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990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

For calendar year 2010, or tax year beginning 12/14/2010 12/31/2010 , and ending G Check all that apply X Initial return Initial return of a former public charity ☐ Final return Amended return Address change Name change Name of foundation A Employer identification number The Schmetterling Foundation 27-4267762 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) c/o Foundation Source, 501 Silverside Road 123 (800) 839-1754 City or town, state, and ZIP code C If exemption application is pending, check here Wilmington DE 19809-1377 D 1. Foreign organizations, check here H Check type of organization Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation If private foundation status was terminated Fair market value of all assets at end J Accounting method X Cash Accrual under section 507(b)(1)(A), check here Other (specify) of year (from Part II, col (c), F If the foundation is in a 60-month termination line 16) ▶ \$ (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here 1,000,000 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income income the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 1,000,000 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain or (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 or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1,000,000 13 Compensation of officers, directors, trustees, etc Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) **b** Accounting fees (attach schedule) c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 0 0 0 27 Subtract line 26 from line 12 1,000,000 a Excess of revenue over expenses and disbursements **b** Net investment income (if negative, enter -0-) 0 c Adjusted net income (if negative, enter -0-)

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Form **990-PF** (2010)

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Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
. u		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	a	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		1,000,	,000	1,000,000
	3	Accounts receivable				
		Less allowance for doubtful accounts	·			
	4	Pledges receivable				
		Less allowance for doubtful accounts			-	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
10	'					
Assets	8	Less allowance for doubtful accounts Inventories for sale or use		***		
SS	9	Prepaid expenses and deferred charges			$\overline{}$	
⋖		Investments—U.S. and state government obligations (attach schedule)			-	
		investments—corporate stock (attach schedule)				
	11	Investments—corporate bonds (attach schedule)				
	''	Investments—land, buildings, and equipment basis				
	12	Less accumulated depreciation (attach schedule)				
	13	Investments - ether (attach schodule)				
	14	Investments—other (attach schedule)				
	'**	Land, buildings, and equipment basis				
	15	Less accumulated depreciation (attach schedule) Other assets (describe			-	
	16	Other assets (describe Total assets (to be completed by all filers—see the				
	'6	Instructions Also, see page 1, item I)	o	1,000,	000	1,000,000
	17	Accounts payable and accrued expenses	<u>_</u>	1,000,	000	1,000,000
	18	Grants payable	··		-	
Liabilities	19	Deferred revenue			\neg	
≣	20	Loans from officers, directors, trustees, and other disqualified persons		·	\neg	
ap	21	Mortgages and other notes payable (attach schedule)			\neg	
	22	Other liabilities (describe		, .		
	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here		-	\dashv	
Ś		and complete lines 24 through 26 and lines 30 and 31.				
ž	24	Unrestricted				
Balances	25	Temporarily restricted	-			
Ba	26	Permanently restricted .			\dashv	
ă		Foundations that do not follow SFAS 117, check here				
Ē		and complete lines 27 through 31.				
ī	27	Capital stock, trust principal, or current funds				
Net Assets or Fund	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
set	29	Retained earnings, accumulated income, endowment, or other funds	0	1,000,	.000	
ĄŠ	30	Total net assets or fund balances (see page 17 of the				
et.		instructions) .	0	1,000,	,000	
ž	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	0	1,000	,000	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
_		of-year figure reported on prior year's return)		-	1	0
		amount from Part I, line 27a			2	1,000,000
					3	4.000.000
_		ines 1, 2, and 3		⊦	4	1,000,000
5		eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	olumn (h) lino 30		5	
<u> </u>	rotal	The assets of futio balances at end of year (line 4 minus line 5)—Part II, of	olumn (b), line 30		6	1,000,000

Pairty Capital Gains and	a Losses for Tax on Inve	<u>estment incor</u>	ne			
	kınd(s) of property sold (e g , real es e, or common stock, 200 shs MLC ((b) How acquired P—Purchase D—Donation	(c) Date ac	-	(d) Date sold (mo , day, yr)
1a			<u> </u>			
b						
d						
е						
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss)) minus (g)
a						
<u>b</u>	 					
C						
<u>d</u>						<u> </u>
<u>e</u>		<u> </u>				
Complete only for assets show	ng gain in column (h) and owne	ed by the foundate	on on 12/31/69	1		(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) ! (j), ıf any			less than -0-) or om col (h))
_a						
b						
С						
<u>d</u>						
<u>e</u>		<u> </u>		<u> </u>		
2 Capital gain net income or (nei caniiai inssi 🔞 😁	also enter in Pa , enter -0- in Pa	,	2		
3 Net short-term capital gain of						
If gain, also enter in Part I, I		s 13 and 17 of t	he }			
instructions) If (loss), enter		advacd Tava	, Nat I	3		
	er Section 4940(e) for R					
(For optional use by domestic p	rivate foundations subject to	the section 494	10(a) tax on net ir	nvestment ir	icome)	
If section 4940(d)(2) applies, lea	ave this part blank			N/A	1ST Y	'EAR
	•	stributable emer	int of any year in	the base no	riod?	
Was the foundation liable for the				the base pe	nod /	∐ Yes ∐ No
If "Yes," the foundation does no			· · · · · · · · · · · · · · · · · · ·	uana hafasa		
1 Enter the appropriate amo	unt in each column for each	year, see page	18 of the instruct	loris before	making	(d)
Base period years	(b)	Naturalisa	(c)		Dist	ribution ratio
Calendar year (or tax year beginning in	Adjusted qualifying distributi	ons Net value	of nonchantable-use a	issets	(col (b) d	livided by col (c))
2009						0 000000
2008						0 000000
2007						0 000000
2006						0 000000
2005						0 000000
~~						
2 Total of line 1, column (d)		4.4.4.4		2		0 000000
3 Average distribution ratio fo						0.00000
the number of years the fou	ndation has been in existent	ce ir iess than 5	years	3	 	0 000000
4 Enter the net value of nonch	nantable-use assets for 2010) from Part X, lır	ne 5	4		0
5 Multiply line 4 by line 3				5		C
6 Enter 1% of net investment	income (1% of Part Liling 27	7h)		6		
	moone (170 of Fait I, mile 21	,		6	-	0
7 Add lines 5 and 6				7	-	0
8 Enter qualifying distributions		D11// 1 1	E (*	8	<u> </u>	0
If line 8 is equal to or greate the Part VI instructions on p		ın Paπ VI, line 1	b, and complete	tnat part usi	ng a 1%	tax rate See

Folm 990-PF (2010) The Schmetterling Foundation 27-4267762 Pag					ige 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of the	inst	uctio	ons)
1 8	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 instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
here ▶ ☐ and enter 1% of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
of Part I, line 12, col. (b) 2. Tay under partial 511 (demonstra partial 4047(a)/1) trusts and tayable foundations only. Others onter 0.)					
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2					
3				0	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-			0	
6	Credits/Payments				
	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0				
	Exempt foreign organizations—tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
(Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			0	
8	Enter any penalty for underpayment of estimated tax. Check here			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0	
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ■ 0 Refunded ■ 1*	1 1		0	
Pa	rt VII-A Statements Regarding Activities				
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		<u> 1a</u>		_X_
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		4.		.,
	instructions for definition)?		<u>1b</u>		_ <u>X_</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				. 1
	C Did the foundation file Form 1120-POL for this year?		1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$				
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> X</u>
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				<u> </u>
	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?		3		X
	of the roundation have unrelated business gross income of \$1,000 or more during the year? Of "Yes," has it filed a tax return on Form 990-T for this year?		4a 4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	13/73	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 conflict with the state law remain in the governing instrument?		6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part XV	7_	Х	L,
8 8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) DE				
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		8b	X	لـــا
9	General (or designate) of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3)		ao	^	
J	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?				
	If "Yes," complete Part XIV		9		х
10					
	their names and addresses		10	х	

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

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1 0111	n 990-PF (2010) The Schmetterling Foundation	າ ຼ			<u> 27-4267762</u>	Page 6
Pa	rt VII-B Statements Regarding Activitie	es for Which Forr	n 4720 May Be R	equired (continued)		
5a	During the year did the foundation pay or incur any	amount to			_	
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation	(section 4945(e))?	Yes _X	No	
	(2) Influence the outcome of any specific public	•	955), or to carry		٦	
	on, directly or indirectly, any voter registration	n drive?		Yes _X	∐ No	
	(3) Provide a grant to an individual for travel, stu	dy, or other similar pur	rposes?	Yes X	No	
	(4) Provide a grant to an organization other than	a charitable, etc , org	anization described		_	
	in section 509(a)(1), (2), or (3), or section 49-	40(d)(2)? (see page 22	2 of the instructions)	Yes	No	
	(5) Provide for any purpose other than religious,	charitable, scientific, l	iterary, or		_	
	educational purposes, or for the prevention of	f cruelty to children or	anımals?	Yes X	∐ No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the t	ransactions fail to qua	lify under the exception	ons described in		
	Regulations section 53 4945 or in a current notice	regarding disaster ass	istance (see page 22	of the instructions)?	5b	N/A
	Organizations relying on a current notice regarding	disaster assistance c	heck here	▶_	_	1
С	If the answer is "Yes" to question 5a(4), does the fe	oundation claim exemp	otion from the		_]
	tax because it maintained expenditure responsibilit			Yes	_ No	
	If "Yes," attach the statement required by Regulation	ons section 53 4945–5	i(d)			
6a	Did the foundation, during the year, receive any fur	nds, directly or indirect	ly, to pay	F1	_	
	premiums on a personal benefit contract?			Yes X	No	.
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit	contract?	6b	X
	If "Yes" to 6b, file Form 8870			<u></u>	.	
	At any time during the tax year, was the foundation	, , ,			∐ No	
_	If "Yes," did the foundation receive any proceeds of	·			7b	N/A
P	art VIII Information About Officers,	Directors, Trust	ees, Foundation	Managers, Highly Pa	id Employ	/ees,
_	and Contractors	.4:	al 41a a tara a a a a a a	in- / 00 -64b-		
_1	List all officers, directors, trustees, founda	(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address				(e) Exper	nse account,
devoted to position -0-) and deferred compensation other allowar				employee benefit plans	l other a	
SE	* · · · · · · · · · · · · · · · · · · ·	hours per week devoted to position	(If not paid, enter -0-)		other a	
ŞĒ	E ATTACHMENT				other a	
SE	* · · · · · · · · · · · · · · · · · · ·				other a	
SE.	* · · · · · · · · · · · · · · · · · · ·				other a	
SE	* · · · · · · · · · · · · · · · · · · ·				other a	
SE	* · · · · · · · · · · · · · · · · · · ·				other a	
\$E.	* · · · · · · · · · · · · · · · · · · ·				other a	
SE.	* · · · · · · · · · · · · · · · · · · ·				other a	
	E ATTACHMENT Compensation of five highest-paid employ	devoted to position	-0-)	and deferred compensation		Illowances
	E ATTACHMENT	devoted to position	-0-)	and deferred compensation		Illowances
2	E ATTACHMENT Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th	ne instructio	ons).
2	E ATTACHMENT Compensation of five highest-paid employ	/ees (other than th	ose included on li	ne 1—see page 23 of th	ne instructio	Illowances
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit	ne instructio	ons).
	E ATTACHMENT Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).
	Compensation of five highest-paid employ If none, enter "NONE."	/ees (other than th	ose included on li	ne 1—see page 23 of th (d) Contributions to employee benefit plans and deferred	ne instructio	ons).

Form 990-PF (2010) The Schmetterling Foundation		27-4267762 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, F	lighly Paid	d Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions).	If none, ente	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE.		
Total number of others receiving over \$50,000 for professional services	•	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1		
	••••	
2		
		
3		
A		
<u> </u>	• • • • • • • • • • • • • • • • • • • •	
•		
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions	 ;)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	•	Amount
1		
2		
All other program-related investments See page 24 of the instructions		
3		
		_
Total Add Inco 1 through 2		0
Total. Add lines 1 through 3		0

Indistributed income, if any, as of the end of 2010	1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
2 Indistributed income, if any, as of the end of 2010 a Enter anount for 2009 only b Total for pror years 20						1,215
b Total for pror years 2 0 2 2 2 0 0 0 3 Excess distributions carryover, if any, to 2010 a From 2005 0 0 From 2007 0 0 From 2007 0 0 From 2009 0 From 200	2	Undistributed income, if any, as of the end of 2010				
3 Excess distributions carryover, if any, to 2010 0 b From 2008	á	Enter amount for 2009 only			0	
a From 2008	i	Total for prior years 20, 20, 20		0		
b From 2006	3	- I				
C From 2007	ā					
d From 2009	ı					
e From 2009 f Total of lines 3a through e Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 0.0 A Applied to 2009, but not more than line 2a b Applied 2009, but not more than line 2a c Treated as distributions out of corpus (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributials amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (if an amount appears in column (d), the e same amount must be shown in column (a) f Enter the ret total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subfract line 5 b Prior years' undistributed mome. Subtract line 4 from line 2 c Enter the next total of each column as been insued, or on which the section 494(a) tax has been previously assessed d Subtract line 6 from line 6 Taxabile amount—see page 27 of the instructions d Undistributed income for 2009. Subtract line 4 af from line 2a Taxabile amount—see page 27 of the instructions f Undistributed income for 2010. Subtract line 4 af from line 2a Taxabile amount—see page 27 of the instructions f Undistributed in 2011 A mounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) 9 Excess from 2006 0 Excess from 2007 C Excess from 2009 0 Excess from 2009	•		ŧ			
f Total of lines 3a through e Qualifying distributions for 2010 from Part XII, line 4 ₱ \$ 0 a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a C Applied to 1004 but not more than line 2a D Applied to 1004 but not more than line 2a C Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributable amount R Remaining amount distributed out of corpus E Briter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 D Prior years' undistributed income Subtract line 4b from line 2b E neter 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 d Subtract line 6c from line 6b Taxabile amount—see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxabile amount—see page 27 of the instructions f Undistributed income for 2010 Subtract line 4a from line 2a Taxabile amount—see page 27 of the instructions f Undistributed income for 2010 Subtract line 4a from line 2a Taxabile amount—see page 27 of the instructions B Excess from 2007 Copus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(3) (see page 27 of the instructions) B Excess from 2007 Copus to Subtract line 5 and 5 from line 16 or line 7 or line 7 or line 8 or line 7 or line 8 or line 9 or line 7 or line 8 or line 7 or line 7 or line 7 or line 8 or line 7 or line 8 or line 8 or line 8 or line 8 or line 9 or line	•		i			
4. Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 0 a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 0		1.0111.2000				
XII, line 4 \$ 0 0 a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the not total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions 0 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 corpus to satisty requirements imposed by section 170(b)(17)(F) or 4942(g)(3) (see page 27 of the instructions) 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) 9 Excess firor 2007 0 Excess from 2007 0 Excess from 2007 0 C Excess from 2008 0 D Section 170(0) 0 Excess from 2009 0 D Excess from 2009		•	0			
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the instructions) 8						
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9		`				
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10 Analysis of line 9 a Excess from 2006	y		_			
a Excess from 2006 0 b Excess from 2007 0 c Excess from 2008 0 d Excess from 2009 0	10					
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c Excess from 2008 0 d Excess from 2009 0	•					
d Excess from 2009 0			1			
			1			
		Excess from 2010 0	1]		

Ford	1 990-PF (2010) The Schmetterling Foundation	on			27-4267	7762 Page 10
Pa	t XIV Private Operating Foundations (s	see page 27 of th	ie instructions a	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, ent			•		
b	Check box to indicate whether the foundation is a	private operating fou	indation described in	n section	4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed	0	(2) 2000	(0) 2000	(0, 200)	0
b	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII, line 4 for each year listed	0				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities	J				0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					<u>-</u>
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income			-		0
Pa	rt XV Supplementary Information (Cor	mplete this part	only if the fou	ndation had \$5,	000 or more in	
	assets at any time during the ye					
1	Information Regarding Foundation Manag	ers:				
а	List any managers of the foundation who have cor				the foundation	
	before the close of any tax year (but only if they ha	ave contributed more	than \$5,000) (See	section 507(d)(2))		
	nes A Clark Colleen Cl					
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
NO		A O'S 1 O-1-	-l			
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds If the foundation maunder other conditions, complete items 2a, b, c, are	contributions to preakes gifts, grants, etc	selected charitable	organizations and do	ies not accept lividuals or organizati	ions
а	The name, address, and telephone number of the	person to whom app	olications should be	addressed		
b	The form in which applications should be submitte	d and information ar	nd materials they sh	ould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as t	oy geographical area	is, charitable fields,	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

3	Grants and Contributions Paid During th	e Year or Approved	for Future I	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Paid during the year				
b	Total Approved for future assument	1	<u> </u>	<u>▶ 3a</u>	0
J.	Approved for future payment				
	Total			▶ 3b	0

Part XVII	Information Regarding	Transfers To a	ind Transactions	and Relationships	With Noncharitable
	Exempt Organizations				

2.40												
1	Did t	he org	janization directly o	or indirectly er	ngage in any of the foll	owing with	any oth	er organization	described		Yes	No
	ın se	ction (501(c) of the Code	(other than se	ection 501(c)(3) organ	ızatıons) or	ın secti	on 527, relating	to political			
	orga	nızatıc	ons?									
а	Tran	sfers f	from the reporting t	foundation to	a noncharitable exemp	ot organizati	ion of					
u		Cash	·			or organizati	.0.1 01			1a(1)		X
	٠,							. ,		1a(2)		Î
h			sactions	•	• •	• •	•		• •			
IJ				haritable eve	mat arganization					2 × Ž		
					mpt organization					1b(1)		X
								1b(2)		X		
	` '						•			1b(3)		X
			ursement arranger			•				1b(4)	L	X
	(5)	_oans	or loan guarantee:	s .						1b(5)		X
	(6)	Perfor	mance of services	or membersh	up or fundraising solici	tations				1b(6)	L	<u> </u>
С	Shai	ing of	facilities, equipme	nt, mailing list	ts, other assets, or pai	d employee	s.	• •		1c	L	Х
d	valu	e of th	e goods, other ass	ets, or service	complete the following es given by the reporti ement, show in column	ng foundation	on If the	e foundation rec	eived less than	fair m	arket	d
(a)	Line n	o ((b) Amount involved	(c) Name	of noncharitable exempt orga	nization	(d) Des	cription of transfers,	transactions, and st	anng ar	rangen	nents
			-									
	_											
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2-	lo th		dation disastly as i	ndura othy offilia	atad with or related to			vomnt ersonizet				
	desc	cribed		of the Code (o	ated with, or related to, ther than section 501(∕es X] No	
		(a) Name of organization		(b) Type of or	ganization		(c) I	Description of relation	nship		
	\neg	Under o	enalties of periury. I dec	lare that I have e	xamined this return, including	accompanyin	a schedu	es and statements, a	and to the best of m	v knowle	edge ar	ıd
	gn				n of preparer (other than tax	payer or fiducia	iry) is bas	ed on all information				
116	ere		and /1.	m_		<u> </u>	28.	<u> </u>	CO-11-65	Use	al)
		Sign	nature of officer or truste		·	Dat	te	▼ Tit	le			
D-	id	/	Print/Type preparer's n	ame	Preparer's signature			Date	Charle [7]	PTIN		
Pa			Joffroy D. Haales		Jeffrey D. Haske	الد		6/45/0044	Check if	1		
	epa		Jeffrey D. Haskell	NUMBER		711		6/15/2011	self-employed	<u></u>		
Us	e O	nly		DUNDATION					Firm's EIN			
			Firm's address > 55	WALLS DRI	VE, FAIRFIELD, CT 06	824			Phone no	(800)	839-	1754
									_	00	n DE	(00.00

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

Name of the organization			Employer identification number			
The Cohmotterium Foundation	_		07.4007700			
The Schmetterling Foundation Organization type (check or			27-4267762			
7 ,	,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (en	ter number) organization				
	4947(a)(1) nonexer	mpt charitable trust not treated as a p	private foundation			
	527 political organization	zation				
Form 990-PF X 501(c)(3) exempt private fou		rivate foundation				
	4947(a)(1) nonexer	mpt charitable trust treated as a priva	te foundation			
	501(c)(3) taxable p	rivate foundation				
Check if your organization is Note. Only a section 501(c)(instructions		Rule or a Special Rule. n can check boxes for both the Gener	ral Rule and a Special Rule See			
General Rule						
	iling Form 990, 990-EZ, oi ne contributor Complete F	r 990-PF that received, during the yea Parts I and II	ar, \$5,000 or more (in money or			
Special Rules						
sections 509(a)(1) ai	id 170(b)(1)(A)(vi), and re	n 990 or 990-EZ that met the 33 1/3% ceived from any one contributor, duri rm 990, Part VIII, line 1h or (ii) Form s	support test of the regulations under ng the year, a contribution of the greater 990-EZ, line 1 Complete Parts I and			
the year, aggregate	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					
the year, contributior aggregate to more the year for an exclusive	s for use <i>exclusively</i> for r an \$1,000 If this box is ch ly religious, charitable, etc	religious, charitable, etc , purposes, b necked, enter here the total contributi c , purpose Do not complete any of t	ons that were received during the			
990-EZ, or 990-PF), but it m	ist answer "No" on Part I\	eneral Rule and/or the Special Rules of V, line 2 of its Form 990, or check the ot meet the filing requirements of Sch				

Schedule B	(Form 990	990-F7	or 990-PF)	(2010)
OCHEGGIC D	(1 OIIII 330,	, 330-LZ,	01 330-61	(2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Part I
Name of organization	Employer identification number
The Schmetterling Foundation	27-4267762

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Clark, James A 106 Kinsale Avenue Valparaiso Foreign State or Province Foreign Country	\$ 1,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

The Schmetterling Foundation 27-4267762

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)			Page1_ of1_ of Part III
Name of org	ganization			Employer identification number
	etterling Foundation			27-4267762
Part III	Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the years for organizations completing Part III, enter contributions of \$1,000 or less for the years.	ear. Complete \mathbf{r} the total of ϵ	columns (a) through (e) cxclusively religious, cha	and the following line entry iritable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and Z	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			

۲[Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	Substantial Contributors					_
	Name	Street	City	State	Zip Code	Foreign Country	
-	1 Colleen Clark	106 Kinsale Avenue	Valparaiso	z	46385		
•	Arel O Some	106 Kinesla Avanta	Valnaraiso		46385		
1	Call Call		A CIDE BOOK		r F		
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The Schmetterling Foundation

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

			-				-			
0 Expense	0	0								
0	O	0								
	0	0					•			
Avg	2	1								
47 F	Co-Presic Se	Co-President / Director					:			
Zip	19809	19809								
3	olate DE	DE								
ě	Wilmington	Wilmington					;			
· ·	c/o Foundation Source 501 Silverside Road Suite 123									
	name 1 James A Clark			4	LO LO	ဖ		80	ത	ç