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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		t of the Treasury venue Service	Note Ti	he foundati					return to sati		rtına rea	uirem	ents.	20	IU
		dar year 2010, or ta				17			, and e		DEC)	•
		all that apply:	X Initial				Initial re		ormer public o		Name cl		Final return		
Nan	ne of	foundation							· · · · · · · · · · · · · · · · · · ·		A Emp	loyer i	dentification	n number	
		SUPERFE								1	1		199676	5	
Num	ibera	nd street (or P 0 box nu 1820 SC			to street	address))			Room/suite	B Telep		number 380 – 22	201	
City	or to	own, state, and ZIP c	ode	9824	4.0						ľ	-		pending, check here	▶ X
H C	heck	FERNDAL: type of organization		Section 501		xempt p	rivate fou	ndation			2. Fo	reign or eck her	ganizations m e and attach c	s, check here eeting the 85% test emputation	
		ction 4947(a)(1) non						vate found						itus was terminat	ed
		arket value of all asse		year J /	Accounti	-		X Cash	Accr	ual	i		, ,,)(A), check here	
(ire		Part II, col (c), line	16) 2 40	90. (Par	t I. colu	ther (sp imn (d)	ecily) must be	on cash	basis)					60-month termin)(B), check here	ation
	rt I	Analysis of Reven (The total of amounts necessarily equal the	ue and Expe	enses (c), and (d) m		(a) Revenu	e and	(b) Net in	ivestment ome	1		sted net	(d) Disburse for charitable p (cash basis	ourposes
	1	Contributions, gifts,					2	,550.				N/	A	(100000	,
	2	Check X if the fo	undation is not re		Sch B			•							
	3	Interest on savings and cash investments	l temporary								}				
	4	Dividends and intere	est from sec	urities		ļ					ļ				
		Gross rents				<u> </u>				······································					
Ç==	_	Net rental income or (los Net gain or (loss) from s			_						<u> </u>				
$2R_{\rm Revenud}$	b	Gross sales price for all assets on line 6a		ioi on line 10						-					
වූ වූ	7	Capital gain net income	(from Part IV,	line 2)						0.					
®#	8	Net short-term capit	tal gaın			ļ									
SCANNED NOV	9 10a	Income modification Gross sales less returns and allowances													
		Less Cost of goods so												ļ	
Z Z		Gross profit or (loss Other income	5)								<u> </u>	-		 	
	11	Total. Add lines 1 ti	hrough 11				2	,550.		0.				<u> </u>	
Š	13	Compensation of office		rustees, etc				0.		0.					0.
لوك	14	Other employee sala	aries and wa	ges							L				
w	15	Pension plans, emp	loyee benefi								ļ	-			
nse		Legal fees		STMT	1			50 _F	0101	OFIVE		-			50.
xpe		Accounting fees				-		-+	NE	1CIVE	₹	+			
ē	17	Other professional f	ees				-	5	<u> </u>		ာမွ	1			
ativ	18	Taxes						5	} NOV	37 201	ΙŢΟ				
ııstr	19	Depreciation and de	pletion							an anna	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
ᄪ	20	Occupancy)尼M, U'					
d Ac	21	Travel, conferences		ıgs							*	,			
Operating and Administrative Expenses	22	Printing and publica	ations	am.m	_			10							10
ting	23	Other expenses	d administra	STMT	2	-		10.		0.	 				10.
era	24	Total operating and expenses Add line						60.		0.					60.
Ö	25	Contributions, gifts,	_					0.							0.
	26	Total expenses and	-												
		Add lines 24 and 25				<u> </u>		60.		0.					60.
	27	Subtract line 26 from					_	400							
		Excess of revenue over	•				2	,490.	-	0.				 	
		Net investment inc Adjusted net incom							-	<u>U.</u>	'	N/	A	·	
0235		Valasten net menn	io (ii negative,						<u> </u>		1	14/	•••	5 000 1	DE (00/6)

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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)	1	0.
2	Enter amount from Part I, line 27a	2	2,490.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,490.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,490.

27-2199676

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						(b) How acquired P - Purchase D - Donation		(c) Date a (mo., da	cquired ay, yr.)	(d) Date sold (mo., day, yr.)
a										
NOI	NE									
c				-	<u> </u>					
d					<u> </u>					
e					<u> </u>					
(e) Gross sales price		ation allowed owable)		st or other basis expense of sale					in or (loss) (f) minus (
a										
0		-								
B										
d										
<u> </u>										
Complete only for assets showin			1		i			(I) Gains (Co ol. (k), but n		
(i) F.M.V. as of 12/31/69		sted basis 12/31/69		cess of col. (1) col. (1), if any					from col. (I	
a			_							
b										
c										
d										
e										
Capital gain net income or (net ca	pital loss)	If gain, also ente If (loss), enter -0	r ın Part I, line I- ın Part I, line	7 7	}	2_				
Net short-term capital gain or (los	s) as defined in s	`								
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).				}	3				
Part V Qualification U	nder Section	n 4940(e) for	Reduced	Tax on Net	t Inv	estn	nent In	come		
section 4940(d)(2) applies, leave the foundation liable for the sect "Yes," the foundation does not qual	ion 4942 tax on ify under section	4940(e). Do not co	omplete this pa	art.						Yes
Enter the appropriate amount in e	each column for e	each year; see instr	uctions before	making any entri	ies.					(4)
(a) Base period years Calendar year (or tax year beginnir	ng in) Adji	(b) usted qualifying dis	stributions	Net value of no	(c) onchar	rıtable-	use asse	ts (Distrib col. (b) divi	(d) ution ratio ded by col. (c))
2009										
2008										
2007										
2006							-	_		
2005		· · · · · · · · · · · · · · · · · · ·							-	-
Total of line 1, column (d)								2		
Average distribution ratio for the the foundation has been in exister	•		on line 2 by 5,	or by the number	r of ye	ars		3		<u>-</u>
Enter the net value of noncharitab	le-use assets for	2010 from Part X,	line 5					4		
Multiply line 4 by line 3								5		
Enter 1% of net investment incom	ne (1% of Part I	line 27h)						6		
	(i v oi i aiti,									
Add lines 5 and 6								7		
Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.		box in Part VI, line	e 1b, and com	plete that part usii	ng a 1'	% tax	rate.	8	 -	

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	n 990-PF (2010) SUPERFEET FOUNDATION			21996			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	40(e), or 4	1948	- see in	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙 and enter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	s)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and enter 1%	}	1				0.
	of Part I, line 27b						
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). J	ŀ				_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				<u>0.</u>
			3	ļ			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.
	Credits/Payments:						
	a 2010 estimated tax payments and 2009 overpayment credited to 2010		┨	İ			
	Exempt foreign organizations - tax withheld at source		-	į			
	: Tax paid with application for extension of time to file (Form 8868)		┨	Ì			
	Backup withholding erroneously withheld 6d		┨				^
	Total credits and payments. Add lines 6a through 6d		_7				<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached		8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
		Refunded 🛌	11				
	art VII-A Statements Regarding Activities			Т		Yes	No
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participal	te or intervene	e in	ŀ	_	162	
	any political campaign?	4.4.4		-	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for				1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater	nais publishe	ea or				
_	distributed by the foundation in connection with the activities				4.		•
	: Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
0	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	٥					
_	(1) On the foundation. > \$ (2) On foundation managers. > \$	0.	-				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on for managers. ► \$ 0 .	Jiiuatioii					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
2	If "Yes," attach a detailed description of the activities			ŀ			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	cornoration	or	-			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	icorporation,	UI .		3		X
42	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u> </u>	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-1	''- 	5		X
•	If "Yes," attach the statement required by General Instruction T.			-			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflic	t with the stat	e law				
	remain in the governing instrument?				6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7		X
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	WA						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or des	ignate)					
	of each state as required by General Instruction G? If "No," attach explanation	•	N	[/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494	2(j)(5) for cal		Γ			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10		10		X			

X

3b

4a

N/A

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Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

orm 990-PF (2010) SUPERFEET FOUNDATION	470014 70 /	 .	<u>27-21996</u>	76 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Y _€	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	ın Regulations		<u> </u>
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		
expenditure responsibility for the grant?		. —	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	oay promisins on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanafit contract?		ſ	Sb X
If "Yes" to 6b. file Form 8870	ersonal benefit contract.		<u> -</u> '	A A
	haltar transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		السيا الا		7b
b If "Yes," did the foundation receive any proceeds or have any net income attribution About Officers, Directors, Trusto		nagara Highli		70]
Part VIII Paid Employees, and Contractors	ees, roundation wia	magers, mgm	y	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, a distees, foundation managers and their	· · · · · · · · · · · · · · · · · · ·	(c) Compensation	(d) Contributions to employee benefit plans	(a) Eynense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	l and deferred l	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
	•			
				0
SEE STATEMENT 4		0.	0.	0.
		<u> </u>		
	i			
Compensation of five highest-paid employees (other than those inc		enter "NONE."	I (a) 0 - 1 - 1 - 1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) realise and address of dath shipping of paid more than \$60,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
			į	
				_
		1		
otal number of other employees paid over \$50,000		<u> </u>		0
טנמו וועוווטבו טו טווופו פוווייייטעפבי אמוע טעפר אָטטעטטט			Earm	990-PF (2010)
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see i	nstructions)
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	1a	0.
ь	Average of monthly cash balances	1b	125.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	125.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	125.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	123.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	5.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	<u>5.</u>
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.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5.
P	art 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	1a	60.
b	Program-related investments - total from Part IX-B	1b	0.
2	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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	_60.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for the s	ection

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				5.
2 Undistributed income, if any, as of the end of 2010	-			
a Enter amount for 2009 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$60.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		···-
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				5.
e Remaining amount distributed out of corpus	55.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	55.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable		<u></u>	***	
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	_		:	
not applied on line 5 or line 7	0.			·
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	55.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 e Excess from 2010 55.				
e Excess from 2010 55.	<u> </u>		<u> </u>	Form 990-PF (2010)

orm 990-PF (2010)	SUPERFEET) ====================================	27-219	99676 Page 10
Part XIV Private C	·			A, question 9)	N/A	~
1 a If the foundation has re			· · · · · · · · · · · · · · · · · · ·			
foundation, and the ruli	-		*	▶ └		
b Check box to indicate w			g foundation described in		4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the a	· -	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
income from Part I or th		(4) 2010	(0) 2005	(6) 2000	(0) 2007	(e) iolai
investment return from	Part X for					
each year listed					-	
b 85% of line 2a						
c Qualifying distributions						
line 4 for each year liste	<u> </u>					· · · · · · · · · · · · · · · · · · ·
d Amounts included in lin	1		1			
used directly for active of	conduct of		İ			
exempt activities						
e Qualifying distributions	- 1					
for active conduct of ex						
Subtract line 2d from ling Complete 3a, b, or c for			F			
alternative test relied up						
a "Assets" alternative test	- enter:					
(1) Value of all assets						
(2) Value of assets qua	Alifying					
under section 4942 b "Endowment" alternative						
2/3 of minimum investr						
shown in Part X, line 6 t	for each year					
listed c "Support" alternative tes	et - enter:					
(1) Total support other	í	Ì				
investment income	- 1					
dividends, rents, pa	ayments on					
securities loans (se 512(a)(5)), or roya						
(2) Support from gene					 	
and 5 or more exer	npt					
organizations as pr section 4942(j)(3)(
(3) Largest amount of						
an exempt organiza	1					
(4) Gross investment i						
Part XV Supplem		ion (Comple	te this part only it	the foundation	had \$5,000 or mo	re in assets
	ne during the ye			N/A		
1 Information Regard	ing Foundation Mar	nagers:				
				butions received by the	foundation before the clos	e of any tax
year (but only if they ha	ive contributed more th	an \$5,000). (See s	ection 507(d)(2).)			
				r an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which th	ie roundation nas a 10%	or greater interes	il.			
						
			Scholarship, etc., Pro			
					not accept unsolicited reque	
					omplete items 2a, b, c, and	u.
a The name, address, and	d telephone number of t	he person to whon	n applications should be a	ddressed:		
h The form in which a 0	instings chould be sub-	nittad and info	on and materials that the	auld moludo:		
b The form in which appli	ications snould be SUDF	mucu and miormal	ion and materials they sho	outo incidae.		
c Any submission deadlir	 nes:					
	-					
d Any restrictions or limit	ations on awards, such	as by geographica	il areas, charitable fields, l	ands of institutions, or	other factors:	

3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient Name and address (home or business)	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
	or substantial contributor	recipient		
a Paid during the year				
NONE				
NONE				
		•		
Total			▶ 3a	0
b Approved for future payment				
NONE				
NONE				
		!		
Total			▶ 3b	0 rm 990-PF (201
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orm 990-PF (2010) SUPERFEET FOUN	DATION _			27-2	2199676 Page
Part XVI-A Analysis of Income-Produ	ucing Activitie	s			
nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C	_	·			-13
d					
e	_				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:			_ _		
a Debt-financed property					· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property	<u> </u>				
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other	1 !				
than inventory	<u> </u>				
Net income or (loss) from special events				-	
Gross profit or (loss) from sales of inventory			+ +		
Other revenue:					
a	-				
b	-		+ +		
d					
e	-				
Subtotal. Add columns (b), (d), and (e)	-	().	0.	
Total. Add line 12, columns (b), (d), and (e)	<u> </u>	-		13	
ee worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt F	Purposes	
ine No. Explain below how each activity for which inc	come is reported in c	olumn (e) of Part XV	I-A contribute	d importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than	n by providing funds	for such purposes).			
		.			
	 				
					•
	-				
-					
	*****			-	

	.,			<u>u</u>	
1					

023621 12-07-10

Form 990-		FEET FOU	NDATION					27	<u>-2199676</u>	Pa	ige 13
Part X			nsfers To a	and Trai	saction	s and	Relations	hips With N	loncharitable	€	
<u> </u>	Exempt Organ								r	V	1 1 1 -
	he organization directly or ind							tion 501(c) of		Yes	NO
	Code (other than section 501(o					rganizatio	ns?			ł	
	sters from the reporting found	ation to a nonchar	itable exempt or	ganization c	T.				4.74	•	v
(1)									1a(1)		X
• • •	Other assets								1a(2)		
	r transactions: Salas of assats to a possibard	able evernt ereen:	zation						16(1)		х
	Sales of assets to a noncharita Purchases of assets from a no								1b(2)		X
	Rental of facilities, equipment,	•	t Organization						1b(3)		X
	Reimbursement arrangements								1b(4)		X
	Loans or loan guarantees	•							1b(5)		X
	Performance of services or me	embership or fundi	aisino solicitatio	ns					1b(6)		X
	ing of facilities, equipment, ma	•	-						1c		Х
	answer to any of the above is				nn (b) should	d always :	show the fair i	market value of th	e goods, other ass	ets,	
	rvices given by the reporting t										
colu	nn (d) the value of the goods,	other assets, or se	rvices received.								
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	exempt or	ganization		(d) Description	n of transfers, transa	ctions, and sharing ar	rangeme	ents
			N/A								
	<u> </u>										
						<u> </u>					
					-						
								-			
						-		-			
								.			
			"								
							-				
		· · · · · · · · · · · · · · · · · · ·			-						
2a Is th	e foundation directly or indirec	tly affiliated with, o	or related to, one	or more ta:	c-exempt ord	panization	ns described				
	ction 501(c) of the Code (other					9			Yes	X] No
	es," complete the following sch										
	(a) Name of or	ganization		(b) Type	of organization	on		(c) Description o	f relationship		
	N/A										
								<u>.</u>			
									 		
	Under penalties of perjury, I declar and complete Deplaration of prep	re that I have examined aver (other than taxpay	d this return, includi for fiduciary) is ba	ing accompar ased on all int	iying schedule ormation of wh	s and state hic∦ prepar	ements, and to the er has any know	ne best of my knowle Jedge	edge and belief, it is tr	ue, corre	ect,
Sign	8	1//			111/	14/					
Here		mn	^ /	\ 	1///	////	 -	RESIDENT			
	Signature of officer or tr		Preparer's s	anatura	Date	Date		Title Check I	f PTIN		
	Frintrype preparer \$ 11	aine	riegalei S 9	iyiiatule \	0			self- employed	1 1 1 111		
Paid	DODEDM DEC	יחי			B	ΑNŪV	0 2 201	1 cmployed			
Prepa	rer ROBERT BES		EY, INC	w x		γ		Firm's EIN ▶			
Use O		THOUSEN	ידי דאור	• •	- 1			THIN 3 LIN			
_	- 1										

(253)572-7111 Form **990-PF** (2010)

Firm's address ► 1145 BROADWAY PLAZA, SUITE 900 TACOMA, WA 98402-3523

Phone no.

FORM 990-PF	LEGAL	FEES	S	TATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
STATE FILING FEE	50.	0.		50.		
TO FM 990-PF, PG 1, LN 16A	50.	0.		50.		
FORM 990-PF	OTHER E		(C) (D)			
	(A) EXPENSES	(B) NET INVEST-	ADJUSTED	CHARITABLE		
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES		
BANK SERVICE CHARGE	10.	0.		10.		
TO FORM 990-PF, PG 1, LN 23	10.	0.		10.		
	FOOTN	OTES	S	TATEMENT 3		

ALL CASH DONATIONS RECEIVED BY THE ORGANIZATION WERE RECEIVED IN DECEMBER 2010 AND DEPOSITED INTO A BANK ACCOUNT ON DECEMBER 29,2010.

	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SCOTT DOHNER 5883 NORMAR PLACE BLAINE, WA 98230	PRESIDENT / DI 0.01	RECTOR 0.	0.	0.
WILLIAM MCLEAN 3206 EAGLE RIDGE WAY BELLINGHAM, WA 98226	VICE-PRESIDENT 0.01	d / DIRECTOR 0.		0.
CHRISTOPHER SMITH 8528 CUSTER SCHOOL ROAD CUSTER, WA 98240	DIRECTOR 0.01	0.	0.	0.
DENNIS BROWN 6867 HOLEMAN AVENUE BLAINE, WA 98230	DIRECTOR 0.01	0.	0.	0.
RANDAL CURREN 8642 WOOD DUCK WAY BLAINE, WA 98230	DIRECTOR 0.01	0.	0.	0.
RONALD MOORE 3269 ASH MILL ROAD DOYLESTOWN, PA 18902	DIRECTOR 0.01	0.	0.	0.
LYNETTE ZIEGLER 1820 SCOUT PLACE FERNDALE, WA 98248	SECRETARY / TR 0.01	REASURER 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you:	are filing for an Automatic 3-Month Extension, comple	te only Pa	art Land check this box		•	X
	are filing for an Additional (Not Automatic) 3-Month Ex			form)		
-	omplete Part II unless you have already been granted a	-	-		m 8868	
	ic filing (e-file). You can electronically file Form 8868 if y					oration
	to file Form 990-T), or an additional (not automatic) 3-moi					
•	o file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	rirs gov/efile and click on e-file for Charities & Nonprofits		(see instructions) For more details on the	ie eiec	atoriic iiiing or triis i	ioiiii,
Part I	Automatic 3-Month Extension of Time		bmit original (no copies needed)			
	ation required to file Form 990-T and requesting an autor			nlete		
Part I on		nano o mo		,,,,,,,	•	
	ocrporations (including 1120-C filers), partnerships, REM	IICs and ti	rusts must use Form 7004 to request ar	exten	sion of time	
	ome tax returns	,00, 4,,0 1.		· CALOII		
Type or	Name of exempt organization			Empl	oyer identification	number
print	,					
-	SUPERFEET FOUNDATION			27-2199676		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	·		
filing your	1820 SCOUT PLACE					
return See instructions		oreign add	Iress, see instructions.			
	FERNDALE, WA 98248					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 99)-BL	02	Form 1041-A			08
Form 99)-EZ	03	Form 4720			09
Form 99)-PF	04	Form 5227			10
Form 99	O-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	O-T (trust other than above)	06	Form 8870			12
	LYNETTE ZIEGLE					
	ooks are in the care of > 1820 SCOUT PLAGE	CE - 1	FERNDALE, WA 98248			
	none No ► 360-380-2201		FAX No 🕨			
	organization does not have an office or place of busines				>	• []
If this	is for a Group Return, enter the organization's four digit	_			r the whole group, o	
box 🕨	If it is for part of the group, check this box				ers the extension is	s for
1 1 re	equest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization named a	above	The extension	
IS 1	or the organization's return for.					
•	calendar year or					
•	X tax year beginning MAR 17, 2010	, an	nd ending DEC 31, 2010		<u> </u>	
		·	on: X Initial return Fin	_14		
2 If t	he tax year entered in line 1 is for less than 12 months, o	neck reas	on midas return Fina	al retur	11	
L.	Change in accounting period					
20 16	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tay less any	ī	· · · · · · · · · · · · · · · · · · ·	
	nrefundable credits. See instructions.	01 00005, 6	inter the terrative tax, less any	3a	s	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	30		<u> </u>
	timated tax payments made Include any prior year over			3b	\$	0.
	nated tax payments made include any prior year over nance due. Subtract line 3b from line 3a Include your pa			100	-	
	using EFTPS (Electronic Federal Tax Payment System)			3с	s	0.
	. If you are going to make an electronic fund withdrawal					
	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (F	

023841 01-03-11

Form 8868 (Rev. 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check this b	ox .	>	• X	
Note. Only complete Part II if you have already been granted ar	n automatic	3-month extension on a previously filed	Form	8868.		
 If you are filing for an Automatic 3-Month Extension, comp 						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o	opies r	needed).		
Type or Name of exempt organization	Employer identification				n number	
print SUPERFEET FOUNDATION				27-2199676		
File by the extended Number, street, and room or suite no. If a P.O. box,	y the Number exect and years as auto no life D.O. hey accomplanting					
due date for 1820 SCOUT PLACE filing your						
return See City, town or post office, state, and ZIP code For a	foreign add	lress, see instructions				
FERNDALE, WA 98248						
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 4	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant		natic 3-month extension on a previou	usly file	ed Form 8868.		
LYNETTE ZIEGLI		EEDMONIE WA 00040				
• The books are in the care of \triangleright 1820 SCOUT PLA	ACE -					
Telephone No ► <u>360 – 380 – 2201</u>		FAX No.				
If the organization does not have an office or place of business. If the organization does not have an office or place of business.			(السيا	
 If this is for a Group Return, enter the organization's four dig box ► If it is for part of the group, check this box ► I 	_	· · · · · · · · · · · · · · · · · · ·				
box ► [] If it is for part of the group, check this box ► [4] I request an additional 3-month extension of time until			memo	ers the extension i	5 101	
5 For calendar year, or other tax year beginning			DEC	31, 2010		
6 If the tax year entered in line 5 is for less than 12 months.			Final r		·	
Change in accounting period	, 0,,00,,,000					
7 State in detail why you need the extension						
ADDITIONAL TIME IS NECESSARY	TO GA	THER INFORMATION AND	CO	MPLETE		
PREPARATION OF THE ORGANIZAT	ION'S	FINANCIAL STATEMENT	3.	THESE		
STATEMENTS ARE NECESSARY TO	PROPER	LY PREPARE A TAX RE	rurn			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	D, or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.	<u> </u>		8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated				
tax payments made Include any prior year overpayment	allowed as a	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include your		th this form, if required, by using			_	
EFTPS (Electronic Federal Tax Payment System) See ins			8c	\$	0.	
•		d Verification				
Under penalties of perjury, I declare that I have examined this form, incl it is true, correct, and complete, and that I am authorized to prepare this	uding accomp form.	panying schedules and statements, and to th	ie best c	of my knowledge and	belief,	
Signature ► Title ►	CPA		Date	•		
				Form 8868 (F	Rev 1-2011)	

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