

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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STROZYK ACCOUNTING

PAGE 06/09

CISWB2JB22

## Schedule B

(Form 990,990-EZ, or 990-PF)

Department of the Treatury Internal Revenue Service

for Form 990, 990-EZ, or 990-PF.

QNA

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2010

Name of the organization			Employer identification number
THE CAPUANO FOU	34-1939755		
Organization type (check on			
Filers of:	Section:		
Form 990 or 990-EZ		501(c) ( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private fo	oundation
		527 political organization	
Form 990-PF	X	501(c)(3) exempt private foundation	
		4947 (a)(1) nonexempt charitable trust treated as a private found	fation
		501 (c)(9) taxable private foundation	
Note. Only a section 50 See instructions.  General Rule  X For an organization	i (c)(7), n filing Fo	vered by the General Rule or a Special Rule.  (8), or (10) organization can check boxes for both the (10) organization can check boxes for boxes fo	
For a section 5010 under sections 50 greater of (1) \$5.0 and il.	9(a)(1) ar 00 or (2)	nization filing Form 990 or Form 990-EZ that met the 33 1/3% support of 170(b)(1)(A)(vi), and received from any one contributor, during the 2% of the amount on (i) Form 990, Part VIII, tine 1h or (ii) on Form 990, or (10) organization filing Form 990 or Form 990-EZ that received fr	e year, a contribution of the 90-EZ, tine 1 Complete Parts I
	•••	contributions of more than \$1,000 for use <i>exclusively</i> for religious, ci oses, or the prevention of cruelty to children or animals. Complete P	
during the year, c not aggregate to the year for an ex applies to this org	ontribution nore than clusively ( anization	or (10) organization filing Form 990 or Form 990-EZ that received the foruse exclusively for religious, charitable, etc., purposes, but the \$1,000. If this box is checked, enter here the total contributions that religious, charitable, etc., purpose. Do not complete any of the parts because it received nonexclusively religious, charitable, etc., contributions that the parts is the parts of the	see contributions did It were received during unless the General Rule outlone of \$5,000 or more
990-EZ, or 990-PF), but they i	nust ansortify that	overed by the General Rule and/or the Special Rules does not file So wer "No" on Part IV, line 2 of its Form 990, or check the box on line is at does not meet the filing requirements of Schedule B (Form 990,	

PAGE 07/09

CISWB2JB22

Scheduk	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Part I	
Name of	organization		Employer Identification number
THE (	CAPUANO FOUNDATION	34-1939755	
Part	Contributors (see instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1	TERRY CAPUANO  140 GREENTREE RD  CHAGRIN FALLS, OH 44022	s 5000.00	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, addresa, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		s	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
		\$	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggragate contributions	(d) Type of contribution
_		\$	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
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)