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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

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 9/16 12/31 2010 For calendar year 2010, or tax year beginning . 2010. and ending X Initial return Initial Return of a former public charity G Check all that apply Final return Amended return Address change Name change Employer identification number CHERYL AND KEN ELLEGARD FOUNDATION 27-3472727 6727 EAST EXETER BOULEVARD Telephone number (see the instructions) SCOTTSDALE, AZ 85251 602-791-8696 If exemption application is pending, check here D 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) F If the foundation is in a 60-month termination 174,902 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Rattle Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income ıncome for charitable purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 202,861 If the foundn is **not** req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) REVENU 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 202,861 0 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 2,861 2,861 16a Legal fees (attach schedule) SEE ST 1 b Accounting fees (attach sch) c Other prof fees (attach sch) RECEIVED 17 Interest 18 Taxes (attach schedule)(see instr.) OSC 19 Depreciation (attach NOV 18 sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings OGDEN. U 22 Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 98 98 24 Total operating and administrative 2,959 2,959 expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV 25,000 25,000. Total expenses and disbursements. 27,959 0 25,000. Add lines 24 and 25 2.959 Subtract line 26 from line 12: a Excess of revenue over expenses 174,902 and disbursements 0. b Net investment income (if negative, enter -0-)

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

102	3 (1), 1	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year		End o	
I FELL	<u>su.</u> .	(See instructions)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash - non-interest-bearing		174,	902.	174,902.
`	2	Savings and temporary cash investments				
	3	Accounts receivable		·		
		Less allowance for doubtful accounts				
	4	Pledges receivable				
	1	Less allowance for doubtful accounts ▶			Ĭ	
	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)				
A		Less allowance for doubtful accounts		·		
A S E T	8	Inventories for sale or use				
Ě	9	Prepaid expenses and deferred charges				
S	1	a Investments — U.S. and state government obligations (attach schedule)				
	l 1	b Investments — corporate stock (attach schedule)			1	
		c Investments — corporate bonds (attach schedule)		-		
	4	Investments – land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
		Land, buildings, and equipment basis				
	,	Less accumulated depreciation (attach schedule)				
	15 16	Other assets (describe Total assets (to be completed by all filers —	0.	174,	202	174,902.
	17	see instructions. Also, see page 1, item 1)	0.1	1/4,.	902.	174, 302.
ī	17	Accounts payable and accrued expenses				
A B	18	Grants payable Deferred revenue				
ĭ	20	Loans from officers, directors, trustees, & other disqualified persons				
Ļ						
Ť	21	Mortgages and other notes payable (attach schedule) Other liabilities (describe ►)				!
1	22	Other habilities (describe				
E S	23	Total liabilities (add lines 17 through 22)	0.		0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
ŊΕ	24	Unrestricted				
N F E U T N	25	Temporarily restricted				
D	26	Permanently restricted				
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
E L	27	Capital stock, trust principal, or current funds	[
TA	28	Paid-in or capital surplus, or land, building, and equipment fund				
С	29	Retained earnings, accumulated income, endowment, or other funds		174,	902.	
OERS	30	Total net assets or fund balances (see the instructions)	0.	174,		
	31	Total liabilities and net assets/fund balances (see the instructions)	0.	174,		
-		Analysis of Changes in Net Assets or Fund Balanc	es			
1	Tota	I net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	umn (a), line 30 (must a	gree with	1	0.
2		er amount from Part I, line 27a			2	174,902.
		increases not included in line 2 (itemize)			3	
		lines 1, 2, and 3			4	174,902.
		ases not included in line 2 (itemize)			5	
		I net assets or fund balances at end of year (line 4 minus line 5)) – Part II, column (b). I	ne 30	6	174,902.

(a) List and	describe the kind(s) of property sold (e.g., r warehouse, or common stock, 200 shares Mi	real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			U — Donation		
b					
	· · · · · · · · · · · · · · · · · · ·			 	-
d	· · · · · · · · · · · · · · · · · · ·				
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a			•		
b					·
С					
d		-			
e					
Complete only for asse	ets showing gain in column (h) and owned by	y the foundation on 12/31/69		(I) Gains (Colu	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		gain minus column (k ian -0-) or Losses (fr), but not less
a					
b					
С				·	
d					
е					
2 Capital gain net incom	e or (net capital loss) If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		
3 Net short-term capital	gain or (loss) as defined in sections 1222(5)	and (6)			
If any olso enter in D	art I, line 8, column (c) (see the instructions)) If (loca) onter 0			
in Part I, line 8	art i, line 8, column (c) (see the instructions)) if (loss), enter -0-	з		
Qualification	Under Section 4940(e) for Reduce	d Tax on Net Investme	nt Income		
(For optional use by domest	c private foundations subject to the section	4940(a) tax on net investme	nt income)	N/A	
If section 4940(d)(2) applies Was the foundation liable for	, leave this part blank the section 4942 tax on the distributable an	nount of any year in the bas	e period ⁹	∏Yes	ΠNo
If 'Yes,' the foundation does	not qualify under section 4940(e) Do not co	mplete this part	·		
	amount in each column for each year, see th		any entries		
(a) Base period years Calendar year (or tax y beginning in)	ear (b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (col	(d) Distribution umn (b) divided	
2009					
2008					
2007					
2006					· - · · · ·
2005					
2 Total of line 1, column	(d)		2		***
·	· ·	stal and has O by E in the P	<u> </u>	1	
3 Average distribution ra number of years the fo	tio for the 5-year base period — divide the to undation has been in existence if less than 5	of the 2 by 5, or by the 5 years.	3		
4 Enter the net value of	noncharitable-use assets for 2010 from Part	X, line 5	4		·····
5 Multiply line 4 by line 3	ſ		5		
6 Enter 1% of net investi	ment income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distrib	utions from Part XII, line 4		8		
If line 8 is equal to or q Part VI instructions	greater than line 7, check the box in Part VI,	line 1b, and complete that p	part using a 1%	6 tax rate See th	ne

	To calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' combined any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses. SEE STATEMI			χίν <u>9</u> 10	x	X
9			u		1	l
	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 <i>General Instruction 6? If 'No,' attach explanation</i> . Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(state of the foundation of the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' come	3) or 4	942()	8 I	X	-,-,-
	Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A			-		
	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			7	Х	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions the with the state law remain in the governing instrument? 	at con	flict	6		Х
	By language in the governing instrument, or					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	If 'Yes,' attach the statement required by General Instruction T					
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			41	-	I/A
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ticles		3		X
_	If 'Yes,' attach a detailed description of the activities			•		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	foundation managers • \$ 0.			2		V
	(1) On the foundation $\$$ 0. (2) On foundation managers $\$$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed or	<u> </u>	0.		
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			10		X
	or distributed by the foundation in connection with the activities				0	
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material	s publ	ished	,		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			11	ا	X
	participate or intervene in any political campaign?			1:	3	X
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt			Yes	No
Post	Statements Regarding Activities					
11	Enter the amount of line 10 to be Credited to 2011 estimated tax.	▶ 1	1			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 1	0			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			0.
	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached		8			
	Total credits and payments Add lines 6a through 6d		7	· · · · ·		0.
	Backup withholding erroneously withheld 6d		:			
	Exempt foreign organizations — tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c					
	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a					
	Credits/Payments					11.73
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	}	5		, ,	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0)	4			0.
3	Add lines 1 and 2		3			0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			0.
	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					
	check here and enter 1% of Part I, line 27b					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1	-		0.
	Date of ruling or determination letter (attach copy of letter if necessary – see instr.)	ļ	}			_
	Exempt operating foundations described in section 4940(d)(2), check here	- 1	1		•	
1 a	- Al	- 1	1			

Forr	n 990-PF (2010) CHERYL AND KEN ELLEGARD FOUNDATION	27.	-347272	7	Paga F
_	MISA Statements Regarding Activities (Continued)	21	-341212	'	Page 5
	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	х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	n applic	ation?	13	Х
14			602-7	91-86	96
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year		15	N/A	N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other abank, securities, or other financial account in a foreign country?	ا authority		16	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the reforeign country.	name of	the		
Par	Statements Regarding Activities for Which Form 4720 May Be Required				ئۇللانلىقىدىلانى <u>ت ب</u>
[783753	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)			4	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	XNo		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		
	(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	XNo		
	(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		
ł	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 instruct	ons)?		1 b	N/A
	Organizations relying on a current notice regarding disaster assistance check here	•			
(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?	•		1c	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 $4942(j)(5)$)				
ā	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	XNo		
	If 'Yes,' list the years 20, 20, 20, 20				
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see the instructions.)	2(a)(2) (a)(2) to		2b	N/A
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20_{-} , 20_{-} , 20_{-} , 20_{-}	here.			
3a	a 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		
t	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 approve 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)	ed	_	3Ь	N/A
_				30	N/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	Х
t	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?			4b	X

Part Mi-p Statements Regarding Activit	ies for which Forn	n 4/20 May Be Req	uirea (continuea)	
5a Duning the year did the foundation pay or inc	•	on (cooken 404E(a))?	□v [⊽	
(1) Carry on propaganda, or otherwise attem	-		∐ Yes X	No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ation drive?	n 4955), or to carry	Yes X	No No
(3) Provide a grant to an individual for travel	, study, or other similar	purposes?	Yes X] No
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc. o n 4940(d)(2)? (see instr	rganization described uctions)	Yes X] No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifion of cruelty to children	c, literary, or or animals?	Yes X] No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or if (see instructions)? Organizations relying on a current notice regard	n a current notice regar	ding disaster assistance	tions •	5b N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim existibility for the grant?	kemption from the	N/A TYes	No
If 'Yes,' attach the statement required by Reg		5-5(d)		
6a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or inc	directly, to pay premium:	S Yes X	No 4
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870	dation a north to a arch	whited toy aboltor trans-		1
7a At any time during the tax year, was the foun				No 7b
b If yes, did the foundation receive any proceed Information About Officers, D			**	,
and Contractors	nectors, riustees,	i oundation manag	gers, ringing raid i	improyees,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).	
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
KENNETH E. ELLEGARD	DIRECTOR/PRE	0.	0.	0.
6727 EAST EXETER BOULEVARD	0			
SCOTTSDALE, AZ 85251				
_CHERYL_OELLEGARD	DIRECTOR/SEC	0.	0.	0.
6727 EAST EXETER BOULEVARD	0			
SCOTTSDALE, AZ 85251				ļ
VICKI ELISE VAUGHT	DIRECTOR	0.	0.	0.
5866 E NAPLES PLAZA #A	0			
LONG BEACH, CA 90803				
2 Compensation of five highest-paid employe	s (other than those inc	luded on line 1 – see in	structions). If none. e	nter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position		employee benefit plans and deferred compensation	other allowances
NONE			•	
				-
			· · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000)		>	
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Total. Add lines 1 through 3

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Form **990-PF** (2010)

Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services enter 'NONE.'	(see instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T.A.I. (1)		- 0
Total number of others receiving over \$50,000 for professional services		0
Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produced, 6	statistical information such as the number of etc	Expenses
1 <u>N/A</u>		
2		
3		
4		
Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation	tion during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>		
		-
2		
All other program-related investments. See instructions		
3		,

PartX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes 1 a a Average monthly fair market value of securities b Average of monthly cash balances 1 b 49,976. c Fair market value of all other assets (see instructions) 1 c 49,976. 1 d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e 0. (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 2 0. 3 49,976. Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 750. (for greater amount, see instructions) Δ 5 49,226. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. SHORT YEAR MODIFIED PERCENTAGE 1.4658 % 722 Minimum investment return. Enter 5% of line 5 6 Partial Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here 722. 1 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2010 from Part VI, line 5 2a 2b b Income tax for 2010 (This does not include the tax from Part VI) 2 c c Add lines 2a and 2b 3 722 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 4 Recoveries of amounts treated as qualifying distributions 722 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions). 7 722 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 a 25,000. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 b Program-related investments - total from Part IX-B 1 b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a 3Ь **b** Cash distribution test (attach the required schedule) Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 25,000 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) 6 25,000. Adjusted qualifying distributions. Subtract line 5 from line 4 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.

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				722.
2 Undistributed income, if any, as of the end of 2010	Control of the Contro	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	144.
a Enter amount for 2009 only			0.	
b Total for prior years 20 , 20 , 20		0.	राज्यक् स्टानास्त्राह्म । स्टब्स्ट्राह्म । स्टानास्त्राह्म	
3 Excess distributions carryover, if any, to 2010		សុទ្ធស្រួលខុខនេះ	* * * * * * * * * * * * * * * * * * *	
a From 2005				
b From 2006				7 50
c From 2007				
d From 2008	6			£
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 • \$ 25,000.				V
a Applied to 2009, but not more than line 2a			0.	· ·
 b Applied to undistributed income of prior years (Election required — see instructions) 	Service of Service	0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2010 distributable amount	The Barry			722.
e Remaining amount distributed out of corpus	24,278.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the	0.			U.
same amount must be shown in column (a))				
				1
6 Enter the net total of each column as indicated below:				1.0
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,278.			A.
	21,2,0	Andreas - Carlos and Carlos - Angree -		
b Prior years' undistributed income Subtract line 4b from line 2b	<u> </u>	0.		
c Enter the amount of prior years' undistribut-	Residence of the second			
ed income for which a notice of deficiency has been issued, or on which the section				,
4942(a) tax has been previously assessed	_ :::	0.		1.0
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.	. 3	
e Undistributed income for 2009 Subtract line 4a from	•			
line 2a Taxable amount — see instructions.			0.	
f Undistributed income for 2010. Subtract lines				
4d and 5 from line 1. This amount must be				_
distributed in 2011 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
	0.			
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	24,278.			
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 24,278.				

Form 990-PF (2010) CHERYL AND KEN E	LLEGARD FOUN	DATION		27-347272	7 Page 10
Part Private Operating Foundation	ons (see instruc	ctions and Part \	/II-A, question 9	9)	N/A
1a If the foundation has received a ruling or is effective for 2010, enter the date of the	determination letter ruling	r that it is a private	operating foundation	_	
b Check box to indicate whether the founda		erating foundation d		4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					· · · · · · · · · · · · · · · · ·
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization		 			
(4) Gross investment income	(Complete Abie			d \$5,000 an man	
Supplementary Information assets at any time during the	(Complete this le vear — see in	structions.)	organization na	ia \$5,000 or mor	e 111
Information Regarding Foundation Managers as List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 4	gers: have contributed m	ore than 2% of the	total contributions r section 507(d)(2))	eceived by the found	dation before the
b List any managers of the foundation who	own 10% or more of	of the stock of a corp	poration (or an equa	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater intere	est		
2 Information Regarding Contribution, Gran Check here > X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc,	s to preselected cha (see instructions) to	ritable organizations o individuals or orga	anizations under oth	pt unsolicited er conditions,
a The name, address, and telephone number	er of the person to	whom applications s	should be addressed	d	
b The form in which applications should be	submitted and info	rmation and materia	ls they should inclu		
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors
					orm 990-PF (2010)
RAA	YE	E 402101 02/16/11		<u></u>	OTTO MMILLER (2010)

Rank Supplementary Information (d				
3 Grants and Contributions Paid During the Ye		ure Paymen	ıt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year FERTILE BELTRAMI AREA COMMUNITY FUND 4225 TECHNOLOGY DRIVE NW BEMIDJI, MN 86601		PUBLIC	TO SUPPORT THE CHARITABLE, EDUCATIONAL AND PUBLIC PURPOSE PROJECTS THAT WILL IMPROVE OR ENHANCE THE QUALITY OF LIFE IN THE FERTILE, MN AND BELTRAMI, MN AREAS.	25,000.
Total			► 3a	25,000.
b Approved for future payment				
Total			▶ 3h	İ

PartXXIA Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated		ed business income		by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (see the instructions)
1 Program service revenue	Code	·	code		(see the matructions)
a			-		
b			-		
c d					
e					
1					
g Fees and contracts from government agencies	-		-		
2 Membership dues and assessments			 		
Interest on savings and temporary cash investments Dividends and interest from securities			+		
5 Net rental income or (loss) from real estate					
a Debt-financed property	.			n and a second of the second o	
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 events0 Gross profit or (loss) from sales of inventory				-	
1 Other revenue				الماد والمستحدد والمستحدد	
a				اد سیست میدان شد. بیشت بیشت سیست د	مستخصيتين مستنب باغا بامعا
b					
С					
d			ļi		
e					
A 1			A CONTRACTOR OF THE PARTY OF TH		
Subtotal Add columns (b), (d), and (e)					0
3 Total. Add line 12, columns (b), (d), and (e)	uons.)			13	0.
3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated.		shmant of Evamo	t Burn		0.
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th ine No. ▼ Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th ine No. ▼ Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculat Relationship of Activities to th ine No. ▼ Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompli			oses	
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3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculat Relationship of Activities to th ine No. ▼ Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompli			oses	
3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculat Relationship of Activities to th ine No. ▼ Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompli			oses	

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

d: re	escribe elating t	organization direc d in section 501(i to political organi	c) of the Code (o zations?	ther tha	an section 5	501(c)(3) oi	ganızatıd	ons) or in sectio	ition in 527,			Yes	No
		s from the report	ing foundation to	a nonc	haritable e	xempt orga	ınızatıon	of .			S. E. S		
(1	I) Cash	1									1a(1)		X
(2	2) Othe	r assets									1a (2)		X
b O	ther tra	nsactions		-							4		
(1	i) Sale	s of assets to a r	noncharitable exe	empt or	ganization						1 b (1)		X
(2	2) Purc	hases of assets f	from a noncharita	able exe	empt organ	ization					1 b (2)		X
(3	3) Rent	al of facilities, ed	uipment, or othe	er assets	s						1 b (3)		X
•	•	nbursement arran									1b (4)		X
•	•	is or loan guaran	•								1b (5)		X
•	•	ormance of service		nn or fu	ndraising s	olicitations					1b (6)	-	X
•	•	of facilities, equip		•	•		lovos				1 c		X
t 3	Harring	or racilities, equip	Jilletit, mailing in	sts, Oth	: assets, t	n paid emp	noyees					L	<u> </u>
th	ne aood	swer to any of the s, other assets, o saction or sharing	or services given	by the	reportina fo	ounďation.	If the fou	ndation receive	d leśs than fa	ır marke	et value in	ue of	
(a) Line		(b) Amount involved			ritable exempt			(d) Description of t			•	ngemen	ts .
N/A	7.1.0	(b) / another involved	(6) 1141115	01 110110110	THOUSE CHAMP	organization	- '	(2) 2000			onaning and	-go	
-11/11													
	+												
			-								<u> </u>		
									•				
								<u> </u>	· · · · · · · · · · · · · · · · · · ·				
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	_	 											
							-						
		<u> </u>											
-					· · · -		-						
-													
de	escribe	undation directly d in section 501(complete the follo	c) of the Code (o	ated wi ther tha	th, or relate an section 5	ed to, one o 501(c)(3)) o	or more to or in secti	ax-exempt orga on 527?	inizations		Yes	X	No
		Name of organiz			(b) Type o	of organizat	tion	1	(c) Description	n of rel	ationship		
N/A				<u> </u>			· · · · · ·				'		
		 											
		 •							<u></u>		-		
				1									
	- -												
	Linder n	enalties of perjury, I de	clare that I have exam	uned this i	eturo includio	o accompanyo	n schadulas	and statements, and	d to the best of m	knowleda	e and belief	t is true	
	correct,	and complete Declarat	tion of preparer (other	than taxp	ayer or fiduciar	y) is based on	all informat	ion of which prepare	r has any knowled	ge	je and bener, i	113 1100	•
Sign													
Here	.						,		■ DIRE	CTOR/	PRES		
	Sigi	nature of officer or trus	lee				D	ate	Title		-		
		Print/Type preparer's	name		Preparer's sig	glatur#		Date	Check if	ıf	PTIN		
Paid		TED C. NIE	DZIALEK			/ / /		11/08/1		loyed	N/A		
	ror	Firm's name	SECORE & 1	NIEDZ	IMAK	¥.C./			Firm's EIN ►				
Prepa						SUITE 2	200			,			
Use C	nıy	Firm's address		AZ 85					Phone no	(602	279-	9090)
B		,	- HODHAM, P	55					11 HONE HO	,002	Form 99		
BAA											פע וזווט ו	J.L.L	(2010)

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 27-3472727 CHERYL AND KEN ELLEGARD FOUNDATION Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 [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)

Page 1 of 1
Employer identification number

of Part I

Name of organization CHERYL AND KEN ELLEGARD FOUNDATION

Padi.	Contributors	(see	instructions))
-------	--------------	------	----------------	---

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KENNETH E. ELLEGARD 6727 EAST EXETER BOULEVARD SCOTTSDALE, AZ 85251	\$101,431.	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
	CHERYL O. ELLEGARD 6727 EAST EXETER BOULEVARD SCOTTSDALE, AZ 85251	\$101,430.	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.)

Page 1

of 1

of Part II

Name of organization
CHERYE AND KEN ELLEGARD FOUNDATION

Employer identification number

27-3472727

Paru	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
			(see instructions)	
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
(2)		\$_	(0)	(4)
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a)			(c)	(d)
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		

of '

of Part III

Name of organization
CHERYL AND KEN ELLEGARD FOUNDATION

Employer identification number

CHERYL AND KEN ELLEGARD FOUNDATION 27-3472727

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)

•	organizations aggregating more than \$1,000 for the year. Complete cols (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, cl	haritable, etc.	, ns) ▶\$	N/A		
(a)	(b)	(c)	Tee manacho	(d)	N/A		
No. from Part I	Purpose of gift	Use of gift		Description of how gift is	held		
raiti	N/A						
		(e)					
	Transferencia manua addusa	Transfer of gift	Dala				
	Transferee's name, addres	55, and ZIP + 4	Rela	ationship of transferor to transfer	ee ———		
				· · · · · · · · · · · · · · · · · · ·	 -		
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift Use of gift			Description of how gift is I	held		
raiti					· · · · · · · · · · · · · · · · · · ·		
							
ļ		(e)					
	Transfer of gift						
	Transferee's flame, addres	55, and ZIP + 4	Relationship of transferor to transferee				
(a)	(b)	(c)		(d)			
No. from	Purpose of gift	Use of gift		Description of how gift is I	held		
Part I							
_	<u> </u>						
	(e)						
		Transfer of gift					
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee				
							
(a)	(b)	(c)		(d)			
No. from	Purpose of gift	Use of gift		Description of how gift is I	held		
Part I							
	(e) Transfer of gift						
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transfere	ee		
							

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury nternal Revenue Service File a separate application for each return.							
If you ar	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not com	plete Part II un	<i>less</i> you have already been grant	ed an auton	natic 3-month extension on a previously f	filed Form 8868		
request an e Associated V	required to file extension of tin Vith Certain Pe	Form 990-T), or an additional (no ne to file any of the forms listed in	ot automatic n Part I or P nust be sen	ed a 3-month automatic extension of time) 3-month extension of time. You can elect It with the exception of Form 8870, In to the IRS in paper format (see instruction of the IRS in paper format (see instruction).	ectronically file Form	n 8868 to or Transfers	
Part A	utomatic 3-	Month Extension of Time.	Only subr	nit original (no copies needed).			
				-month extension - check this box and o	complete Part I only	, ▶ □	
All other cor income tax i	porations (incl eturns	uding 1120-C filers), partnerships,	REMICS, a	and trusts must use Form 7004 to request	t an extension of tir	ne to file	
	Name of exempt	organization			Employer identification	number	
Type or print		ND KEN ELLEGARD FOUND			27-3472727		
File by the due date for	Number, street, a	nd room or suite number. If a P.O. box, see i	nstructions	•			
filing your return See		T EXETER BOULEVARD			····		
instructions	1	office, state, and ZIP code. For a foreign add. LE, AZ 85251	dress, see instri	uctions			
Enter the Re Application Is For	turn code for t	he return that this application is f	Return	Application Ap		04 Return Code	
Form 990			01	Form 990-T (corporation)		07	
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 ((section 401(a)	or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other tha	n above)	06	Form 8870		12	
Telephone If the org	e No ► 602- lanization does for a Group Re	not have an office or place of butturn, enter the organization's four	FAX No siness in the				
the exter	ision is for						

the extension is for.	iiiu Lii	45 OF All THERIDE	212
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for Calendar year 20 or X tax year beginning 9/16, 20 10 _, and ending 12/31, 20 10			
2 If the tax year entered in line 1 is for less than 12 months, check reason X Initial return Change in accounting period	nal retu	irn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3ь	\$	0
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		\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For payment instructions	rm 887	9-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

Form 8868	(Rev 1-2011)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mon	h Extensio	n, complete only Part II and check t	his box	► X
	complete Part II if you have already been granted				
	are filing for an Automatic 3-Month Extension, coi				
	Additional (Not Automatic) 3-Month Exte			no copies needed)	
	Name of exempt organization			Employer identification num	
T					
Type or print	CHERYL AND KEN ELLEGARD FOUNDAT	rion		27-3472727	
F · · · · · ·	Number, street, and room or suite number. If a P.O. box, see inst				
File by the extended due date for filing the 2800 N. CENTRAL AVE, SUITE 200					
W Struction S	PHOENIX, AZ 85004	,			
	ITHOUNIA, NE 03004				
Enter the F	Return code for the return that this application is fo	or (file a se	parate application for each return)		04
Application	n	Return	Application		Return
Is For		Code	ls For		Code
Form 990		01			
Form 990-E	BL	02	Form 1041-A		08
Form 990-E	EZ	03	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-7	(trust other than above)	06	Form 8870		12
STOP! Do I	not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a previo	ously filed Form 8868.	
 The boo 	ks are in care of KENNETH E. ELLEGARI)		•	
Telepho	one No ► 602-791-8696	FAX No	·		
If the or	rganization does not have an office or place of but	siness in th	e United States, check this box		► □
If this is	s for a Group Return, enter the organization's four	digit Group	Exemption Number (GEN)	If th	nis is for the
whole group	p, check this box 🕒 📗 If it is for part of the gr	oup, check t	his box 🕒 🗌 and attach a list wit	h the names and EINs	of all
members ti	he extension is for				
4 I requ	est an additional 3-month extension of time until	11/15	, 20 _11		
5 For ca	alendar year $\ _\ _\ _\ $, or other tax year beginnin	g 9/16	, 20 10 , and ending 1:	2/31 , 20	10
6 If the	tax year entered in line 5 is for less than 12 mont	hs, check re	eason X Initial return	Final return	
□ c	hange in accounting period		_	_	
7 State	in detail why you need the extension WE D	O NOT H	AVE ALL INFORMATION NEE	EDED TO PREPAR	E AN
ACC	URATE TAX RETURN AT THIS TIME.				
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions	720, or 6069	enter the tentative tax, less any	8a \$	0.
b If this paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment alform 8868	069, enter a lowed as a	any refundable credits and estimated credit and any amount paid previous	d tax	0.
c Balan EFTP	ice due. Subtract line 8b from line 8a Include you S (Electronic Federal Tax Payment System) See	r payment v	with this form, if required, by using	8c \$	0.
			d Verification		
Under penalties	s of perjury. I declare that I have examined this form, including accomplete, and that Lam authorized to prepare this form			owledge and belief, it is true,	/ /
correct, and cor	implete, and that Lam authorized to prepare this form			///	
Signature -	Title ▶	DIRECTO	DR/PRES	Date ►	7/1
BAA	1-1-1	FIFZ0502L	11/15/10	Form 8868	(Rev 1-2011)

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ZU		L

FEDERAL STATEMENTS

PAGE 1

CLIENT 5221

CHERYL AND KEN ELLEGARD FOUNDATION

27-3472727

11/08/11

10 58AM

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0.

STATEMENT 1 FORM 990-PF, PART I, LINE 16A

LEGAL FEES

(A) **EXPENSES** PER BOOKS

(B) NET INVESTMENT INCOME

(C) ADJUSTED NET INCOME

(D) CHARITABLE PURPOSES

LEGAL FEES

2,861. 2,861. TOTAL \$

<u>2,861.</u> 2,861.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

EXPENSES

(B) NET INVESTMENT INCOME

(C) **ADJUSTED** NET INCOME

(D) CHARITABLE **PURPOSES**

BANK FEES

98. TOTAL

(A)

PER BOOKS

98. <u>98.</u>

STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

KENNETH E. ELLEGARD

6727 EAST EXETER BOULEVARD SCOTTSDALE, AZ 85251

CHERYL O. ELLEGARD

6727 EAST EXETER BOULEVARD SCOTTSDALE, AZ 85251

STATEMENT 4 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

KENNETH E. ELLEGARD CHERYL O. ELLEGARD

Form 8868	(Rev 1 2011)				Page 2
	are filing for an Additional (Not Automat	ic) 3-Month Extensio	n, complete only Part II and check the	his box	► X
Note. Only	complete Part II if you have already been	en granted an automa	atic 3-month extension on a previous	ly filed Form 8868	_
• If you a	are filing for an Automatic 3-Month Exte	nsion, complete only	Part I (on page 1)		
Partil	Additional (Not Automatic) 3-Mo	nth Extension of	Time. Only file the original (n	no copies needed)	1
•	Name of exempt organization			Employer identification num	iber
Type or					
print	CHERYL AND KEN ELLEGARD	27-3472727			
File by the	Number, street, and room or suite number. If a P O	box, see instructions			
extended due date for	SECORE & NIEDZIALEK, P.C				
filing the return See	2800 N. CENTRAL AVE, SUI				
instructions	City, town or post office, state, and ZIP code. For a	foreign address, see instructi	ons		
	PHOENIX, AZ 85004			 	
Enter the F	Return code for the return that this applic	cation is for (file a sep	parate application for each return)		04
Application Is For	1	Return Code	Application Is For	1,142 2,44,77	Return Code
Form 990		01			
Form 990-E	3L	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-7	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above) 06 Form 8870					12
	not complete Part II if you were not alre	ady granted an auton	natic 3-month extension on a previo	usly filed Form 8868.	
	ks are in care of <u>KEN_ELLEGARD</u>				
	one No ► 602-791-8696	FAX No ►			. —
	rganization does not have an office or p				
	s for a Group Return, enter the organiza	_			nis is for the
•		rt of the group, check t	his box 🕒 🔝 and attach a list with	n the names and EINs	of all
	ne extension is for		00 11		
	iest an additional 3-month extension of t		- -	20	
	alendar year 2010 , or other tax yea tax year entered in line 5 is for less tha			Final return	
_	hange in accounting period	n 12 months, check to	eason [_] Initial return	Final return	
	in detail why you need the extension	WE DO NOT H	AVE ALL INFORMATION NEE	DED TO PREPAR	F. AN
	URATE TAX RETURN AT THIS				
1100					
	application is for Form 990-BL, 990-PF, fundable credits. See instructions	990-T, 4720, or 6069	, enter the tentative tax, less any	8a \$	0.
	application is for Form 990-PF, 990-T, 4	1720 or 6069 enter a	any refundable credits and estimated		
paym	ents made Include any prior year overp form 8868				0.
c Balar EFTP	ice due. Subtract line 8b from line 8a In S (Electronic Federal Tax Payment Syst	em) See instructions		8c \$	0.
		Signature and			
Under penalties correct, and co	s of perjury, I declare that I have examined this form, mplete, and that I am authorized to prepare this form	including accompanying sche	edules and statements, and to the best of my kno	wledge and belief, it is true,	,
Signature •	Earl Stewer	Title ► C	PA	Date - 8	-4-11
BAA	-0-	FIF 20502L	11/15/10	Form 8868	(Rev 1-2011)

Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev 1-2011)

• if you a	re filing for an Automatic 3-Month Extension, co	mplete only	y Part I and check this box		▶ X
	re filing for an Additional (Not Automatic) 3-Mon				
	plete Part II unless you have already been grant		•		
corporation request an Associated	iling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which no ling of this form, visit www.irs.gov/efile.and.click	ot automation Part I or F nust be sen	 3-month extension of time. You can elected the state of t	ectronically file Form oformation Return fo	n 8868 to or Transfers
Part A	automatic 3-Month Extension of Time.	Only subr	nit original (no copies needed)		
	on required to file Form 990-T and requesting an			complete Part I only	, -
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICS, a	and trusts must use Form 7004 to reques	t an extension of tin	ne to file
	Name of exempt organization			Employer identification	number
Type or print					
•	CHERYL AND KEN ELLEGARD FOUND			27-3472727	
File by the due date for	Number, street, and room or suite number. If a P O box, see i	nstructions			
filing your return See	6727 EAST EXETER BOULEVARD			···-	
instructions	City, town or post office, state, and ZIP code. For a foreign add	fress, see instri	uctions		
	SCOTTSDALE, AZ 85251				
Enter the Re	eturn code for the return that this application is fo	or (file a se	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990	-	01	Form 990-T (corporation)		07
Form 990-BL 02 Form 1041-A		Form 1041-A		08	
Form 990-E	7	03	Form 4720		09
Form 990-Pf		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check the externormal the externormal telephone the content of th	s are in the care of KEN ELLEGARD e No 602-791-8696 ganization does not have an office or place of but for a Group Return, enter the organization's four s box If it is for part of the group, chechsion is for	digit Group k this box	e United States, check this box Exemption Number (GEN) If and attach a list with the names a	this is for the whole	
until _ The ex	st an automatic 3-month (6 months for a corpora $8/15$, 20 11 , to file the exempt orginal tension is for the organization's return for calendar year 20 10 or tax year beginning , 20	ganization r	eturn for the organization named above		
	ax year entered in line 1 is for less than 12 mont ange in accounting period	hs, check r	eason Initial return Fina	al return	
3a If this a nonrefu	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions	20, or 6069	enter the tentative tax, less any	3a \$	0.
payme	application is for Form 990-PF, 990-T, 4720, or 60 nts made. Include any prior year overpayment al	lowed as a	credit	3b \$	0.
	e due. Subtract line 3b from line 3a Include your (Electronic Federal Tax Payment System) See			\$	0.
Caution. If y payment inst	ou are going to make an electronic fund withdrav ructions	val with this	Form 8868, see Form 8453-EO and Form	m 8879-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.