>NAME OF FOUNDATION</b><br>Number and street (or P O box number if mail is not delivered to street address)<br><b>3749 SANTA CLAUS LANE</b><br>City or town<br><b>CARPINTERIA</b><br><b>B</b> Room/suite<br><b>CA 93013</b><br><b>C</b> State ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>B</b> Telephone number (see the instructions)<br><b>(805) 880-1990</b>                                                                                                                                                                       |                                  |                                |
| <b>H</b> Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>D</b> <b>1</b> Foreign organizations, check here <input type="checkbox"/><br><b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>                                                 |                                  |                                |
| <b>I</b> Fair market value of all assets at end of year <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br>(from Part II, column (c), line 16) <input type="checkbox"/> Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |                                  |                                |
| ► \$ <b>7,809,076.</b> <i>(Part I, column (d) must be on cash basis)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                 |                                  |                                |
| <b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>(a) Revenue and expenses per books</b>                                                                                                                                                                                                       | <b>(b) Net investment income</b> | <b>(c) Adjusted net income</b> |
| <b>REVENUE</b><br>1 Contributions, gifts, grants, etc, received (att sch)<br>2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B<br>3 Interest on savings and temporary cash investments<br>4 Dividends and interest from securities<br>5a Gross rents<br>b Net rental income or (loss)<br>6a Net gain/(loss) from sale of assets not on line 10<br>b Gross sales price for all assets on line 6a<br>7 Capital gain net income (from Part IV, line 2)<br>8 Net short-term capital gain<br>9 Income modifications<br>10a Gross sales less returns and allowances <b>10/1/2011</b> <b>IRS-OSC</b><br>b Less Cost of goods sold<br>c Gross profit/(loss) (att sch)<br>11 Other income (attach schedule)                                                                           |  | <b>850,000.</b>                                                                                                                                                                                                                                 | <b>309,321.</b>                  | <b>309,321.</b>                |
| <b>ADMINISTRATIVE EXPENSES</b><br>13 Compensation of officers, directors, trustees, etc<br>14 Other employee salaries and wages<br>15 Pension plans, employee benefits<br>16a Legal fees (attach schedule) <b>L-16a Stmt</b><br>b Accounting fees (attach sch) <b>L-16b Stmt</b><br>c Other prof fees (attach sch) <b>L-16c Stmt</b><br>17 Interest<br>18 Taxes (attach schedule) See Line 18 Stmt<br>19 Depreciation (attach sch) and depletion <b>L-19 Stmt</b><br>20 Occupancy<br>21 Travel, conferences, and meetings<br>22 Printing and publications<br>23 Other expenses (attach schedule) See Line 23 Stmt<br>24 Total operating and administrative expenses. Add lines 13 through 23<br>25 Contributions, gifts, grants paid<br>26 Total expenses and disbursements. Add lines 24 and 25 |  | <b>1,159,321.</b>                                                                                                                                                                                                                               | <b>309,321.</b>                  | <b>309,321.</b>                |
| <b>OPERATING AND EXPENSES</b><br>27 Subtract line 26 from line 12:<br>a Excess of revenue over expenses and disbursements<br>b Net investment income (if negative, enter -0-)<br>c Adjusted net income (if negative, enter -0-)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>289,683.</b>                                                                                                                                                                                                                                 | <b>261,859.</b>                  | <b>0.</b>                      |

G16

| <b>Part II</b> <b>Balance Sheets</b> | Attached schedules and amounts in the description column should be for end-of-year amounts only<br>(See instructions.)        | Beginning of year     | End of year           |                              |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------------|
|                                      |                                                                                                                               | <b>(a)</b> Book Value | <b>(b)</b> Book Value | <b>(c)</b> Fair Market Value |
| <b>ASSETS</b>                        | 1 Cash – non-interest-bearing                                                                                                 | 10,429.               | 82.                   | 82.                          |
|                                      | 2 Savings and temporary cash investments                                                                                      | 433,400.              | 331,100.              | 331,100.                     |
|                                      | 3 Accounts receivable                                                                                                         |                       |                       |                              |
|                                      | Less allowance for doubtful accounts ►                                                                                        |                       |                       |                              |
|                                      | 4 Pledges receivable                                                                                                          |                       |                       |                              |
|                                      | Less allowance for doubtful accounts ►                                                                                        |                       |                       |                              |
|                                      | 5 Grants receivable                                                                                                           |                       |                       |                              |
|                                      | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) |                       |                       |                              |
|                                      | 7 Other notes and loans receivable (attach sch) ► 500,000.                                                                    | L-7 Stmt              |                       |                              |
|                                      | Less allowance for doubtful accounts ►                                                                                        | 500,000.              | 500,000.              | 500,000.                     |
|                                      | 8 Inventories for sale or use                                                                                                 |                       |                       |                              |
|                                      | 9 Prepaid expenses and deferred charges                                                                                       | 2,465.                | 0.                    | 0.                           |
|                                      | 10a Investments – U.S. and state government obligations (attach schedule) L-10a Stmt                                          | 6,238,129.            | 6,496,961.            | 6,709,242.                   |
|                                      | b Investments – corporate stock (attach schedule)                                                                             |                       |                       |                              |
|                                      | c Investments – corporate bonds (attach schedule)                                                                             |                       |                       |                              |
|                                      | 11 Investments – land, buildings, and equipment basis                                                                         |                       |                       |                              |
|                                      | Less accumulated depreciation (attach schedule) ►                                                                             |                       |                       |                              |
|                                      | 12 Investments – mortgage loans                                                                                               |                       |                       |                              |
|                                      | 13 Investments – other (attach schedule) L-13 Stmt                                                                            | 0.                    | 228,000.              | 228,000.                     |
|                                      | 14 Land, buildings, and equipment basis ► 78,716.                                                                             |                       |                       |                              |
|                                      | Less accumulated depreciation (attach schedule) L-14 Stmt ► 39,144.                                                           | 42,607.               | 39,572.               | 39,572.                      |
|                                      | 15 Other assets (describe ► L-15 Stmt )                                                                                       | 106,646.              | 98,708.               | 1,080.                       |
|                                      | <b>16 Total assets</b> (to be completed by all filers – see instructions Also, see page 1, item I)                            | 7,333,676.            | 7,694,423.            | 7,809,076.                   |
| <b>LIABILITIES</b>                   | 17 Accounts payable and accrued expenses.                                                                                     |                       |                       |                              |
|                                      | 18 Grants payable                                                                                                             |                       |                       |                              |
|                                      | 19 Deferred revenue                                                                                                           |                       |                       |                              |
|                                      | 20 Loans from officers, directors, trustees, & other disqualified persons                                                     |                       |                       |                              |
|                                      | 21 Mortgages and other notes payable (attach schedule)                                                                        |                       |                       |                              |
|                                      | 22 Other liabilities (describe ► L-22 Stmt )                                                                                  | 6,384.                | 77,448.               |                              |
|                                      | <b>23 Total liabilities</b> (add lines 17 through 22)                                                                         | 6,384.                | 77,448.               |                              |
| <b>NET ASSETS/DEFICIENCIES</b>       | Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                       |                       |                              |
|                                      | 24 Unrestricted                                                                                                               |                       |                       |                              |
|                                      | 25 Temporarily restricted                                                                                                     |                       |                       |                              |
|                                      | 26 Permanently restricted                                                                                                     |                       |                       |                              |
|                                      | Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.   |                       |                       |                              |
|                                      | 27 Capital stock, trust principal, or current funds                                                                           |                       |                       |                              |
|                                      | 28 Paid-in or capital surplus, or land, building, and equipment fund                                                          |                       |                       |                              |
|                                      | 29 Retained earnings, accumulated income, endowment, or other funds                                                           | 7,327,292.            | 7,616,975.            |                              |
|                                      | <b>30 Total net assets or fund balances</b> (see the instructions)                                                            | 7,327,292.            | 7,616,975.            |                              |
|                                      | <b>31 Total liabilities and net assets/fund balances</b> (see the instructions)                                               | 7,333,676.            | 7,694,423.            |                              |

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

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

|   |            |
|---|------------|
| 1 | 7,327,292. |
| 2 | 289,683.   |
| 3 |            |
| 4 | 7,616,975. |
| 5 |            |
| 6 | 7,616,975. |

**Part IV | Capital Gains and Losses for Tax on Investment Income**

|                                                                                                                                          |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) |                                                                                                                 |                                                     | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year)                                                               | (d) Date sold<br>(month, day, year) |
| 1 a                                                                                                                                      |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| b                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| c                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| d                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| e                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| (e) Gross sales price                                                                                                                    | (f) Depreciation allowed<br>(or allowable)                                                                      | (g) Cost or other basis<br>plus expense of sale     | (h) Gain or (loss)<br>(e) plus (f) minus (g)     |                                                                                                       |                                     |
| a                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| b                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| c                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| d                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| e                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                              |                                                                                                                 |                                                     |                                                  | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |                                     |
| (i) Fair Market Value<br>as of 12/31/69                                                                                                  | (j) Adjusted basis<br>as of 12/31/69                                                                            | (k) Excess of column (i)<br>over column (j), if any |                                                  |                                                                                                       |                                     |
| a                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| b                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| c                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| d                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| e                                                                                                                                        |                                                                                                                 |                                                     |                                                  |                                                                                                       |                                     |
| 2 Capital gain net income or (net capital loss)                                                                                          | — If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7                               |                                                     | 2                                                |                                                                                                       |                                     |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)                                                           | If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 |                                                     | 3                                                |                                                                                                       |                                     |

**Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
|-------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| 2009                                                                    | 461,796.                                 | 7,254,187.                                      | 0.063659                                                        |
| 2008                                                                    | 457,663.                                 | 4,295,563.                                      | 0.106543                                                        |
| 2007                                                                    | 470,359.                                 | 105,471.                                        | 4.459605                                                        |
| 2006                                                                    | 489,985.                                 | 82,470.                                         | 5.941373                                                        |
| 2005                                                                    |                                          |                                                 |                                                                 |

|                                                                                                                                                                                |   |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | 10.571180   |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 2.642795    |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5                                                                                                 | 4 | 7,412,166.  |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 19,588,835. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 2,619.      |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 19,591,454. |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 605,470.    |

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

**Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

|     |                                                                                                                                                                                                                                  |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.) |         |
| 1   |                                                                                                                                                                                                                                  | 5,237.  |
| 2   |                                                                                                                                                                                                                                  | 0.      |
| 3   |                                                                                                                                                                                                                                  | 5,237.  |
| 4   |                                                                                                                                                                                                                                  | 0.      |
| 5   | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.                                                                                                                                  | 5,237.  |
| 6   | <b>Credits/Payments:</b>                                                                                                                                                                                                         |         |
| 6a  | 2010 estimated tax prnts and 2009 overpayment credited to 2010                                                                                                                                                                   | 6,076.  |
| 6b  | Exempt foreign organizations – tax withheld at source                                                                                                                                                                            |         |
| 6c  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                              | 6,000.  |
| 6d  | Backup withholding erroneously withheld                                                                                                                                                                                          |         |
| 7   | Total credits and payments Add lines 6a through 6d                                                                                                                                                                               | 12,076. |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          |         |
| 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                                                                                                                                        |         |
| 11  | Enter the amount of line 10 to be Credited to 2011 estimated tax ► 6,839. Refunded                                                                                                                                               | 6,839.  |

**Part 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?

|    | Yes | No |
|----|-----|----|
| 1a |     | X  |

|    |  |   |
|----|--|---|
| 1b |  | X |
|----|--|---|

|    |  |   |
|----|--|---|
| 1c |  | X |
|----|--|---|

|   |  |   |
|---|--|---|
| 2 |  | X |
|---|--|---|

|   |  |   |
|---|--|---|
| 3 |  | X |
|---|--|---|

|    |  |   |
|----|--|---|
| 4a |  | X |
|----|--|---|

|    |  |  |
|----|--|--|
| 4b |  |  |
|----|--|--|

|   |  |   |
|---|--|---|
| 5 |  | X |
|---|--|---|

|   |  |   |
|---|--|---|
| 6 |  | X |
|---|--|---|

|   |  |   |
|---|--|---|
| 7 |  | X |
|---|--|---|

|    |  |   |
|----|--|---|
| 8b |  | X |
|----|--|---|

|   |  |   |
|---|--|---|
| 9 |  | X |
|---|--|---|

|    |  |   |
|----|--|---|
| 10 |  | X |
|----|--|---|

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

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

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If 'Yes,' has it filed a tax return on Form 990-T for this year?

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

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?

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

8a Enter the states to which the foundation reports or with which it is registered (see the instructions) ► \_\_\_\_\_

**CA - California**

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

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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

**Part VII-A Statements Regarding Activities (Continued)**

|    |                                                                                                                                                                                                                                                                                         |                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 11 |                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                 |
| 12 |                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/>                                 |
| 13 | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                     |                                                                     |
| 14 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)                                                                                                 | Telephone no ► (805) 880-1990                                       |
| 15 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <a href="http://LINKEDFOUNDATION.ORG">LINKEDFOUNDATION.ORG</a>                                                                                    | ► 15                                                                |
| 16 | Did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes', enter the name of the foreign country ► | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

|     | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                     |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1a  | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |
| (1) | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> No |
| (2) | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> No |
| (3) | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> No |
| (4) | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> No |
| (5) | <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> No |
| (6) | Agree to pay money or property to a government official? <b>Exception.</b> Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                                       |                                        |
| 1b  | If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>                                                                                                                                                                           |                                        |
| 1c  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                             |                                        |
| 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))                                                                                                                                                                                                                                                                                                                                           |                                        |
| 2a  | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes', list the years ► 20__, 20__, 20__, 20__.                                                                                                                                                                                                                                                                                                                    |                                        |
| 2b  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement— see the instructions )                                                                                                                                                                                              |                                        |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                          |                                        |
| 3b  | If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) <input type="checkbox"/> |                                        |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| 4b  | 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? <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                   |                                        |

**Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to:

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

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  No

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

 Yes  Nob If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ► 

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

 Yes  No

If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes  No

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

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes  No

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

5b

6b

7b

**Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address                                                      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| DOROTHY F LARGAY<br>3749 SANTA CLAUS LANE, STE B<br>CARPINTERIA, CA 93013 | PRESIDENT<br>20.00                                       | 0.                                        | 0.                                                                    | 0.                                    |
| WAYNE E ROSING<br>3749 SANTA CLAUS LANE, STE B<br>CARPINTERIA, CA 93013   | SECRETARY<br>1.00                                        | 0.                                        | 0.                                                                    | 0.                                    |
| -----                                                                     |                                                          |                                           |                                                                       |                                       |
| -----                                                                     |                                                          |                                           |                                                                       |                                       |
| -----                                                                     |                                                          |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 see instructions). If none, enter 'NONE.'**

| (a) Name and address of each employee paid more than \$50,000            | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--------------------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NANCY F SWANSON<br>3749 SANTA CLAUS LANE, STE B<br>CARPINTERIA, CA 93013 | MANAGING DIRECTOR<br>40.00                               | 109,875.         | 11,412.                                                               | 0.                                    |
| 0                                                                        |                                                          |                  |                                                                       |                                       |
| 0                                                                        |                                                          |                  |                                                                       |                                       |
| 0                                                                        |                                                          |                  |                                                                       |                                       |
| 0                                                                        |                                                          |                  |                                                                       |                                       |

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

►

None

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
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**Total** number of others receiving over \$50,000 for professional services

None

## Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

## Expenses

|   |                                                                                                                                                                                                          |          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1 | <u>SEE PART XV</u>                                                                                                                                                                                       |          |
|   |                                                                                                                                                                                                          | 520,721. |
| 2 | <u>EXPENSES INCURRED THAT INDIRECTLY SUPPORT THE ALLEVIATION OF POVERTY<br/>BY PROMOTING AND INVESTING IN SOLUTIONS THAT IMPROVE<br/>THE HEALTH AND ECONOMIC SELF-RELIANCE OF WOMEN IN LATIN AMERICA</u> | 84,749.  |
| 3 |                                                                                                                                                                                                          |          |
| 4 |                                                                                                                                                                                                          |          |

**Part IX-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 | <hr/> <hr/> |
| 2 | <hr/> <hr/> |

All other program-related investments. See instructions

3 \_\_\_\_\_

**Total.** Add lines 1 through 3

**BAA**

**Form 990-PF (2010)**

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

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

|           |                   |
|-----------|-------------------|
| <b>1a</b> | <b>6,517,247.</b> |
| <b>1b</b> | <b>350,933.</b>   |
| <b>1c</b> | <b>656,862.</b>   |
| <b>1d</b> | <b>7,525,042.</b> |
| <b>2</b>  |                   |
| <b>3</b>  | <b>7,525,042.</b> |
| <b>4</b>  | <b>112,876.</b>   |
| <b>5</b>  | <b>7,412,166.</b> |
| <b>6</b>  | <b>370,608.</b>   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

- 1 Minimum investment return from Part X, line 6
- 2a Tax on investment income for 2010 from Part VI, line 5**
- b Income tax for 2010 (This does not include the tax from Part VI)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 Distributable amount as adjusted** Subtract line 6 from line 5 Enter here and on Part XIII, line 1

|           |                 |
|-----------|-----------------|
| <b>1</b>  | <b>370,608.</b> |
| <b>2a</b> | <b>5,237.</b>   |
| <b>2b</b> |                 |
| <b>2c</b> | <b>5,237.</b>   |
| <b>3</b>  | <b>365,371.</b> |
| <b>4</b>  |                 |
| <b>5</b>  | <b>365,371.</b> |
| <b>6</b>  |                 |
| <b>7</b>  | <b>365,371.</b> |

**Part XII Qualifying Distributions** (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
  - a Expenses, contributions, gifts, etc—total from Part I, column (d), line 26
  - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the
  - a Suitability test (prior IRS approval required)
  - b Cash distribution test (attach the required schedule)
- 4 Qualifying distributions** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income  
Enter 1% of Part I, line 27b (see instructions)
- 6 Adjusted qualifying distributions** Subtract line 5 from line 4

|           |                 |
|-----------|-----------------|
| <b>1a</b> | <b>605,470.</b> |
| <b>1b</b> |                 |
| <b>2</b>  |                 |
| <b>3a</b> |                 |
| <b>3b</b> |                 |
| <b>4</b>  | <b>605,470.</b> |
| <b>5</b>  | <b>0.</b>       |
| <b>6</b>  | <b>605,470.</b> |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2010)

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

|                                                                                                                                                                                   | (a)<br>Corpus     | (b)<br>Years prior to 2009 | (c)<br>2009 | (d)<br>2010     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|-------------|-----------------|
| <b>1</b> Distributable amount for 2010 from Part XI, line 7                                                                                                                       |                   |                            |             | <b>365,371.</b> |
| <b>2</b> Undistributed income, if any, as of the end of 2010                                                                                                                      |                   |                            | <u>0.</u>   |                 |
| <b>a</b> Enter amount for 2009 only                                                                                                                                               |                   |                            |             |                 |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                            |                   |                            |             |                 |
| <b>3</b> Excess distributions carryover, if any, to 2010:                                                                                                                         |                   |                            |             |                 |
| <b>a</b> From 2005                                                                                                                                                                | <b>0.</b>         |                            |             |                 |
| <b>b</b> From 2006                                                                                                                                                                | <b>0.</b>         |                            |             |                 |
| <b>c</b> From 2007                                                                                                                                                                | <b>382,935.</b>   |                            |             |                 |
| <b>d</b> From 2008                                                                                                                                                                | <b>457,663.</b>   |                            |             |                 |
| <b>e</b> From 2009                                                                                                                                                                | <b>540,200.</b>   |                            |             |                 |
| <b>f</b> <b>Total</b> of lines 3a through e                                                                                                                                       | <b>1,380,798.</b> |                            |             |                 |
| <b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ► \$ <b>605,470.</b>                                                                                             |                   |                            | <u>0.</u>   |                 |
| <b>a</b> Applied to 2009, but not more than line 2a                                                                                                                               |                   |                            |             |                 |
| <b>b</b> Applied to undistributed income of prior years (Election required – see instructions)                                                                                    |                   |                            |             |                 |
| <b>c</b> Treated as distributions out of corpus (Election required – see instructions)                                                                                            |                   |                            |             |                 |
| <b>d</b> Applied to 2010 distributable amount                                                                                                                                     |                   |                            | <b>0.</b>   |                 |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | <b>605,470.</b>   |                            |             |                 |
| <b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))                                         | <b>365,371.</b>   |                            |             | <b>365,371.</b> |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |                   |                            |             |                 |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | <b>1,620,897.</b> |                            |             |                 |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |                   | <b>0.</b>                  |             |                 |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |                   |                            |             |                 |
| <b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions                                                                                                          |                   | <b>0.</b>                  |             |                 |
| <b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount – see instructions                                                                            |                   |                            | <b>0.</b>   |                 |
| <b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011                                                                |                   |                            |             | <b>0.</b>       |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  |                   |                            |             |                 |
| <b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)                                                                              |                   | <b>0.</b>                  |             |                 |
| <b>9</b> <b>Excess distributions carryover to 2011.</b> Subtract lines 7 and 8 from line 6a                                                                                       |                   | <b>1,620,897.</b>          |             |                 |
| <b>10</b> Analysis of line 9                                                                                                                                                      |                   |                            |             |                 |
| <b>a</b> Excess from 2006                                                                                                                                                         | <b>0.</b>         |                            |             |                 |
| <b>b</b> Excess from 2007                                                                                                                                                         | <b>17,564.</b>    |                            |             |                 |
| <b>c</b> Excess from 2008                                                                                                                                                         | <b>457,663.</b>   |                            |             |                 |
| <b>d</b> Excess from 2009 ..                                                                                                                                                      | <b>540,200.</b>   |                            |             |                 |
| <b>e</b> Excess from 2010                                                                                                                                                         | <b>605,470.</b>   |                            |             |                 |

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Form 990-PF (2010)

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**Part XV** **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

## 1 Information Regarding Foundation Managers:

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

**DOROTHY F. LARGAY AND WAYNE E. ROSING BOTH INDIVIDUALLY AND THROUGH**

**THE TABASCO FOUNDATION.**  
List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large interest in a partnership).

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

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

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

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

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

### c Any submission deadlines

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

**Part XV | Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                        | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                               | Amount        |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|---------------|
| Name and address (home or business)                                              |                                                                                                           |                                |                                                                |               |
| <b>a Paid during the year</b>                                                    |                                                                                                           |                                |                                                                |               |
| DIRECT RELIEF INTERNATIONAL<br>27 S. LA PATERA LN<br>SANTA BARBARA CA 93117      |                                                                                                           | 501(C)3                        | FUND CHARITABLE EVENT FOR ORGANIZATION FIGHT POVERTY FOR WOMEN | 87,721.       |
| PRO MUJER INTERNATIONAL<br>253 WEST 35TH ST., 11TH FL SOUTH<br>NEW YORK NY 10001 |                                                                                                           | 501(C)3                        | SAVINGS FOR CHANGE PROGRAM IN COMMUNITY ECONOMIC RECOVERY      | 100,000.      |
| OXFAM AMERICA<br>226 CAUSEWAY ST. 5TH FL<br>BOSTON MA 02114                      |                                                                                                           | 501(C)3                        | FUNDING ECONOMIC EMPOWERMENT/ ADVANCEMENT OF WOMEN             | 40,000.       |
| SANTA BARBARA FOUNDATION<br>15 E. CARILLO ST<br>SANTA BARBARA CA 93101           |                                                                                                           | 501(C)3                        | PROJECTS THAT ALLEVIATE                                        | 10,000.       |
| GIRLS INC OF CARPINTERIA<br>5315 FOOTHILL RD<br>CARPINTERIA CA 93013             |                                                                                                           | 501(C)3                        | POVERTY HEALTH SERVICES PROGRAMS HAITI MALNUTRITION            | 3,000.        |
| GLOBAL FUND FOR WOMEN<br>1375 SUTTER ST, STE 400<br>SAN FRANCISCO CA 94109       |                                                                                                           | 501(C)3                        | PROGRAM PROJECTS THAT ALLEVIATE                                | 75,000.       |
| FONKOZE USA<br>50 F STREET, STE 810<br>WASHINGTON DC 20001                       |                                                                                                           | 501(C)3                        | POVERTY                                                        | 105,000.      |
| MERCY CORP<br>3015 SW FIRST AVE<br>PORTLAND OR 97201                             |                                                                                                           |                                |                                                                |               |
| <b>Total</b>                                                                     |                                                                                                           |                                |                                                                | ► 3a 520,721. |
| <b>b Approved for future payment</b>                                             |                                                                                                           |                                |                                                                |               |
| <b>Total</b>                                                                     |                                                                                                           |                                |                                                                | ► 3b          |

## Part XVI-A Analysis of Income-Producing Activities

|                                                            | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(see the instructions) |
|------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|-----------------------------------------------------------------------|
|                                                            | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                       |
| 1 Program service revenue.                                 |                           |               |                                      |               |                                                                       |
| a                                                          |                           |               |                                      |               |                                                                       |
| b                                                          |                           |               |                                      |               |                                                                       |
| c                                                          |                           |               |                                      |               |                                                                       |
| d                                                          |                           |               |                                      |               |                                                                       |
| e                                                          |                           |               |                                      |               |                                                                       |
| f                                                          |                           |               |                                      |               |                                                                       |
| g Fees and contracts from government agencies              |                           |               |                                      |               |                                                                       |
| 2 Membership dues and assessments                          |                           |               |                                      |               |                                                                       |
| 3 Interest on savings and temporary cash investments       |                           |               |                                      |               |                                                                       |
| 4 Dividends and interest from securities                   |                           |               |                                      |               |                                                                       |
| 5 Net rental income or (loss) from real estate             |                           |               |                                      |               |                                                                       |
| a Debt-financed property                                   |                           |               |                                      |               |                                                                       |
| 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 |                           |               |                                      |               |                                                                       |
| 9 Net income or (loss) from special events                 |                           |               |                                      |               |                                                                       |
| 10 Gross profit or (loss) from sales of inventory          |                           |               |                                      |               |                                                                       |
| 11 Other revenue                                           |                           |               |                                      |               |                                                                       |
| a                                                          |                           |               |                                      |               |                                                                       |
| b                                                          |                           |               |                                      |               |                                                                       |
| c                                                          |                           |               |                                      |               |                                                                       |
| d                                                          |                           |               |                                      |               |                                                                       |
| e                                                          |                           |               |                                      |               |                                                                       |
| 12 Subtotal Add columns (b), (d), and (e)                  |                           |               |                                      |               | 309,321.                                                              |
| 13 Total. Add line 12, columns (b), (d), and (e)           |                           |               |                                      |               | 309,321.                                                              |

(See worksheet in line 13 instructions to verify calculations )

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



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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Schedule of Contributors**

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

**2010**

Name of the organization

**LINKED FOUNDATION**

Organization type (check one)

Filers of:

Form 990 or 990-EZ

**Section:**

501(c)( \_\_\_\_ ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

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

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

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

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

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

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990,  
990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

LINKED FOUNDATION

Employer identification number

20-3880761

**Part I** **Contributors** (see instructions)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|---------------|------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1             | TABASGO FOUNDATION<br>3463 STATE STREET, SUITE 255<br>SANTA BARBARA CA 93105 | \$ 850,000                        | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|               |                                                                              | \$                                | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash            |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|               |                                                                              | \$                                | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash            |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|               |                                                                              | \$                                | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash            |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|               |                                                                              | \$                                | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash            |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                        |
|               |                                                                              | \$                                | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash            |
|               |                                                                              |                                   | (Complete Part II if there is a noncash contribution.)                                                             |

Depreciation and Amortization  
(Including Information on Listed Property)

2010

Name(s) shown on return

LINKED FOUNDATION

Business or activity to which this form relates

Form 990-PF page 1

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

|                                                                                                                                        |   |
|----------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 Maximum amount (see instructions)                                                                                                    | 1 |
| 2 Total cost of section 179 property placed in service (see instructions)                                                              | 2 |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)                                             | 3 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-                                                       | 4 |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |

|                                                                                                                |                              |                  |  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| 6 (a) Description of property                                                                                  | (b) Cost (business use only) | (c) Elected cost |  |
|                                                                                                                |                              |                  |  |
|                                                                                                                |                              |                  |  |
| 7 Listed property Enter the amount from line 29                                                                | 7                            |                  |  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                          | 8                            |                  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8                                                    | 9                            |                  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562                                       | 10                           |                  |  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11                           |                  |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                        | 12                           |                  |  |
| 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12                                  | 13                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

|                                                                                                                                                |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |
| 15 Property subject to section 168(f)(1) election                                                                                              | 15 |
| 16 Other depreciation (including ACRS)                                                                                                         | 16 |

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

|                                                                                                                                      |    |        |
|--------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2010                                                  | 17 | 8,239. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |        |

## Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| (a)<br>Classification of property | (b) Month and<br>year placed<br>in service | (c) Basis for depreciation<br>(business/investment use<br>only – see instructions) | (d)<br>Recovery period | (e)<br>Convention | (f)<br>Method | (g)<br>Depreciation<br>deduction |
|-----------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|------------------------|-------------------|---------------|----------------------------------|
| 19a 3-year property               |                                            |                                                                                    |                        |                   |               |                                  |
| b 5-year property                 |                                            |                                                                                    |                        |                   |               |                                  |
| c 7-year property                 |                                            |                                                                                    |                        |                   |               |                                  |
| d 10-year property                |                                            |                                                                                    |                        |                   |               |                                  |
| e 15-year property                |                                            |                                                                                    |                        |                   |               |                                  |
| f 20-year property                |                                            |                                                                                    |                        |                   |               |                                  |
| g 25-year property                |                                            |                                                                                    | 25 yrs                 |                   | S/L           |                                  |
| h Residential rental<br>property  |                                            |                                                                                    | 27.5 yrs               | MM                | S/L           |                                  |
|                                   |                                            |                                                                                    | 27.5 yrs               | MM                | S/L           |                                  |
| i Nonresidential real<br>property |                                            |                                                                                    | 39 yrs                 | MM                | S/L           |                                  |
|                                   |                                            |                                                                                    |                        | MM                | S/L           |                                  |

## Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

|                |  |        |         |    |     |      |
|----------------|--|--------|---------|----|-----|------|
| 20a Class life |  | 5,337. | 5.0 yrs | MQ | S/L | 133. |
| b 12-year      |  |        | 12 yrs  |    | S/L |      |
| c 40-year      |  |        | 40 yrs  | MM | S/L |      |

## Part IV Summary (See instructions)

|                                                                                                                                                                                                               |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 21 Listed property Enter amount from line 28                                                                                                                                                                  | 21 |
| 22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 22 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                    | 23 |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, completely 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

|                                                                                                                                                                             |                               |                                           |                             |                                                              |                              |                             |                               |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|-----------------------------|--------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed?                                                                                                    |                               | <input type="checkbox"/> Yes              | <input type="checkbox"/> No | 24b If 'Yes,' is the evidence written?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |                                 |
| (a)<br>Type of property (list vehicles first)                                                                                                                               | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis  | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period       | (g)<br>Method/Convention    | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                               |                                           |                             |                                                              |                              |                             |                               | 25                              |
| 26 Property used more than 50% in a qualified business use                                                                                                                  |                               |                                           |                             |                                                              |                              |                             |                               |                                 |
| 27 Property used 50% or less in a qualified business use                                                                                                                    |                               |                                           |                             |                                                              |                              |                             |                               |                                 |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1                                                                                         |                               |                                           |                             |                                                              |                              |                             |                               | 28                              |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1                                                                                                      |                               |                                           |                             |                                                              |                              |                             |                               | 29                              |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person(s) you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles)<br>31 Total commuting miles driven during the year<br>32 Total other personal (noncommuting) miles driven<br>33 Total miles driven during the year Add lines 30 through 32<br><br>34 Was the vehicle available for personal use during off-duty hours?<br>35 Was the vehicle used primarily by a more than 5% owner or related person?<br>36 Is another vehicle available for personal use? | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes              | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?<br>38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners<br>39 Do you treat all use of vehicles by employees as personal use?<br>40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?<br>41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)<br><b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                             |

**Part VI Amortization**

| (a)<br>Description of costs                                                       | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |    |        |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|----|--------|
| 42 Amortization of costs that begins during your 2010 tax year (see instructions) |                                 |                           |                     |                                          |                                   |    |        |
| 43 Amortization of costs that began before your 2010 tax year                     |                                 |                           |                     |                                          |                                   | 43 | 9,018. |
| 44 Total. Add amounts in column (f). See the instructions for where to report     |                                 |                           |                     |                                          |                                   | 44 | 9,018. |

**Form 4562**

LINKED FOUNDATION

Form 990PF - page 1

**Depreciation and Amortization Report**

Tax Year 2010

► Keep for your records

**2010**

20-3880761

| Asset Description      | Code | Date in Service | Cost (net of land) | Land | Business Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life  | Method/ Convention | Prior Depreciation | Current Depreciation |
|------------------------|------|-----------------|--------------------|------|----------------|-------------|--------------------------------|-------------------|-------|--------------------|--------------------|----------------------|
| <b>DEPRECIATION</b>    |      |                 |                    |      |                |             |                                |                   |       |                    |                    |                      |
| COMPUTERS              |      | 12/15/10        | 5,337              |      | 100.00         |             |                                |                   | 5,337 | 5.00               | ALT/MQ             | 133                  |
| SUBTOTAL CURRENT YEAR  |      |                 | 5,337              | 0    | 0              |             | 0                              | 5,337             |       |                    |                    | 0                    |
| COMPUTER               |      | 10/01/06        | 1,921              |      | 100.00         |             |                                |                   | 1,921 | 5.00               | SL/MQ              | 1,232                |
| FURNITURE & EQUIPMENT  |      | 10/01/06        | 33,635             |      | 100.00         |             |                                | 33,635            | 7.00  | SL/MQ              | 15,579             | 4,650                |
| LEASEHOLD IMPROVEMENTS |      | 10/01/06        | 15,240             |      | 100.00         |             |                                | 15,240            | 39.00 | SL/MM              | 1,254              | 391                  |
| FURNITURE AND FIXTURES |      | 01/04/07        | 11,928             |      | 100.00         |             |                                | 11,928            | 7.00  | 200DB/HY           | 6,712              | 1,440                |
| FURNITURE AND FIXTURES |      | 07/01/07        | 10,655             |      | 100.00         |             |                                | 10,655            | 7.00  | 200DB/HY           | 5,295              | 1,331                |
| SUBTOTAL PRIOR YEAR    |      |                 | 73,379             | 0    | 0              |             | 0                              | 73,379            |       |                    | 30,772             | 8,239                |
| TOTALS                 |      |                 | 78,716             | 0    | 0              |             | 0                              | 78,716            |       |                    | 30,772             | 8,372                |
| <b>AMORTIZATION</b>    |      |                 |                    |      |                |             |                                |                   |       |                    |                    |                      |
| ORGANIZATION COSTS     |      | 10/01/06        | 12,561             |      | 100.00         |             |                                | 12,561            | 15.00 |                    | 2,722              | 837                  |
| START-UP EXPENSES      |      | 10/01/06        | 116,712            |      | 100.00         |             |                                | 116,712           | 15.00 |                    | 25,304             | 7,781                |
| START-UP EXPENSE       |      | 01/01/07        | 4,323              |      | 100.00         |             |                                | 4,323             | 5.00  |                    | 4,323              | 0                    |
| WEBSITE DESIGN         |      | 07/01/08        | 6,000              |      | 100.00         |             |                                | 6,000             | 15.00 |                    | 601                | 400                  |
| SUBTOTAL PRIOR YEAR    |      |                 | 139,596            | 0    | 0              |             | 0                              | 139,596           |       |                    | 32,950             | 9,018                |
| TOTALS                 |      |                 | 139,596            |      | 0              |             | 0                              | 139,596           |       |                    | 32,950             | 9,018                |

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 12/14/10

Form 990-PF  
Part II, Lines 6 and 7

Receivables

2010

|                                                                          |                                                     |                                                  |
|--------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| Name<br><b>LINKED FOUNDATION</b>                                         | Employer Identification Number<br><b>20-3880761</b> |                                                  |
| <b>Lender Information</b>                                                |                                                     |                                                  |
| Loan Receivable Type <u>3</u>                                            |                                                     |                                                  |
| Borrower's Name <b>GLOBAL PTSHP MICROFINANCE FUND 2008, LLC</b>          | Borrower's Title <b>GP FUND MGMT LLC</b>            |                                                  |
| Check Box, if Borrower is a Business <input checked="" type="checkbox"/> | Relationship of Borrower (other loans only)         |                                                  |
| Repayment Terms <b>PRINC. DUE @ MATURITY - INTEREST PD QTRLY</b>         | Borrower's Security                                 | <b>UNSECURED</b>                                 |
| Purpose of Loan <b>EXPAND OPPORTUNITY - PEOPLE LIVING IN POVERTY</b>     | Description of Consideration <b>CASH</b>            |                                                  |
| Original Amount <b>500,000.</b>                                          | Beginning Year Balance                              | <b>500,000.</b> Year End Balance <b>500,000.</b> |
| FMV of at Year End <b>500,000.</b>                                       | FMV of Consideration                                | <b>500,000.</b>                                  |
| Allowance for Doubtful Accounts (other loans only)                       |                                                     |                                                  |
| Date of Note <b>10/30/08</b>                                             | Maturity Date <b>10/31/14</b>                       | Interest Rate <b>4.00</b>                        |
| Loan Receivable Type                                                     |                                                     |                                                  |
| Borrower's Name                                                          | Borrower's Title                                    |                                                  |
| Check Box, if Borrower is a Business <input type="checkbox"/>            | Relationship of Borrower (other loans only)         |                                                  |
| Repayment Terms                                                          | Borrower's Security                                 |                                                  |
| Purpose of Loan                                                          | Description of Consideration                        |                                                  |
| Original Amount                                                          | Beginning Year Balance                              | Year End Balance                                 |
| FMV of at Year End                                                       | FMV of Consideration                                |                                                  |
| Allowance for Doubtful Accounts (other loans only)                       |                                                     |                                                  |
| Date of Note                                                             | Maturity Date                                       | Interest Rate                                    |
| Loan Receivable Type                                                     |                                                     |                                                  |
| Borrower's Name                                                          | Borrower's Title                                    |                                                  |
| Check Box, if Borrower is a Business <input type="checkbox"/>            | Relationship of Borrower (other loans only)         |                                                  |
| Repayment Terms                                                          | Borrower's Security                                 |                                                  |
| Purpose of Loan                                                          | Description of Consideration                        |                                                  |
| Original Amount                                                          | Beginning Year Balance                              | Year End Balance                                 |
| FMV of at Year End                                                       | FMV of Consideration                                |                                                  |
| Allowance for Doubtful Accounts (other loans only)                       |                                                     |                                                  |
| Date of Note                                                             | Maturity Date                                       | Interest Rate                                    |
| Loan Receivable Type                                                     |                                                     |                                                  |
| Borrower's Name                                                          | Borrower's Title                                    |                                                  |
| Check Box, if Borrower is a Business <input type="checkbox"/>            | Relationship of Borrower (other loans only)         |                                                  |
| Repayment Terms                                                          | Borrower's Security                                 |                                                  |
| Purpose of Loan                                                          | Description of Consideration                        |                                                  |
| Original Amount                                                          | Beginning Year Balance                              | Year End Balance                                 |
| FMV of at Year End                                                       | FMV of Consideration                                |                                                  |
| Allowance for Doubtful Accounts (other loans only)                       |                                                     |                                                  |
| Date of Note                                                             | Maturity Date                                       | Interest Rate                                    |

Form 990-PF, Page 1, Part I, Line 18

## Line 18 Stmt

| Taxes (see the instructions) | Rev/Exp Book   | Net Inv Inc | Adj Net Inc | Charity Disb  |
|------------------------------|----------------|-------------|-------------|---------------|
| <b>FRANCHISE TAX BOARD</b>   | <b>10.</b>     | <b>0.</b>   | <b>0.</b>   | <b>0.</b>     |
| <b>DEPARTMENT OF JUSTICE</b> | <b>150.</b>    | <b>0.</b>   | <b>0.</b>   | <b>0.</b>     |
| <b>PAYROLL TAX</b>           | <b>11,026.</b> | <b>0.</b>   | <b>0.</b>   | <b>4,304.</b> |
| <b>FEDERAL TAX</b>           | <b>7,500.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>     |
| <b>Total</b>                 | <b>18,686.</b> | <b>0.</b>   | <b>0.</b>   | <b>4,304.</b> |

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   |
|-----------------------------------------|----------------|-------------|-------------|----------------|
| <b>MEMBERSHIPS</b>                      | <b>3,560.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>INSURANCE</b>                        | <b>2,978.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>POSTAGE AND DELIVERY</b>             | <b>490.</b>    | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>OFFICE EXPENSES</b>                  | <b>2,876.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>TELEPHONE/INTERNET</b>               | <b>6,632.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>TRAINING AND EDUCATION</b>           | <b>544.</b>    | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>BANK CHARGES</b>                     | <b>35.</b>     | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>WORKERS COMP INSURANCE</b>           | <b>1,892.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>EMPLOYEE RELATED EXPENSE</b>         | <b>360.</b>    | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>RESEARCH/CONTRACT SERVICES</b>       | <b>8,660.</b>  | <b>0.</b>   | <b>0.</b>   | <b>8,660.</b>  |
| <b>SUPPLIES</b>                         | <b>1,220.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>Amortization</b>                     | <b>9,018.</b>  | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>MCE LOAN DEFAULT PYMT ASSISTANCE</b> | <b>7,600.</b>  | <b>0.</b>   | <b>0.</b>   | <b>7,600.</b>  |
| <b>MISCELLANEOUS</b>                    | <b>390.</b>    | <b>0.</b>   | <b>0.</b>   | <b>390.</b>    |
| <b>RECONCILING ITEM</b>                 | <b>-57.</b>    | <b>0.</b>   | <b>0.</b>   | <b>0.</b>      |
| <b>Total</b>                            | <b>46,198.</b> | <b>0.</b>   | <b>0.</b>   | <b>16,650.</b> |

Form 990-PF, Page 1, Part I

## Line 16a - Legal Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| <b>PACIFICA</b>  | <b>MISCELLANEOUS</b>     | <b>814.</b>           |                       |                     |                                       |
| <b>Total</b>     |                          | <b>814.</b>           |                       |                     |                                       |

Form 990-PF, Page 1, Part I

## Line 16b - Accounting Fees

| Name of Provider          | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| <b>JOHN P. TALIA, CPA</b> | <b>TAX ACCOUNTING</b>    | <b>3,350.</b>         |                       |                     |                                       |
| <b>Total</b>              |                          | <b>3,350.</b>         |                       |                     |                                       |

Form 990-PF, Page 1, Part I

## Line 16c - Other Professional Fees

| Name of Provider   | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| BESSEMER TR-8G8909 | INVEST. MGMT             | 0.                    | 0.                    | 0.                  | 0.                                    |
| BESSEMER TR-8G9073 | INVEST. MGMT             | 37,727.               | 37,727.               | 0.                  | 0.                                    |
| BESSEMER TR-8H2772 | INVEST. MGMT             | 9,735.                | 9,735.                | 0.                  | 0.                                    |
| ELLSWORTH GREEN    | IT SUPPORT               | 6,043.                | 0.                    | 0.                  | 0.                                    |
| ANN HUTCHINS       | EDUCATION                | 19,517.               | 0.                    | 0.                  | 0.                                    |
| TOLLESON DESIGN    | DRI DESIGN               | 1,852.                | 0.                    | 0.                  | 1,852.                                |
| Total              |                          | <u>74,874.</u>        | <u>47,462.</u>        | <u>0.</u>           | <u>1,852.</u>                         |

Form 990-PF, Line 19

## Allocated Depreciation

| Description            | Date Acquire | Cost or Basis | Prior Yr. Depr | Mthd  | Life  | Current Depr | Net Invest Income | Adjusted Net Income |
|------------------------|--------------|---------------|----------------|-------|-------|--------------|-------------------|---------------------|
| COMPUTER               | 10/01/06     | 1921          | 1232           | SL    | 5.00  | 367          |                   |                     |
| FURNITURE & EQUIPMENT  | 10/01/06     | 33635         | 15579          | SL    | 7.00  | 4660         |                   |                     |
| LEASEHOLD IMPROVEMENTS | 10/01/06     | 15240         | 1254           | SL    | 39.00 | 391          |                   |                     |
| FURNITURE AND FIXTURES | 01/04/07     | 11928         | 6712           | 200DB | 7.00  | 1490         |                   |                     |
| FURNITURE AND FIXTURES | 07/01/07     | 10655         | 5995           | 200DB | 7.00  | 1331         |                   |                     |
| COMPUTERS              | 12/15/10     | 5337          |                | ALT   | 5.00  | 133          |                   |                     |

Total

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

## L-10a Stmt

| Line 10a - Investments - US and State Government Obligations: | End of Year                            |                                 | End of Year                          |                               |
|---------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------------------|-------------------------------|
|                                                               | State and Local Obligations Book Value | State and Local Obligations FMV | US Government Obligations Book Value | US Government Obligations FMV |
| \$1400K FED HOME LOAN BANK-D                                  |                                        |                                 | 1,461,684.                           | 1,429,484.                    |
| \$575K FED HOME LOAN BANK-D                                   |                                        |                                 | 598,541.                             | 627,256.                      |
| US TREASURY NOTES - \$880-D                                   |                                        |                                 | 935,687.                             | 991,302.                      |
| US TREASURY NOTES - \$1,765-D                                 |                                        |                                 | 1,867,176.                           | 1,988,237.                    |
| \$1000K-US TREASURY NOTES-D                                   |                                        |                                 | 1,089,920.                           | 1,126,480.                    |
| \$136K-US TREASURY NOTES-P                                    |                                        |                                 | 154,488.                             | 153,201.                      |
| \$115K-US TREASURY NOTES-P                                    |                                        |                                 | 130,633.                             | 129,545.                      |
| \$1400K FED HOME LOAN BANK-P                                  |                                        |                                 | 258,832.                             | 263,737.                      |
| Total                                                         |                                        |                                 | <u>6,496,961.</u>                    | <u>6,709,242.</u>             |

Form 990-PF, Page 2, Part II, Line 13

**L-13 Stmt**

| Line 13 - Investments - Other: | End of Year     |                   |
|--------------------------------|-----------------|-------------------|
|                                | Book Value      | Fair Market Value |
| GP SOCIAL INVESTMENT FD 10     | 228,000.        | 228,000.          |
| Total                          | <u>228,000.</u> | <u>228,000.</u>   |

Form 990-PF, Page 2; Part II, Line 14

**L-14 Stmt**

| Line 14b - Description of Land, Buildings, and Equipment | (a)              | (b)                      | (c)            |
|----------------------------------------------------------|------------------|--------------------------|----------------|
|                                                          | Cost/Other Basis | Accumulated Depreciation | Book Value     |
| SEE DEPRECIATION REPORT ATTACHED                         | 78,716.          | 39,144.                  | 39,572.        |
| Total                                                    | <u>78,716.</u>   | <u>39,144.</u>           | <u>39,572.</u> |

Form 990-PF, Page 2, Part II, Line 15

**Other Assets Stmt**

| Line 15 - Other Assets: | Beginning       | End of Year    |                   |
|-------------------------|-----------------|----------------|-------------------|
|                         | Year Book Value | Book Value     | Fair Market Value |
| SEE AMORTIZATION REPORT | 106,646.        | 97,628.        | 0.                |
| SECURITY DEPOSIT        | 0.              | 1,080.         | 1,080.            |
| Total                   | <u>106,646.</u> | <u>98,708.</u> | <u>1,080.</u>     |

Form 990-PF, Page 2, Part II, Line 22

**Other Liab Stmt**

| Line 22 - Other Liabilities: | Beginning       | Ending          |
|------------------------------|-----------------|-----------------|
|                              | Year Book Value | Year Book Value |
| CASH OVERDRAFT               | 0.              | 73,146.         |
| OTHER CURRENT LIABILITIES    | 6,384.          | 4,302.          |
| Total                        | <u>6,384.</u>   | <u>77,448.</u>  |

**Supporting Statement of:****Form 990-PF, p1/Line 1(a)**

| Description | Amount          |
|-------------|-----------------|
| 12/16/10    | 175,000.        |
| 10/27/10    | 75,000.         |
| 9/22/10     | 100,000.        |
| 7/29/10     | 100,000.        |
| 03/31/10    | 100,000.        |
| 01/28/10    | 200,000.        |
| 01/06/10    | 100,000.        |
| Total       | <u>850,000.</u> |

**Supporting Statement of:****Form 990-PF, p1/Line 20(a)**

| Description | Amount         |
|-------------|----------------|
| RENT        | 18,111.        |
| UTILITIES   | 1,988.         |
| CLEANING    | 2,574.         |
| Total       | <u>22,673.</u> |

**Supporting Statement of:****Form 990-PF, p12/Line 4 Column (d)**

| Description               | Amount          |
|---------------------------|-----------------|
| BESSEMER 8G8909 INTEREST  | 52,540.         |
| BESSEMER 8G9073 INTEREST  | 237,713.        |
| ACCRUED INTEREST PAID     | -933.           |
| BESSEMER 8G9073 DIVIDENDS | 1.              |
| GLOBAL PARTNERSHIP LOAN   | 20,000.         |
| Total                     | <u>309,321.</u> |