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

545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cal	endar year 2010, or tax year beginning	, 2010,	and ending	,	
		tial Return of a former p	ublic charity	Fı	nal return
_	Amended return	Address	hange Nan	ne change	
				A Employer Identification n	umber
	GLEN AND OPAL BARNETT FOUND	ATION		20-4330852	
	BOX 5470 SPRINGS, CA 92263			B Telephone number (see th	•
LATM	SERINGS, CA 92203			(760) 325-50	
•				C If exemption application	· · · · · · · · · · · · · · · · · · ·
H C	heck type of organization: X Section 50	1(c)(3) exempt private for	oundation	<ul><li>D 1 Foreign organizations, ch</li><li>2 Foreign organizations me</li></ul>	_
r	Section 4947(a)(1) nonexempt charitable		private foundation	here and attach computa	tion L
	air market value of all assets at end of year J Ac	counting method: X Ca		E If private foundation stat under section 507(b)(1)(	
	rom Part II, column (c), line 16)	Other (specify)		F If the foundation is in a	
<b>►</b> \$		, column (d) must be on	cash basis.)	under section 507(b)(1)(	
Rantil	Analysis of Revenue and	(a) Revenue and	(b) Net investmer		(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
	sarily equal the amounts in column (a)				(cash basis only)
	(see the instructions).)  1 Contributions, gifts, grants, etc, received (att sch)	20,000.			
	2 Ck Inf the foundn is not req to att Sch B		16 N H 18 18		
	3 Interest on savings and temporary				
	cash investments	4,860.	4,86	0. 4,860	<u> </u>
	4 Dividends and interest from securities 5a Gross rents				
	<b>b</b> Net rental income		* * * *		
R	or (loss) 6a Net gam/(loss); from sale of assets hot on line 10				\$ 182 - 19 \$ \$ 180 mg
Ë	6a Net gain/(loss) from sale of basels for on line 10 b Gross sales price for all assets on line 6a		·沙泽 (4 ) **	金属 新春 电电压	
Ě	7 Capital gain net income (from Part IV, line 2)				خ ف ح المال
E N U	8 Net short-term capital gaith				
Ě	9 Income modifications				
?A	10 a Gross sales less returns and allowances				
	b Less Cost of OCDEN, USA		A. 18. 18. 18. 18.		· · · · · · · · · · · · · · · · · · ·
2	c Gross profit/(loss) (att sch)		<b>多多多多</b>		事法 九教者
2	11 Other income (attach schedule)	10			
SCANNED MAY	SEE STATEMENT 1  12 Total. Add lines 1 through 11	10. 24,870.	4,86	0. 4,860	
<u> </u>	13 Compensation of officers, directors, trustees, etc.	24,870.	4,00	4,000	
Ã	14 Other employee salaries and wages				
	15 Pension plans, employee benefits.				
2 40	16a Legal fees (attach schedule)				<del> </del>
<u>6</u> 2	b Accounting fees (attach sch) SEE ST 2	1,950.	97	5. 975	. 975.
-z-	c Other prof fees (attach sch)				
PER	17 Interest 18 Taxes (attach schedule)(see instr.) SEE STM 3.	70.			<del>                                     </del>
E T R R A A T T	19 Depreciation (attach	10.	<del></del>		· · · · · · · · · · · · · · · · · · ·
ÎÎ	sch) and depletion		<del> </del>		
N V G E	<ul><li>20 Occupancy</li><li>21 Travel, conferences, and meetings.</li></ul>				<del>                                     </del>
	22 Printing and publications				<del>                                     </del>
A E N X D P	23 Other expenses (attach schedule)				<del>  -</del>
4 X D	SEÈ STATEMENT 4	1,498.			
S	24 Total operating and administrative	2 510		6 075	. 975.
S	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	3,518. 29,000.	97	5. 975	29,000.
	26 Total expenses and disbursements.	29,000.			
	Add lines 24 and 25	32,518.	97	5. 975	. 29,975.
	27 Subtract line 26 from line 12:			1 4 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	7 è s 2
	a Excess of revenue over expenses and disbursements	-7,648.			,
	b Net Investment Income (if negative, enter -0-)		3,88		
	C Adjusted net income (if negative, enter -0-)			3,885	
BAA F	or Paperwork Reduction Act Notice, see the	e instructions.		TEEA0504L 07/23/10	Form <b>990-PF</b> (2010)

	14	Land, buildings, and equipment: basis		· 100 · 100	(1) · 通过 (1	· Jan Se Se
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe ►	)			
	16	Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	- <del>-</del>	470,570.	462,922.	46
Ļ	17	Accounts payable and accrued expenses				i việt siện siện
Å	18	Grants payable				
В	19	Deferred revenue				
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons				
Ī	21	Mortgages and other notes payable (attach schedule)				* * * *
ł	22	Other liabilities (describe	)			19.10
É S	23	Total liabilities (add lines 17 through 22)		0.	0.	\$ 4 K
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	► X			the same of the
N F E U T N	24	Unrestricted .		470,570.	462,922.	
ŤŇ	25	Temporarily restricted .				
D	26	Permanently restricted				
A S B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	<b>-</b>			i de de mi
EL	27	Capital stock, trust principal, or current funds		}	1	

Partill Analysis of Changes in Net Assets or Fund Balances 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) 470,570. 2 Enter amount from Part I, line 27a 2 -7,648. 3 Other increases not included in line 2 (itemize) 3 4 4 462,922 Add lines 1, 2, and 3. 5 Decreases not included in line 2 (itemize). Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 462,922

470,570

470,570

462,922

462,922

S ANCES

O R

29

30

(attach schedule)

12 Investments - mortgage loans.

Investments - other (attach schedule)

28 Paid-in or capital surplus, or land, building, and equipment fund

Total liabilities and net assets/fund balances

(see the instructions) .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see the instructions).

, 220

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

Form 990-PF (2010)

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)

with the state law remain in the governing instrument?

10 X Form 990-PF (2010)

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

	1990-PF (2010) THE GLEN AND OPAL BARNETT FOUNDATION	20-43308	52	Pa	age <b>5</b>
Par	Statements Regarding Activities (Continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exempt Website address	ion application? .	. 13	Х	
14		ne no			
• •	Located at ► P.O. BOX 5470 PALM SPRINGS CA ZIP+4				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check her		N/P		
	and enter the amount of tax-exempt interest received or accrued during the year	• 15			N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?	authority over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the foreign country ►	name of the			
Par	Statements Regarding Activities for Which Form 4720 May Be Required		•	····	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly):		1	1000	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No		*	4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X Yes No	· 1	抽	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	. Yes XNo		is.	<b>*</b>
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruc	in ctions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🔲		*	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2010?	ts,	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		* .	•	
а	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?	Yes X No			
	If 'Yes,' list the years ► 20 , 20 , 20			4	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494 all years listed, answer 'No' and attach statement — see the instructions.).	l2(a)(2) to	2b	N	/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	s here.			Marian I
	► 20, 20, 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
b	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 approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; of (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.).	on ved r	3±	N	/A
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
	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?		41		X
BAA			Form 9	90-PF (	(2010)

Form 990-PF (2010) THE GLEN AND OPAL			20-433	30852 Page <b>6</b>			
PartVII B Statements Regarding Activit	ies for Which Form	1 4720 May Be Requ	uired (continued)				
5a During the year did the foundation pay or incu	ir any amount to:						
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	Yes X	No Section 1			
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	1 4955); or to carry	Yes X	No San			
(3) Provide a grant to an individual for travel,			Yes X	1 11 31			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, oi 4940(d)(2)? (see instru	rganization described uctions)	Yes X	No			
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or or animals?	Yes X	No			
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?							
(see instructions)?							
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respons	the foundation claim ex	emption from the	. N/A □Yes □	No			
If 'Yes,' attach the statement required by Regu							
			Tes M				
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal benef	fit contract?	6b X			
7a At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	ction? Yes X	No No			
b If yes, did the foundation receive any proceed	s or have any net incor	ne attributable to the tra	ansaction?	7b			
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	jers, Highly Paid E	imployees,			
and Contractors				<del></del>			
1 List all officers, directors, trustees, foundation	n managers and their		ructions).	<del></del>			
(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			
GLEN C. BARNETT	PRESIDENT	0.	0.	0.			
2217 YOSEMITE DRIVE	5.00						
PALM SPRINGS, CA 92264							
ESTELLE M. LAYTON	SECRETARY	0.	0.	0.			
559 S. PALM CANYON, SUITE B108 PALM SPRINGS, CA 92262	5.00						
WESLEY A. WITT	VICE PRESIDE	0.	0.	0.			
		υ.	0.	1			
P.O. BOX 12727 PALM DESERT, CA 92255-2727	2.00						
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1– see ir	structions). If none, e	nter '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	<ul><li>(d) Contributions to employee benefit plans and deferred</li></ul>	(e) Expense account, other allowances			
NONE			compensation				
NOME							
Total number of other employees paid over \$50,000			<u> </u>				
BAA	TEEA0306L (	7/23/10		Form <b>990-PF</b> (2010)			

Pa	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	foundations,
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	1 a	
	2 Average of monthly cash balances	1 b	469,944.
	Fair market value of all other assets (see instructions)	1c	100,011.
	d Total (add lines 1a, b, and c)	1 d	469,944.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		100/041.
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	469,944.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,049.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	462,895.
6	Minimum investment return. Enter 5% of line 5	6	23,145.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating fo	oundations
	and certain foreign organizations check here ▶ and do not complete this pa	rt.)	
1	Minimum investment return from Part X, line 6	1	23,145.
2	Tax on investment income for 2010 from Part VI, line 5 2a78.		
Ł	Income tax for 2010 (This does not include the tax from Part VI.)	a . A	
•	Add lines 2a and 2b	2c	78.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	23,067.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	23,067.
6	Deduction from distributable amount (see instructions)	6	<u></u>
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	23,067.
Pai	Qualifying Distributions (see instructions)		
		2012	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	29,975.
	Program-related investments – total from Part IX-B	1ь	237313.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3a	
t	Cash distribution test (attach the required schedule)	3Ь	<u></u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	29,975.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,975.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	the fou	undation
BAA			Form <b>990-PF</b> (2010)

### Part XIII Undistributed Income (see instructions)

•	(a) Corpus	<b>(b)</b> Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7			yr 3 1	23,067.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			19,786.	
<b>b</b> Total for prior years: 20, 20, 20	29.5	0.		
3 Excess distributions carryover, if any, to 2010:		,		2 mg
a From 2005		. \$	i ka 🙀 k ja	
<b>b</b> From 2006 .		. , . , .	- b	
<b>c</b> From 2007 <b>d</b> From 2008			* **	
e From 2009		97 S & (%)	, %	35
f Total of lines 3a through e	0.	, ž. , , , , , , , , , , , , , , , , , ,		THE STATE OF THE S
4 Qualifying distributions for 2010 from Part	Constitution to	, , , , , , , , , , , , , , , , , , , ,		Carallet Carallet Carallet
XII, line 4: ► \$ 29,975.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	大き間(mg ) (k ) (c ) (d
a Applied to 2009, but not more than line 2a		i w i	19,786.	A Part of
••			g	Comment of the second
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		\$
c Treated as distributions out of corpus	<u>-</u>	, , , , , , , , , , , , , , , , , , ,	, ,, , et . ,	** 19 4 4
(Election required – see instructions)	0.	the same of the same of	v sq. J. Mis	far di s
<b>d</b> Applied to 2010 distributable amount	Paranta de de se	ş., , , , , , , , , , , , , , , , , , ,		10,189.
e Remaining amount distributed out of corpus .	0.	` `	*	
5 Excess distributions carryover applied to 2010	0.	i is in the second		0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		ni i in 🦓 s	· ja y 1 4	ny 30 = 3
,,,		× × ×		
6 Enter the net total of each column as			***	
indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.		* 9	
	230 · 'F. 'W' · 'S		· · · · · ·	377 377 A 34
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		, & "], Sk nke
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency			6 / 3 .	
has been issued, or on which the section		0	;* ,	
4942(a) tax has been previously assessed	THE STATE OF THE S	0.	<u> </u>	99 5 6P
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		1 1 1 1
e Undistributed income for 2009. Subtract line 4a from		, v	•	24 - 184 A
line 2a. Taxable amount — see instructions		445 S -	0.	<u> </u>
f Undistributed income for 2010 Subtract lines			٠, , ,	
4d and 5 from line 1. This amount must be	•		, , , , , , , , , , , , , , , , , , ,	12,878.
7 Amounts treated as distributions out of		. A		12,0,0.
corpus to satisfy requirements imposed		1 December 1	*# ' ' ' ' ' ' '	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.		1	
,		,		,
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	, , ,	, , , , , , , , , , , , , , , , , , ,	
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.	* 1 ", ~	* ,	Ž.
10 Analysis of line 9:	14.00 m	, i	, ,	** **
a Excess from 2006		*	,	in the second
<b>b</b> Excess from 2007		•	, and	1 4 13 14 1
c Excess from 2008 .	<b>\$</b> .		,	*
d Excess from 2009		" 'a 'a	æ.	*
e Excess from 2010	- 4		* .	3

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Part XIV Private Operating Foundati				<b></b> _	N/A
1a If the foundation has received a ruling or is effective for 2010, enter the date of the	determination letter ruling	that it is a private o	pperating foundation	n, and the ruling	
<b>b</b> Check box to indicate whether the founda	it <u>ion is a private ope</u>	rating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities.		<u></u>			
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Rank Supplementary Information assets at any time during the	(Complete this ne year – see in:	part only if the ostructions.)	organization ha	d \$5,000 or mor	e in
1 Information Regarding Foundation Mana a List any managers of the foundation who		ore than 2% of the t	otal contributions re	eceived by the found	dation before the
close of any tax year (but only if they hav	e contributed more	than \$5,000). (See	section 507(d)(2).)	300110a ay ano 10am	
GLEN C. BARNETT					
<b>b</b> List any managers of the foundation who	own 10% or more o	f the stock of a corp	oration (or an equa	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a 10	0% or greater intere	est.		
2 Information Regarding Contribution, Gra	nt Cift Loon Scho	larchin etc Progra	me:		
Check here \( \overline{X} \) if the foundation only requests for funds If the foundation make	makes contributions	to preselected char	ritable organizations		
complete items 2a, b, c, and d				. <u>.                                   </u>	
a The name, address, and telephone number	er of the person to v	vnom applications s	nould be addressed	1;	
<b>b</b> The form in which applications should be	submitted and infor	mation and material	ls they should inclu	de:	
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors:

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	nt .	
Recipient		Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient	3311.1341.311	
a Paid during the year SEE STATEMENT 6	substantial contributor	recipient		
Total			. 	29,000.
b Approved for future payment	·····			29,000.
Total			<u></u>	

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

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
a			1		
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			14	4,860.	
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1000		\$ 48E		
a FRANCHISE TAX BOARD REF					<u> 10</u> .
b		<u> </u>			
c	<u> </u>				
d		·			
e					
12 Subtotal Add columns (b), (d), and (e)	10 July 10	·		4,860.	10.
13 Total. Add line 12, columns (b), (d), and (e)				13	4,870.
(See worksheet in line 13 instructions to verify calculat	ions )				
Part XVI-B	e Accompli	shment of Exemp	t Purpo	oses	

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

# Form 990-PF (2010) THE GLEN AND OPAL BARNETT FOUNDATION 20-4330852 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the describ	organization directly ed in section 501(c) to political organiza	or indirectly e	engage in any of the than section	the following wi 501(c)(3) orgai	th any ot nizations)	her organization	on 527,	Yes	No
_	rs from the reporting		a noncharitable	ovomet organiz	ation of:			260	
(1) Cas		i iouriuation to	a noncharttable	exempt organiz	ation of.			1 - (1)	X
(.,		• • • •	••••		• • • •			1a (1)	$\frac{1}{X}$
	er assets .					• • • • • •	• • • • • • • •	1a (2)	
-	ansactions:								
(1) Sal	es of assets to a nor	ncharitable exe	empt organization					1 b (1)	X
<b>(2)</b> Pur	chases of assets from	m a noncharita	able exempt orga	nızatıon				1 b (2)	X
<b>(3)</b> Rer	ital of facilities, equip	oment, or othe	er assets					1 b (3)	<u> </u>
<b>(4)</b> Rei	mbursement arrange	ments						. 1b(4)	Х
<b>(5)</b> Loa	ns or loan quarantee	es						1 b (5)	X
(6) Per	formance of services	or membersh	ip or fundraising	solicitations				1 b (6)	X
	of facilities, equipm							1c	X
	nswer to any of the a ds, other assets, or s saction or sharing a							market value of	
(a) Line no.	(b) Amount involved	(c) Name	of noncharitable exemp	pt organization	(d)	Description of tran	sfers, transactions, and	l sharing arrangeme	<u>nts</u>
N/A		<u></u>							
				-		_			
-	<del></del>	<del> </del>	<del></del>						
		<del>                                     </del>						···	
<del></del>		<del>                                     </del>	-17			<del></del>			
<del></del>	·			<del></del> -	<u> </u>	<del></del>		<del>_</del>	
						·· <del></del>			
					_			<del></del>	
	· · · · · · · · · · · · · · · · · · ·		<del></del>						
describe <b>b</b> <u>if 'Yes,'</u>	oundation directly or ed in section 501(c) c complete the followi	of the Code (o ng schedule.	ated with, or related ther than section	ted to, one or n 501(c)(3)) or ır	nore tax-	exempt organi 527?	zations 	Yes X	No
	Name of organization	on	<b>(b)</b> Type	of organization		(0	) Description of re	lationship	
N/A									
					]				
							<u> </u>		
Sign   Correct,	enalties of perjury, I declar and complete Declaration	e that I have exam of preparer (other	ined this return, including than taxpayer or fiducial	ing accompanying so ary) is based on all i	nformation o	of which preparer h	o the best of my knowled as any knowledge	_	ue,
Sig	nature of officer or trustee		I B		Date	Dete	i itie	Levisi	
	Print/Type preparer's nan		Preparer's şi	ignature////	<b>—</b>	Date	Check if X if	PTIN	
Paid	ERIC W. MART		12	-7:10	<u> </u>	5/16/11	self-employed	N/A	
Preparer	Firm's name <u>E</u>	RIC W. MA	ARTIN, CPA			· ·	Firm's EIN ► N/A		
Use Only	Sum's saldus = 7	4-399 HIG	HWAY 111,	SUITE B					
	I Firm's address	ALM DESER					Phone no (76	0) 77 <u>6-4</u> 32	1
300	<del></del>						<del></del>	Form 990-PE	

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2010

Employer identification number Name of the organization THE GLEN AND OPAL BARNETT FOUNDATION 20-4330852 Organization type (check one): Section: Filers of 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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. X 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 an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of 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)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1
Name of organization	Employer identifi

THE GLEN'AND OPAL BARNETT FOUNDATION

20-4330852

of Part I

Parit	Contributors	(see instructions.)
reusu i	OUNTRACTO	(SCC IIISH GCHOHS.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GLEN BARNETT  2217 YOSEMITE DRIVE  PALM SPRINGS, CA 92264	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

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

Page 1

of Part II

THE GLEN AND OPAL BARNETT FOUNDATION

Employer identification number

20-4330852

Part II	Noncash	<b>Property</b>	(see	instructions.)	,
---------	---------	-----------------	------	----------------	---

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A		
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	-
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given  Description of noncash property given	Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  FMV (or estimate) (see instructions)  Description of noncash property given  (c) FMV (or estimate) (see instructions)  FMV (or estimate) (see instructions)

Name of organization

THE GLEN AND OPAL BARNETT FOUNDATION

Employer Identification number

20-4330852

Parti	<i>Exclusively</i> religious, charitable, e organizations aggregating more the	tc, individual contribution an \$1,000 for the year.Co	ns to secti emplete cols (	on 501(c)(7), (8), or (10) (a) through (e) and the following line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, c (Enter this information once. S	haritable, etc, See instruction	
(a) No. from Part I	(b) Purpose of gift N/A	(c) Use of gift		(d)  Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held
<del></del>		(e)		
	Transferee's name, addres	Transfer of gift	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee

2010 , FEDER	RAL STATE	MERTS		PAGET
THE GUEN AND	OPAL BARNET		)X)	20±5£0352
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME				
FRANCHISE TAX BOARD REF		(A) EVENUE REVENUE 10.	(B) NET INVESTMENT INCOME  0.\$	(C) ADJUSTED NET INCOME  0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES				
WESLEY A. WITT, CPA	(A) EXPENSES PER BOOKS 3 1,950. \$	(B) NET INVESTMENT INCOME \$ 975.	(C) ADJUSTED NET INCOME \$ 975. \$ 975.	(D) CHARITABLE PURPOSES \$ 975. \$ 975.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES				
CALIFORNIA TAXES	35. 25.	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				
INSURANCE EXPENSE. SECRETARY OF STATE FILING FEE TOTAL	28.	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES  \$ 0.

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## FEDERAL STATEMENTS

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#### STATEMENT 5 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES		XPENSES
PROVIDE FUNDING TO OTHER 501(C)(3) ORGANIZATIONS PROVIDING PROGRAMS PRIMARILY IN THE COACHELLA VALLEY FOR DISABLED INDIVIDUALS, ABUSED	\$	32,518.
CHILDREN AND ADULTS, RELIGIOUS AND EDUCATIONAL INSTITUTIONS, THE HOMELESS AND GENERAL HEALTH FACILITIES.		

#### STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
MARTHA'S VILLAGE & KITCHEN 83-791 DATE AVENUE INDIO, CA 92201	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S EFFORTS TO THE COACHELLA VALLEY.	\$ 3,000.
ANGEL VIEW CRIPPLED CHILDRENS FOUNDATION 454 NORTH INDIAN CANYON PALM SPRINGS, CA 92262	NONE	EXEMPT	SUPPORT OF ORGANIZATION'S WORK WITH HANDICAPPED CHILDREN	3,000.
THE BARBARA SINATRA CHILDRENS CENTER 39-000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	NONE	EXEMPT	SUPPORT THE ORGANIZATION'S WORK FOR THE CHILDREN OF THE COACHELLA VALLEY	1,000.
BOYS & GIRLS CLUB OF CATHEDRAL CITY 32-141 WHISPERING PALMS TRAIL CATHEDRAL CITY, CA 92234	NONE	EXEMPT	IN SUPPORT OF THE ORGANIZATION'S WORK FOR THE CHILDREN OF CATHEDRAL CITY, CA.	3,000.
BRIDGES OF HOPE RESOURCE CENTER 68-100 RAMON ROAD, STE. A9 CATHEDRAL CITY, CA 92234	NONE	EXEMPT	IN SUPPORT OF THE WORK ORGANIZATION DOES FOR THE POOR AND NEEDY OF CATHEDRAL CITY, CA.	2,000.

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## FEDERAL STATEMENTS

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#### STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE COMMUNITY CENTER AT TIERRA DEL SOL 37-171 BUDDY ROGERS AVENUE CATHEDRAL CITY, CA 92234	NONE	EXEMPT	IN SUPPORT OF WORK THE ORGANIZATION IS DOING FOR MEMBERS OF CATHEDRAL CITY, CA.	\$ 2,000.
COACHELLA VALLEY RESCUE MISSION 42-518 VAN BUREN INDIO, CA 92202	NONE	EXEMPT	IN SUPPORT OF SERVICE ORGANIZATION IS DOING IN THE COACHELLA VALLEY.	3,000.
FIND FOOD BANK BOX 10080 INDIO, CA 92202	NONE	EXEMPT	IN SUPPORT OF SERVICE FIND IS DOING FOR THE COACHELLA VALLEY.	2,000.
JOSLYN SENIOR CENTER 73-750 CATALINA WAY PALM DESERT, CA 92260	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S SERVICE TO THE COVE COMMUNITIES.	2,000.
SALVATION ARMY 30-400 LANDAU BLVD, #990 CATHEDRAL CITY, CA 92234	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S EFFORTS IN THE COMMUNITY.	1,000.
SHELTER FROM THE STORM 73-555 ALESANDRO WAY PALM DESERT, CA 92260	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S IMPORTANT SERVICE IN THE COACHELLA VALLEY.	2,000.
VARIETY CHILDRENS CHARITIES OF DESERT 74-640 HIGHWAY 111, STE. JJ-4 PALM DESERT, CA 92260	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S EFFORTS.	2,000.
WELL IN THE DESERT P.O. BOX 5312 PALM SPRINGS, CA 92263	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S EFFORTS.	2,000.
GUIDE DOGS OF THE DESERT P.O. BOX 1692 PALM SPRINGS, CA 92263	NONE	EXEMPT	IN SUPPORT OF ORGANIZATION'S EFFORTS.	1,000.
			TOTAL	\$ 29,000.

2010

## FEDERAL SUPPLEMENTAL MEORMATION

PAGE

THE CLEVIAND OPAL BARNETT FOUNDATION

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FORM 990-PF, PART VIII, ITEM 1:

WESLEY A. WITT WAS PAID AN ACCOUNTING FEE FOR THE PREPARATION OF THE 2009 FORM  $990\mbox{-}\mathrm{PF}$  .

## (Rev January 2019

Application for Extension of Time To File an **Exempt Organization Return** 

Department of the Treasury Internal Revenue Service

OMB No 1545-1709

File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Pan Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only . . . . All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number Name of exempt organization Type or print 20-4330852 THE GLEN AND OPAL BARNETT FOUNDATION File by the due date for Number, street, and room or suite number. If a P O box, see instructions filing your return See P.O. BOX 5470 City, town or post office, state, and ZIP code For a foreign address, see instructions. instructions PALM SPRINGS, CA 92263 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Return Application Code Is For Code 07 Form 990 01 Form 990-T (corporation) 02 80 Form 1041-A Form 990-BL 09 Form 990-EZ 03 Form 4720 Form 5227 10 04 Form 990-PF 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 12 Form 990-T (trust other than above) Form 8870 The books are in the care of ► ESTELLE M. LAYTON FAX No. ► Telephone No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ I If it is for part of the group, check this box ▶ I and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 \_ \_ , 20 11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: |X| calendar year 20 10 or tax year beginning \_\_\_\_\_, 20 \_\_\_, and ending \_\_\_\_\_, 20 \_\_\_. 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 78. 3a \$ nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3ы\$ 0.

aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for ayment instructions.

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

payments made. Include any prior year overpayment allowed as a credit

Form 8868 (Rev. 1-2011)

78.