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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 For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return Initial Return of a former public charity Final return Address change Name change Amended return Employer identification number MARTIN & CLARISSE CLANCY FOUNDATION 33-0568464 5100 E ANAHEIM ROAD Telephone number (see the instructions) LONG BEACH, CA 90815-4215 (562) 961-4115 If exemption application is pending, check here D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated J Accounting method: X Cash Fair market value of all assets at end of year Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 1,968,644 (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and Expenses (The total of amounts in expenses per books ıncome for charitable income columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) X if the foundn is not req to att Sch B Interest on savings and temporary N/A cash investments. 13,107 <u>13,107</u> 66,145 66,145. Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 24,649. STATEMENT 1 REVENUE 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 2, 246, 280. 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 Less Cost of goods-sold Gross profit/(loss) (att sch) Other income (attach schedule) ш LW (12 Total. Addlines 1 through 11 901 103 Compensation of officers, directors, trustees, etc. 18,000 28,000 Other employee salaries and wages 15 Lension-plans employee benefits 16a Legal fees (attach schedule) 3,975 1,325 b Accounting fees (attach sch) SEE ST 2 17,830. 17,830. SEE ST 3 c Other prof fees (attach sch) SCANNED-WAY-1-1-284 17 Interest 903 903 18 Taxes (attach schedule)(see instr.) SEE STM 4 Depreciation (attach sch) and depletion Occupancy Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 10 SEE STATEMENT 24 Total operating and administrative expenses. Add lines 13 through 23 30,058 18,000. 50,718. 63,250. Contributions, gifts, grants paid PART XV 63,250 25 26 Total expenses and disbursements. 81,250. 30,058 Add lines 24 and 25 113,968 Subtract line 26 from line 12: a Excess of revenue over expenses -10,067 and disbursements 49,194 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

BAA For Paperwork Reduction Act Notice, see the instructions.

TEEA0504L 07/23/10

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| Pari | F II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | ina oi | |
|----------------|-------|---|----------------------------|----------------|-----------------|---------------------------------------|
| | | (See instructions) | (a) Book Value | (b) Book Value | a | (c) Fair Market Value |
| | 1 | Cash ← non-interest-bearing | 25,484. | 20,9 | 02. | 20,902. |
| | 2 | Savings and temporary cash investments | 122,547. | 120,6 | 11. | 120,611. |
| | 3 | Accounts receivable . | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable | | | | |
| | | Less: allowance for doubtful accounts | | | | · · · · · · · · · · · · · · · · · · · |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons (attach schedule) (see the instructions) | | | | |
| | 7 | Other notes and loans receivable (attach sch) | | | | |
| S | | Less. allowance for doubtful accounts ▶ | | | | <u> </u> |
| Š | 8 | Inventories for sale or use | | | | |
| A S S E T S | 9 | Prepaid expenses and deferred charges | | | | |
| Ś | 10 | a Investments — U.S. and state government obligations (attach schedule) | | | | |
| | ۱ ۱ | nivestments — corporate stock (attach schedule) | | | $\neg \neg$ | |
| | | c Investments — corporate bonds (attach schedule) | | | $\neg \uparrow$ | |
| | | Investments – land, buildings, and | | | | |
| | '' | equipment: basis • • | - | | | |
| | | Less. accumulated depreciation (attach schedule) | <u> </u> | | | |
| | 12 | Investments – mortgage loans | | | | |
| | 13 | Investments – other (attach schedule) STATEMENT 5 | 1,737,378. | 1,732,0 | <u>38.</u> | 1,825,340. |
| | 14 | Land, buildings, and equipment: basis . | | ************ | | |
| | | Less: accumulated depreciation (attach schedule) | | | | |
| | 15 | Other assets (describe SEE STATEMENT 6) | | 1,7 | 91. | 1,791. |
| | 16 | Total assets (to be completed by all filers – see instructions Also, see page 1, item l) | 1,885,409. | 1,875,3 | 42. | 1,968,644. |
| Ļ | 17 | Accounts payable and accrued expenses | | | | |
| Å | 18 | Grants payable | | | | |
| A B | 19 | Deferred revenue | | | | |
| Ľ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | | 1 |
| į | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| T | 22 | Other liabilities (describe) | | | | 1 |
| E S | 23 | Total liabilities (add lines 17 through 22) | 0. | | 0. | |
| | 23 | Foundations that follow SFAS 117, check here | 0. | | 씍 | İ |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | ! | |
| N F E U | 24 | Unrestricted | | | | |
| T N | 25 | Temporarily restricted . | | | | İ |
| _A D | 26 | Permanently restricted . | | | | |
| A B A L A N | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | Ì | |
| EL | 27 | Capital stock, trust principal, or current funds | | | | |
| ŚŅ | 28 | Paid-in or capital surplus, or land, building, and equipment fund. | | | | 1 |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,885,409. | 1,875,3 | 42. | |
| ŘŠ | 30 | Total net assets or fund balances (see the instructions) . | 1,885,409. | 1,875,3 | 42. | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 1,885,409. | 1,875,3 | 42. | |
| Par | t III | 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 | ımn (a), line 30 (must ag | ree with | | 1 005 400 |
| _ | | of-year figure reported on prior year's return). | • | - | 1 | 1,885,409. |
| 2 | | er amount from Part I, line 27a | | - | 2 | -10,067. |
| 3 | | increases not included in line 2 (itemize) | - - | | 3 | 1 075 240 |
| 4 | | lines 1, 2, and 3 | | - | 4 | 1,875,342. |
| 5 | | lases not included in line 2 (itemize) | Dort II. asheres (b) 1 | | 5 6 | 1 075 242 |
| <u> </u> | rota | I net assets or fund balances at end of year (line 4 minus line 5) | . — гат. п., column (b), п | ile 30 | _ ס | 1,875,342. |

| (a) List and describ | e the kind(s) of property sold (e g , rese, or common stock, 200 shares ML | eal estate, (b | How acquired Purchase Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|---|---|--------------------------------|---|---------------------------------------|
| la N/A | ···· | | — Donation | | |
| b | | | | | |
| c | | - | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| a | | | | | · · · · · · · · · · · · · · · · · · · |
| b | | ····· | | | |
| с | | | | | |
| d | | | | | |
| <u>e</u> | | | | | |
| | ving gain in column (h) and owned by | | | (I) Gains (Col | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (ı) over column (ı), ıf any | | gain minus column (l ian -0-) or Losses (fi | |
| a | | | | | |
| <u>b</u> | | | | | |
| С | | | | | |
| d | | | | | |
| e | <u> </u> | | | | |
| 2 Capital gain net income or (ne | et capital loss) If gain, also If (loss), ent | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5) | and (6): | | | |
| If gain, also enter in Part I, lin in Part I, line 8 | e 8, column (c) (see the instructions) | If (loss), enter -0- | 3 | | |
| Part V. Qualification Unde | r Section 4940(e) for Reduced | Tax on Net Investmen | t Income | | |
| If 'Yes,' the foundation does not qua | ction 4942 tax on the distributable am alify under section 4940(e). Do not co- in each column for each year; see th | nplete this part | | Yes | X No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use asset | | (d) Distributior lumn (b) divided | |
| | 104,350. | 1,804, | 500 | | 0.057827 |
| 2009 | 138,100. | 2,164, | | | 0.037827 |
| 2007 | 122,937. | 2,571, | | | 0.047803 |
| 2006 | 114,300. | 2,450, | | | 0.046643 |
| 2005 | 127,091. | 2,301, | | | 0.055220 |
| 2 Total of line 1, column (d) | | · · · | 2 | | 0.271285 |
| 3 Average distribution ratio for t | he 5-year base period — divide the to in has been in existence if less than 5 | tal on line 2 by 5, or by the | 3 | | 0.054257 |
| 4 Enter the net value of noncha | ritable-use assets for 2010 from Part | X, line 5 | 4 | | 1,907,093. |
| 5 Multiply line 4 by line 3 | | | 5 | | 103,473. |
| 6 Enter 1% of net investment in | scome (1% of Part I. line 27b) | | 6 | | 492. |
| 7 Add lines 5 and 6 | (1.0 5.1 5.1) 5.1.9 | | 7 | | 103,965. |
| 8 Enter qualifying distributions f | rom Part XII. line 4 | | 8 | | 81,250. |
| If line 8 is equal to or greater | than line 7, check the box in Part VI, | line 1b, and complete that pa | | % tax rate. See | |
| Part VI instructions | | | | | |

| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the in | nstructi | ons) | | |
|-----|--|-------------------|------|------|--------|
| 1 a | 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 instr.) | | | | |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, | <u></u> | | 9 | 84. |
| | 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, column (b) | | | | - |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-). | | | | 0. |
| 3 | Add lines 1 and 2 | T | | 9 | 84. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 9 | 84. |
| 6 | Credits/Payments: | | | | |
| а | 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 380. | | | | |
| | Exempt foreign organizations – tax withheld at source 6b | | | | |
| | Tax paid with application for extension of time to file (Form 8868) . 6c | | | | |
| | Backup withholding erroneously withheld . 6d | | | | |
| | Total credits and payments. Add lines 6a through 6d | | | 3 | 80. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 1 | | | 13. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 | <u> </u> | | 6 | 17. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 1 | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded . 11 | - | | | |
| | Statements Regarding Activities | | | | |
| | | | | Yes | No |
| Та | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | - | 1 a | | Х |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1 b | | X |
| | 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 | ed | | | |
| c | Did the foundation file Form 1120-POL for this year? | | 1 c | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | Ī | | | |
| | (1) On the foundation ►\$ 0. (2) On foundation managers ►\$ | 0. | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers S | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | L | 2 | | X |
| | If 'Yes,' attach a detailed description of the activities. | | | | |
| 2 | | | | ļ | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | 3 | | Х |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | Х |
| b | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | 4ь | N. | /A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | . [| 5 | | X |
| | If 'Yes,' attach the statement required by General Instruction T. | Ī | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | H | | | |
| | By language in the governing instrument, or | ľ | | | |
| | 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, column (c), and Part XV | | 7 | X | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | | |
| | CA | | | | |
| t | o 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 G? If 'No,' attach explanation</i> | | 8Ь | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)? | 2(j)(5) rt XIV | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses. | | 10 | | Х |
| BAA | | For | m 99 | 0-PF | (2010) |

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the tax year beginning in 2010?

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b 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

| Form 990-PF (2010) MARTIN & CLARISSE | | | | 68464 Page 6 |
|--|--|--|--|---------------------------------------|
| Part VIII Statements Regarding Activiti | | <u>1 4720 May Be Req</u> | uired (continued) | |
| 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attemp | • | on (section 4945(e))? | ☐ Yes X | No |
| (2) Influence the outcome of any specific public oh, directly or indirectly, any voter registra | | | | |
| oh, directly or indirectly, any voter registra(3) Provide a grant to an individual for travel, | | | Yes X | |
| (4) Provide a grant to an organization other th | | | | |
| in section 509(a)(1), (2), or (3), or section | 4940(d)(2)? (see instru | uctions) | . Yes X | No No |
| (5) Provide for any purpose other than religion educational purposes, or for the prevention | n of cruelty to children | or animals? | |] No |
| b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)? | a current notice regard | duality under the exception ding disaster assistance | tions | 5b N/A |
| Organizations relying on a current notice rega | rding disaster assistand | ce check here | ▶ [| |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | sibility for the grant? | • | N/A Yes | No |
| If 'Yes,' attach the statement required by Regu | ulations section 53 494 | 5-5(d). | | |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract? | | | . Yes X | No No |
| b Did the foundation, during the year, pay premi | ums, directly or indired | tly, on a personal bene | fit contract? | 6b X |
| If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the found | fation a party to a prob | ubited tax shelter transa | ction? Yes X | No |
| b If yes, did the foundation receive any proceed: | | | | 7b |
| Part VIII Information About Officers, Di and Contractors | rectors, Trustees, | Foundation Manag | gers, Highly Paid | Employees, |
| 1 List all officers, directors, trustees, foundatio | n managers and their | compensation (see inst | ructions). | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| JOYCE MURCHISON | PRESIDENT | 5,000. | 0. | 0. |
| 5100 E ANAHEIM RD | 2.00 | | | |
| LONG BEACH, CA 90815 GEORGE MURCHISON | TREASURER | 18,000. | 0. | |
| 5100 E ANAHEIM RD | 5.00 | 18,000. | 0. | 0. |
| LONG BEACH, CA 90815 | 5.00 | | | |
| MICHAEL MURCHISON | SECRETARY | 5,000. | 0. | 0. |
| 5100 E ANAHEIM RD | 2.00 | | | 1 |
| LONG BEACH, CA 90815 | | | | |
| | | | | |
| 2 Compensation of five highest-paid employee | s (other than those inc | luded on line 1 – see in | structions). If none, e | enter 'NONE.' |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week | (c) Compensation | (d) Contributions to | (e) Expense account, other allowances |
| paid more than \$50,000 | devoted to position | | employee benefit plans and deferred | other allowances |
| NONE | | | compensation | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | | <u></u> |
| BAA | TEEA0306L (| 07/23/10 | | Form 990-PF (2010) |

| Form 990-PF (2010) MARTIN & CLARISSE CLANCY FOUNDATION 33-056 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued) | |
|--|----------------------------------|
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 <u>N/A</u> | |
| 2 | |
| | |
| 3 | |
| 4 | |
| | |
| Part IX Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A | Amount |
| 2 | |
| All other program-related investments. See instructions. | |
| | |
| Total. Add lines 1 through 3 | 0 . Form 990-PF (2010) |

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| <u> </u> | see instructions.) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|----------|---|----------|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: | Hote Mar | |
| ˈa | Average monthly fair market value of securities. | 1 a | 1,717,407. |
| b | Average of monthly cash balances | 1 b | 218,728. |
| С | Fair market value of all other assets (see instructions) | 1 c | |
| d | Total (add lines 1a, b, and c) | 1 d | 1,936,135. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) . 1e 0. |] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 1,936,135. |
| 4 | Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 29,042. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 1,907,093. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 95,355. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper | ating f | oundations |
| | and certain foreign organizations check here ▶ □ and do not complete this pa | art.) | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 95,355. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 2a 984. | | |
| b | Income tax for 2010 (This does not include the tax from Part VI.) | | |
| c | Add lines 2a and 2b | 2c | 984. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 94,371. |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4 | 5 | 94,371. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| _7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 94,371. |
| Pár | TXII Qualifying Distributions (see instructions) | | |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1a | 81,250. |
| | Program-related investments — total from Part IX-B | 1 b | 01,230. |
| | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| | | 22 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3b | |
| | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 81,250. |
| _ | | - | 02,200. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 81,250. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years | r the fo | undation |
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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|----------------------------|--------------------|---------------------------------------|
| Distributable amount for 2010 from Part XI, line 7 | | | | 94,371. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | |
| a Enter amount for 2009 only | | | 62,032. | |
| b Total for prior years. 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 . | | | | |
| f Total of lines 3a through e . | 0. | | | |
| 4 Qualifying distributions for 2010 from Part | | | | 1 |
| XII, line 4: ► \$ 81,250. | | <u> </u> | | 1 |
| a Applied to 2009, but not more than line 2a | | | 62,032. | |
| Applied to undistributed income of prior years (Election required – see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | <u> </u> | | | 19,218. |
| e Remaining amount distributed out of corpus | 0. | | | 13,210. |
| 5 Excess distributions carryover applied to 2010 | 0. | | | 0. |
| (If an amount appears in column (d), the | | | | |
| same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as | | | | |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| | | | | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency | | | | |
| has been issued, or on which the section 4942(a) tax has been previously assessed. | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions . | <u> </u> | 0. | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| into Ed. Taxable attended. See instructions | | | | w |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| distributed in 2011 | | | | 75,153. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | _ | | | |
| (see instructions) | 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 | 0. | | | |
| 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 | | | | |
| DAA | | | | Farm 000 BE (2010) |

| Form 990-PF (2010) MARTIN & CLARISS | | | | 33-0568464 | 4 Page 10 |
|---|---|---|--|-----------------------|----------------------------------|
| Part XIV: Private Operating Foundation | | | | | N/A |
| 1 a If the foundation has received a ruling or is effective for 2010, enter the date of the | ruling | • | | n, and the ruling | |
| b Check box to indicate whether the founda | tion is a private ope | erating foundation de | escribed in section | 4942(j)(3) or | 4942(J)(5) |
| 2a Enter.the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | _ | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| 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. | | | | İ | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | (0 1 4 1 | 1 1 1 1 | | 1.05.000 | |
| Part XV Supplementary Information assets at any time during the | e year — see in | structions.) | organization ha | d \$5,000 or mor | e in |
| Information Regarding Foundation Managers as List any managers of the foundation who close of any tax year (but only if they have NONE) | nave contributed me | ore than 2% of the t than \$5,000) (See | total contributions resection 507(d)(2)) | eceived by the found | dation before the |
| b List any managers of the foundation who a partnership or other entity) of which the NONE | own 10% or more o foundation has a 1 | f the stock of a corp 0% or greater intere | poration (or an equa est. | ally large portion of | the ownership of |
| 2 Information Regarding Contribution, Gran Check here • If the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d. | nakes contributions | to preselected char | ritable organizations | and does not acce | pt unsolicited er conditions, |
| a The name, address, and telephone number | er of the person to v | whom applications s | should be addressed | l: | _ |
| | | | | | |
| SEE STATEMENT 7 | | | | | |
| b The form in which applications should be | submitted and infor | mation and material | Is they should inclu | de | · - |
| SEE STATEMENT FOR LINE 2A | | | | | |
| c Any submission deadlines: | | | | | |
| SEE STATEMENT FOR LINE 2A | | | | | |
| d Any restrictions or limitations on awards, | such as by geograp | hical areas, charitat | ole fields, kinds of ii | nstitutions, or other | factors: |
| SEE STATEMENT FOR LINE 2A | | | | | |

TEEA0310L 02/16/11

Form **990-PF** (2010)

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Page 11

| Part XV Supplementary Information (| continued) | | | |
|---|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Fut | 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 | Contribution | |
| a Paid during the year SEE STATEMENT 8 | | | | |
| | | | | |
| | | | | |
| Total | | | . ► 3a | 63,250. |
| b Approved for future payment | | | | |
| | | | | |
| - | | | | |
| · | | | | |
| Total | | | > 3b |) |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross | amounts unless otherwise indicated. | Unrelate | d business income | Excluded | by section 512, 513, or 514 | , , |
|--|---|-------------------------|--|--|-----------------------------|--|
| _ nor groot | • | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income (see the instructions) |
| _ | am service revenue: | | | code | | (coo are mondeneris) |
| a | | | · · · · · · · · · · · · · · · · · · · | - | | |
| | | | | | | |
| | | · | | - | | |
| | | | | | | |
| f | | 1 | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | pership dues and assessments | | · · · · · · · · · · · · · · · · · · · | | | |
| | t on savings and temporary cash investments | | | 14 | 13,107. | |
| | ends and interest from securities | | | 14 | 66,145. | |
| | ental income or (loss) from real estate: | | | 1 600 62-17 | | |
| | financed property ebt-financed property | | - | | | |
| | tal income or (loss) from personal property | | | | | |
| | investment income | | | | | |
| | (loss) from sales of assets other than inventory | | | | | 24,649. |
| 9 Net in | come or (loss) from special events | | | | | • |
| 10 Gross | profit or (loss) from sales of inventory | | | | | |
| 11 Other | revenue: | | The state of the s | | いながれている。 | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| d | | | | | | · |
| | | 1 | | | | |
| е | tal Add columns (b) (d) and (e) | | ********** | 952749 | 79 252 | 24 649 |
| e | tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | | 79,252. 13 | 24,649. 103,901. |
| e Subto | tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate | ons) | | | 79,252. | |
| e | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Pårt XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |
| e 12 Subto 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to the | Accompli | | ot Purpe | oses | 103,901. |

Form 990-PF (2010) MARTIN & CLARISSE CLANCY FOUNDATION 33-0568464 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| - | | | | | | | | | 46.875.64 F 35 | | |
|--------------------|----------------------------|---|---|---|---|---------------------------|---|---|--|--------------|-------------|
| de rel | scribe ating t | d in section 501(d to political organi | c) of the Code (of zations? | ngage in any of the foll ther than section 501(c) | (3) organiz | ations) | her organizatioi) or in section 5 | n 27, | | Yes | No |
| a Tra | ansfer | s from the reporti | ng foundation to | a noncharitable exemp | t organizati | ion of: | | | | A CONTRACTOR | |
| (1) | Cash | ı | | | | | | | 1 a (1) | | X |
| (2) | Othe | r assets | | | | | | | 1a (2) | MARKET FOR | X |
| b Ot | her tra | insactions: | | | | | | | | | |
| (1) | Sale | s of assets to a n | ioncharitable exe | mpt organization | | | | | 1 b (1) | | X |
| ٠, | | | | ıble exempt organızatıoı | 1 | | | | 1 b (2) | | <u>X</u> _ |
| (3) | Rent | al of facilities, eq | uipment, or othe | r assets | | | | | 1 b (3) | | X |
| (4) | Reim | nbursement arran | gements | | | | | | 1 b (4) | | X |
| (5) | Loan | is or loan guarant | tees . | | • | | | | 1 b (5) | | X_ |
| (6) | Perf | ormance of service | es or membersh | ip or fundraising solicita | itions | | | | 1 b (6) | | X |
| c Sh | aring | of facilities, equip | oment, mailing lis | sts, other assets, or paid | d employee | es | | | 1 c | | <u> </u> |
| d If the an | the and good y trans | swer to any of the ls, other assets, o saction or sharing | e above is 'Yes,' or services given g arrangement, sl | complete the following by the reporting founda how in column (d) the v | schedule. (tion If the alue of the | Column founda goods | n (b) should alw ation received le , other assets, | ays show the ess than fair nor services re | fair market val narket value in ceived | ue of | |
| (a) Line | | (b) Amount involved | | of noncharitable exempt organi | | | Description of trans | | | | ts |
| N/A | | , , | * * | | | | | · ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- | | | |
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| | | undation directly d in section 501(c complete the folk | • | ated with, or related to, ther than section 501(c) | one or mo (3)) or in s | re tax- section | exempt organız 527? | ations | Yes | X | No |
| DIL | | Name of organiz | | (b) Type of org | anization | | (c) | Description | of relationship | | |
| N/A | (u) | Traine of organiz | ation | (b) Type or org | arnzation | | (0) | Description | or relationship | | |
| 11/ 11 | | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Under p | enalties of perjury, I de | clare that I have exam | ined this return, including accor | npanying sche | edules an | d statements, and to | the best of my kn | owledge and belief, | ıt ıs truc | |
| Sign | correct, | and complete Declara | tion of preparer (other | than taxpayer or fiduciary) is ba | ased on all info | ormation | of which preparer ha | s any knowledge | - | | |
| Here | | Det | rae Mu | rehan | | 1 3 | 5-10-11 | ▲ TREASU | IRER | | |
| | ► Sig | nature of officer or trus | | <u> </u> | | Date | | Title | | | |
| | | Print/Type preparer's | // | Preparer's signature | ALP) | ,0 | Date / | | (PTIN | | |
| Paid | | HELENA R L | ISK, CPA | HELENA R 1 | ISK, CI | PA | 15/2/1 | self-employe | - 137.73 | | |
| | - | Firm's name | NERRIE & I | | | | | Firm's EIN N | | | |
| Prepa | | | | RANCH PKWY STE | 160 | | | | | | |
| USE U | ıııy | Firm's address | SEAL BEACH | | | | | Phone no (| 562) 286- | 6800 |) |
| BAA | | ' | | <u>, </u> | | | | | Form 99 | _ | |
| | | | | | | | | | | - | / |

| 2010 | FEDERAL STATEMENTS | PAGE 1 |
|---|---|--------------------------------|
| · MA | RTIN & CLARISSE CLANCY FOUNDATION | 33-0568464 |
| STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES | | |
| ACCOUNTING/TAX PREP | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 3,975. \$ 1,325. TOTAL \$ 3,975. \$ 1,325. \$ 0. | (D) CHARITABLE PURPOSES \$ 0. |
| STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES | | |
| INVESTMENT EXPENSE | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME 17,830. \$ 17,830. \$ 17,830. \$ 17,830. \$ 0. | (D) CHARITABLE PURPOSES \$ 0. |
| STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES | | |
| FEDERAL EXCISE TAXES FOREIGN TAXES WITHHELD | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 347. \$ 347. 556. 556. TOTAL \$ 903. \$ 903. \$ 0. | (D) CHARITABLE PURPOSES \$ 0. |
| STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES | | |
| TAXES & LICENSES | (A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 10. \$ 0. \$ 0. | (D) CHARITABLE PURPOSES \$ 0. |
| | | |

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2010

FEDERAL STATEMENTS

PAGE 2

MARTIN & CLARISSE CLANCY FOUNDATION

33-0568464

STATEMENT 5 FORM 990-PF, PART II, LINE 13 **INVESTMENTS - OTHER**

| VALUATIO METHOD | | BOOK <u>VALUE</u> | FAIR MARKET VALUE | |
|----------------------------------|-------|----------------------|----------------------|--|
| OTHER INVESTMENTS | | | | |
| SMITH BARNEY INVESTMENT ACCOUNTS | COST | \$ 1,732,038. | \$ 1,825,340. | |
| | TOTAL | <u>\$ 1,732,038.</u> | <u>\$ 1,825,340.</u> | |

STATEMENT 6 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

FAIR MARKET BOOK VALUE VALUE 1,791. \$ 1,791. \$ DIVIDENDS EARNED

STATEMENT 7 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

GEORGE MURCHISON CLANCY FOUNDATION 5100 E ANAHEIM ROAD LONG BEACH, CA 90815-4215 562-961-4115

APPLICATION MUST BE SUBMITTED IN THE FORM FOR A FULL PROPOSAL CONTAINING THE FOLLOWING REQUIRED INFORMATION:

- 1. INTRODUCTION STATE A BRIEF HISTORY OF THE APPLICANT'S ORGANIZATION, ITS PAST ACCOMPLISHMENTS AND COMMUNITY SUPPORT. SHOW HOW THE PROPOSED PROJECT IS WITHIN THE APPLICANT'S GOALS AND OBJECTIVES.
- 2. THE PROBLEM OR NEED DEFINE AND DOCUMENT THE PROBLEM OR NEED THAT WILL BE ASSISTED OR RESOLVED BY THE PROJECT. IDENTIFY THE GROUPS AFFECTED. DESCRIBE THE NATURE OF THE PROBLEM AND GIVE AN OPINION AS TO WHAT WOULD RESULT IF THE PROJECT WAS NOT UNDERTAKEN.
- 3. PROGRAM OBJECTIVES STATE THE PREDICTED GOALS AND END RESULTS OF THE PROJECT IN MEASURABLE TERMS. IF THE PROJECT WILL REQUIRE FURTHER FUNDING OR CONTINUED IMPLEMENTATION SET FORTH WHAT ADDITIONAL NEEDS WILL BE REQUIRED TO ATTAIN THE DESIRED RESULTS.
- 4. METHODS DESCRIBE THE TIME SEQUENCE OF ACTIVITIES AND THE PERSONNEL'S QUALIFICATIONS TO CARRY OUT AND FOLLOW THROUGH THE PROJECTS OBJECTIVES. STATE REASONS WHY THE METHODS OUTLINED ARE THE BEST APPROACH TO ACHIEVE THE MAXIMUM RESULTS.

STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

- 5. EVALUATION STATE HOW THE APPLICANT INTENDS TO MONITOR THE PROGRESS OF THE PROJECT AND EVALUATE ITS SUCCESS.
- 6. PROPOSED BUD JET PRESENT A REALISTIC ESTIMATE OF THE PROJECT COSTS, STATE WHEN AND HOW YOU ANTICIPATE THAT FUNDS AWARDED BY THIS FOUNDATION WOULD ACTUALLY BE EXPENDED FOR THE PROJECT.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

JUNE 30
THE TRUSTEES OF THE MARTIN & CLARISSE CLANCY FOUNDATION
WILL CONSIDER REQUESTS FOR GRANTS TO TAX-EXEMPT
ORGANIZATIONS (1) PRIMARILY SERVING THE LONG BEACH,
CALIFORNIA METROPOLITAN AREA, AND (2) PROVIDING HEALTH
CARE SERVICES, INCLUDING BUT NOT LIMITED TO HEALTH
EDUCATION, MEDICAL RESEARCH, CLINICAL AND HOSPITAL
SERVICES, AND RELATED ACTIVITIES; OR FORMED AND OPERATING
TO PROVIDE SERVICES AND/OR FACILITIES FOR THE YOUTH OF THE
COMMUNITY, INCLUDING BUT NOT LIMITED TO SUCH SERVICES OR
ACTIVITIES AS CHILD CARE, ORGANIZED ATHLETICS/PHYSICAL
EDUCATION, HEALTH EDUCATION, SOCIAL AND RECREATIONAL
ACTIVITIES, AND RELATED ACTIVITIES.

THE TRUSTEES ARE MORE LIKELY TO LOOK WITH FAVOR UPON PROJECTS WHICH IMPROVE THE QUALITY OF LIFE; INCREASE THE RESPONSIVENESS OF AGENCIES TO COMMUNITY NEEDS; DEVELOPS SELF-RELIANCE; DIRECT THEMSELVES TO PREVENTION AS WELL AS TO TREATMENT; AND ELIMINATE DUPLICATION OF SERVICES AND ENCOURAGE COOPERATION.

STATEMENT 8 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|-------------------------|--------------|
| LB AREA COUNCIL BOY SCOUTS OF AMERICA P O BOX 7338 LONG BEACH, CA 90807 | | PUBLIC | GENERAL OPERATING | \$ 1,000. |
| LONG BEACH SYMPHONY 111W OCEAN BLVD, STE 22 LONG BEACH, CA 90802 | | PUBLIC | GENERAL OPERATING | 750. |
| MEMORIAL MEDICAL CTR FDN P O BOX 1428 LONG BEACH, CA 90801 | N/A | PUBLIC | WOMENS HEART CENTER | 1,000. |
| ST MARY MEDICAL CENTER FDN 1050 LINDEN AVE LONG BEACH, CA 90813 | N/A | PUBLIC | WOMENS BREAST CLINIC | 13,500. |

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FEDERAL STATEMENTS

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MARTIN & CLARISSE CLANCY FOUNDATION

33-0568464

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|----------------------|-------------|
| AIDS FOOD STORE OF LB 3935 E 10TH STREET LONG BEACH, CA 90804 | N/A | PUBLIC | GENERAL OPERATING | \$ 1,000 |
| CARPENTER PERFORMING ARTS CTR 1250 BELLFLOWER BLVD LONG BEACH, CA 90840 | | PUBLIC | GENERAL OPERATING | 5,000 |
| CSULB COLLEGE OF SCIENCE 1250 BELLFLOWER BLVD LONG BEACH, CA 90840 | | PUBLIC | GENERAL OPERATING | 5,000 |
| ST ANTHONY HIGH SCHOOL 620 OLIVE AVE LONG BEACH, CA 90802 | | PUBLIC | GENERAL OPERATING | 1,500 |
| ST JOHN'S SEMINARY 5012 SEMINARY RD CAMARILLO, CA 93012 | | | | 7,000 |
| LONG BEACH KIDS CONNECTION 6444 E SPRING ST #223 LONG BEACH, CA 90815 | | | | 1,000 |
| UNIVERSITY ART MUSEUM 1250 BELLFLOWER BLVD LONG BEACH, CA 90840 | N/A | | | 7,500 |
| AMIGOS DE LOS NINOS PO BOX 2602 LA HABRA, CA 90632 | N/A | | | 500 |
| CHICAR ORG 3699 WILSHIRE BLVD #700 LOS ANGELES, CA 90010 | N/A | | | 5,000 |
| DOWNTOWN LONG BEACH ASSOCIATES 100 W BROADWAY #120 LONG BEACH, CA 90802 | N/A | | | 1,000 |
| LONG BEACH VETERAN'S DAY COMMITTEE PO BOX 18477 LONG BEACH, CA 90807 | N/A | | - | 1,000 |
| PRECIOUS LIFE SHELTER PO BOX 414 LOS ALAMITOS, CA 90720 | N/A | | | 5,000. |

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FEDERAL STATEMENTS

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MARTIN & CLARISSE CLANCY FOUNDATION

33-0568464

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | | AMOUNT |
|--|-----------------------|---------------------------|---------------------|------|---------|
| PYTHIAN YOUTH FOUNDATION OF CA 12400 MONTECITO RD #306 SEAL BEACH, CA 90740 | N/A | | | \$ | 500. |
| SJOGREN'S SYNDROME FOUNDATION 6707 DEMOCRACY BLVD #325 BETHSEDA, MD 20817 | N/A | | | | 1,000. |
| WESTSIDE NEIGHBORHOOD CLINIC 2125 SANTA FE AVE LONG BEACH, CA 90810 | N/A | | | | 5,000. |
| | | | TOTA | L \$ | 63,250. |