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Form **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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

| | | |
|--|---|---|
| Name of foundation The Brandsma Family Foundation | | A Employer identification number 36-4137431 |
| Number and street (or P O box number if mail is not delivered to street address) c/o Foundation Source, 501 Silverside Road | Room/suite 123 | B Telephone number (see page 10 of the instructions) (800) 839-1754 |
| City or town, state, and ZIP code Wilmington DE 19809-1377 | | C If exemption application is pending, check here <input type="checkbox"/> |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 698,282 | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis) | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue | | | | |
| 1 Contributions, gifts, grants, etc., received (attach schedule) | 100,500 | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | 10 | 10 | | |
| 4 Dividends and interest from securities | 11,091 | 11,091 | | |
| 5 a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6 a Net gain or (loss) from sale of assets not on line 10 | 16,310 | | | |
| b Gross sales price for all assets on line 6a | 206,869 | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 16,310 | | |
| 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) | 9 | 9 | | |
| 12 Total. Add lines 1 through 11 | 127,920 | | | |
| Operating and Administrative Expenses | | | | |
| 13 Compensation of officers, directors, trustees, etc | | | | |
| 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) | 3,011 | | | |
| 17 Interest | | | | |
| 18 Taxes (attach schedule) (see page 14 of the instructions) | 114 | | | |
| 19 Depreciation (attach schedule) and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses (attach schedule) | 6,875 | 59 | | 6,816 |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 10,000 | 3,070 | | 6,816 |
| 25 Contributions, gifts, grants paid | 110,865 | | | 110,865 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 120,865 | 3,070 | | 117,681 |
| 27 Subtract line 26 from line 12 | | | | |
| a Excess of revenue over expenses and disbursements | 7,055 | | | |
| b Net investment income (if negative, enter -0-) | | 24,350 | | |
| c Adjusted net income (if negative, enter -0-) | | | | |

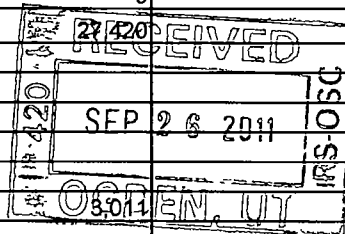
For Paperwork Reduction Act Notice, see page 30 of the instructions.

(HTA)

Form **990-PF** (2010)

918 20

SCANNED SEP 26 2011



| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | | Beginning of year (a) Book Value | End of year (b) Book Value (c) Fair Market Value | |
|--|--|--|---------|-------------------------------------|---|--|
| Assets | 1 Cash—non-interest-bearing | | | | | |
| | 2 Savings and temporary cash investments | 76,649 | 46,370 | 46,370 | | |
| | 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) ▶ | | | | | |
| | Less allowance for doubtful accounts ▶ | | | | | |
| | 8 Inventories for sale or use | | | | | |
| | 9 Prepaid expenses and deferred charges | | | | | |
| | 10 a Investments—U S and state government obligations (attach schedule) | | | | | |
| | b Investments—corporate stock (attach schedule) | 517,960 | 555,294 | 651,912 | | |
| | c Investments—corporate bonds (attach schedule) | | | | | |
| | 11 Investments—land, buildings, and equipment basis ▶ | | | | | |
| Less accumulated depreciation (attach schedule) ▶ | | | | | | |
| 12 Investments—mortgage loans | | | | | | |
| 13 Investments—other (attach schedule) | | | | | | |
| 14 Land, buildings, and equipment basis ▶ | | | | | | |
| Less accumulated depreciation (attach schedule) ▶ | | | | | | |
| 15 Other assets (describe ▶) | | | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 594,609 | 601,664 | 698,282 | | | |
| Liabilities | 17 Accounts payable and accrued expenses | | | | | |
| | 18 Grants payable | | | | | |
| | 19 Deferred revenue | | | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | | | |
| | 22 Other liabilities (describe ▶) | | | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0 | 0 | | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/> | | | | | |
| | 24 Unrestricted | | | | | |
| | 25 Temporarily restricted | | | | | |
| | 26 Permanently restricted | | | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/> | | | | | |
| | 27 Capital stock, trust principal, or current funds | | | | | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 594,609 | 601,664 | | | |
| 30 Total net assets or fund balances (see page 17 of the instructions) | 594,609 | 601,664 | | | | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 594,609 | 601,664 | | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|---------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 594,609 |
| 2 Enter amount from Part I, line 27a | 2 | 7,055 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 601,664 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 601,664 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|--|---|
| 1a Publicly-traded Securities | | | | |
| b Passthrough K1 Capital Gain | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a 206,869 | | 190,587 | 16,282 | |
| b | | | 28 | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | 16,282 | |
| b | | | 28 | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | | 2 | 16,310 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 | | | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|--|--|--|---|
| 2009 | 114,420 | 385,482 | 0.296823 |
| 2008 | 114,458 | 228,505 | 0.500899 |
| 2007 | 193,515 | 277,151 | 0.698229 |
| 2006 | 53,573 | 301,548 | 0.177660 |
| 2005 | 53,710 | 240,585 | 0.223248 |

| | | |
|--|----------|----------|
| 2 Total of line 1, column (d) | 2 | 1.896859 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.379372 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 | 618,974 |
| 5 Multiply line 4 by line 3 | 5 | 234,821 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 244 |
| 7 Add lines 5 and 6 | 7 | 235,065 |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18. | 8 | 117,681 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

| | | | | |
|---|----|-----|-----|--|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 487 | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | 0 | |
| 3 Add lines 1 and 2 | | 3 | 487 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | | |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 487 | |
| 6 Credits/Payments | | | | |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 0 | | |
| b Exempt foreign organizations—tax withheld at source | 6b | | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 499 | | |
| d Backup withholding erroneously withheld | 6d | | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 499 | | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 0 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 12 | | |
| 11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 12 Refunded <input type="checkbox"/> 11 | 11 | 0 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|---|-----|----|
| 1 a 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? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? 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 | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | | X |
| 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 | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | | X |
| 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? | X | |
| 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 | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> IL _____ | | |
| b 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 General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) 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 | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | X |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|---|---|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| Website address <input type="checkbox"/> _____ | | | | |
| 14 | The books are in care of <input type="checkbox"/> c/o Foundation Source _____ Telephone no <input type="checkbox"/> (800) 839-1754 | | | |
| Located at <input type="checkbox"/> 501 Silverside Road, Suite 123 Wilmington DE _____ ZIP+4 <input type="checkbox"/> 19809-1377 | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15 _____ | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <input type="checkbox"/> | | | | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | | Yes | No |
|-----|---|-----|-----|
| 1a | During the year did the foundation (either directly or indirectly) | | |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | 1b | N/A |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? <input type="checkbox"/> | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/> 20 _____, 20 _____, 20 _____, 20 _____ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions) <input type="checkbox"/> | 2b | N/A |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/> 20 _____, 20 _____, 20 _____, 20 _____ | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) <input type="checkbox"/> | 3b | N/A |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| 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 the tax year beginning in 2010? <input type="checkbox"/> | 4b | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No

6b X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870☐ Yes ☒ No

7b N/A

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (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 |
|----------------------|---|---|---|---------------------------------------|
| SEE ATTACHMENT | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000



Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the 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 | | |

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 | |
| 2 | |
| 3 | |
| 4 | |

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 | |
| 3 All other program-related investments. See page 24 of the instructions | |
| Total. Add lines 1 through 3 | 0 |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

| | | | |
|----------|--|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 602,762 |
| b | Average of monthly cash balances | 1b | 25,638 |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 628,400 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 628,400 |
| 4 | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) | 4 | 9,426 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 618,974 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 30,949 |

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|---|-----------|--------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 30,949 |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 487 |
| b | Income tax for 2010 (This does not include the tax from Part VI.) | 2b | 0 |
| c | Add lines 2a and 2b | 2c | 487 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 30,462 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0 |
| 5 | Add lines 3 and 4 | 5 | 30,462 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 30,462 |

Part XII Qualifying Distributions (see page 25 of the instructions)

| | | | |
|----------|---|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 117,681 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 117,681 |
| 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 page 26 of the instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 117,681 |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 30,462 |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0 | |
| b Total for prior years 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005 | 44,699 | | | |
| b From 2006 | 39,110 | | | |
| c From 2007 | 181,430 | | | |
| d From 2008 | 53,167 | | | |
| e From 2009 | 95,260 | | | |
| f Total of lines 3a through e | 413,666 | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 117,681 | | | | |
| a Applied to 2009, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see page 26 of the instructions) | | | | |
| d Applied to 2010 distributable amount | | | | 30,462 |
| e Remaining amount distributed out of corpus | 87,219 | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0 | | | 0 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 500,885 | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions | | 0 | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions | | | 0 | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (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) | 44,699 | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 456,186 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006 | 39,110 | | | |
| b Excess from 2007 | 181,430 | | | |
| c Excess from 2008 | 53,167 | | | |
| d Excess from 2009 | 95,260 | | | |
| e Excess from 2010 | 87,219 | | | |

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|--|---------|
| a <i>Paid during the year</i> | | | | |
| AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA VA 22311 | N/A | 509(a)(2) | General & Unrestricted | 200 |
| AMERICAN DIABETES ASSOCIATION INC 1701 N BEAUREGARD ST ALEXANDRIA VA 22311 | N/A | 509(a)(1) | General & Unrestricted | 300 |
| AMERICAN NATL RED CROSS INTL RESPONSE P O BOX 37243 WASHINGTON DC 20013 | N/A | 509(a)(1) | Haiti Earthquake Relief Fund | 1,000 |
| BETHANY CHRISTIAN SERVICES OF ILLINOIS 11717 S HALSTED ST CHICAGO IL 60628 | N/A | 509(a)(1) | General & Unrestricted | 250 |
| BETHANY CHRISTIAN SERVICES OF ILLINOIS 11717 S HALSTED ST CHICAGO IL 60628 | N/A | 509(a)(1) | Domestic and International Adoption Program | 500 |
| CALVIN COLLEGE 3201 BURTON ST SE GRAND RAPIDS MI 49546 | N/A | 509(a)(1) | Stroke Rehabilitation Clinic | 1,000 |
| CALVIN COLLEGE 3201 BURTON ST SE GRAND RAPIDS MI 49546 | N/A | 509(a)(1) | Nursing Department Courses in Developing Countries | 500 |
| CARINGBRIDGE 1715 YANKEE DOODLE RD, STE 301 EAGAN MN 55121 | N/A | 509(a)(1) | General & Unrestricted | 500 |
| CEDAR LAKE CONFERENCE ASSOCIATION INC 13701 LAUERMAN ST CEDAR LAKE IN 46303 | N/A | 509(a)(2) | General & Unrestricted | 500 |
| CHICAGO WEST SIDE CHRISTIAN SCHOOL 1240 S PULASKI RD CHICAGO IL 60623 | N/A | 509(a)(1) | Tuition Assistance Fund | 500 |
| CHILDREN'S HUNGER FUND 17451 PALMER BLVD HAZEL CREEK IL 60430 | N/A | 509(a)(1) | Haiti Relief Disaster Fund | 3,000 |
| Total See Attached Statement | | | ▶ 3a | 110,865 |
| b <i>Approved for future payment</i> | | | | |
| Total | | | ▶ 3b | 0 |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See page 28 of the instructions) |
|--|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 | Program service revenue | | | | | |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | Fees and contracts from government agencies | | | | | |
| 2 | Membership dues and assessments | | | | | |
| 3 | Interest on savings and temporary cash investments | | | 14 | 10 | |
| 4 | Dividends and interest from securities | | | 14 | 11,091 | |
| 5 | Net rental income or (loss) from real estate | | | | | |
| a | Debt-financed property | | | | | |
| b | Not debt-financed property | | | | | |
| 6 | Net rental income or (loss) from personal property | | | | | |
| 7 | Other investment income | | | | | |
| 8 | Gain or (loss) from sales of assets other than inventory | | | 18 | 16,310 | |
| 9 | Net income or (loss) from special events | | | | | |
| 10 | Gross profit or (loss) from sales of inventory | | | | | |
| 11 | Other revenue a <u>K-1 Pass-Through</u> | | | 14 | 9 | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 | Subtotal Add columns (b), (d), and (e) | | 0 | | 27,420 | 0 |
| 13 | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 27,420 |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

- | | | | |
|---|-------|-----|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Camela A. Brandman 9-9-11 *President*

Signature of officer or trustee Date Title

| | | | | | |
|---------------------------------------|--|----------------------|-----------|---|----------------|
| Paid Preparer Use Only | Prnt/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Jeffrey D. Haskell | Jeffrey D. Haskell | 8/10/2011 | | |
| | Firm's name ▶ FOUNDATION SOURCE | | | | Firm's EIN ▶ |
| | Firm's address ▶ 55 WALLS DRIVE, FAIRFIELD, CT 06824 | | | Phone no | (800) 839-1754 |

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 Brandsma Family Foundation

36-4137431

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

The Brandsma Family Foundation

Employer identification number

36-4137431

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 1 | Brandsma, Lee 736 S Cleveland Hinsdale IL 60521 Foreign State or Province Foreign Country | \$ 95,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 2 | Foreign State or Province Foreign Country | \$ 0 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 3 | Foreign State or Province Foreign Country | \$ 0 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 4 | Foreign State or Province Foreign Country | \$ 0 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 5 | Foreign State or Province Foreign Country | \$ 0 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| 6 | Foreign State or Province Foreign Country | \$ 0 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Name of organization

The Brandsma Family Foundation

Employer identification number

36-4137431

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 |
| ----- | ----- ----- ----- ----- | \$ ----- 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 |
| ----- | ----- ----- ----- ----- | \$ ----- 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 |
| ----- | ----- ----- ----- ----- | \$ ----- 0 | ----- |

Name of organization

The Brandsma Family Foundation

Employer identification number

36-4137431

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$

0

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-------------------------|--|
| ----- | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship 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) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship 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) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship 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) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | For Prov Country | | |

Form 990-PF, Part I, Line 11 - Other Income

| TOTAL: | | | 9 | 9 |
|--------|--|-----------------------------|---------------------------------|---|
| | | (a) Revenue per Books | (b) Net Investment Income | |
| 1 | DB COMMODITY INDEX TRACKING FUND K-1 Pass-Through Share of Partnership Income/(Loss) | 9 | 9 | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

Form 990-PF, Part I, Line 16c - Other Professional Fees

| TOTAL: | | | | | 3,011 | 3,011 | 0 | 0 |
|--------|--------------------------------|------------------------------|---------------------------------|-------------------------------|------------------------------|-------|---|---|
| | | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purpose | | | |
| 1 | Investment Management Services | 3,011 | 3,011 | | 0 | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Form 990-PF, Part I, Line 18 - Taxes

| TOTAL: | | | | | 0 | 0 | 0 | 0 |
|--------|---------------------|------------------------------|---------------------------------|-------------------------------|------------------------------|---|---|---|
| | | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purpose | | | |
| 1 | Excise Tax for 2009 | 114 | 0 | | 0 | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Form 990-PF, Part I, Line 23 - Other Expenses

| TOTAL: | | | | | 6,875 | 59 | 0 | 6,816 |
|--------|---|------------------------------|---------------------------------|-------------------------------|------------------------------|----|---|-------|
| | | (a) Expenses per Books | (b) Net Investment Income | (c) Adjusted Net Income | (d) Charitable Purpose | | | |
| 1 | Administrative Fees | 6,791 | 0 | 0 | 6,791 | | | |
| 2 | K-1 pass-through DB COMMODITY INDEX TRACKING FUND | 59 | 59 | | 0 | | | |
| 3 | State or local filing fees | 25 | 0 | | 25 | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

| | | TOTAL: | | | | | |
|----|--|--------|------------|-----|---------|-------------------|---------|
| | Description/Symbol/CUSIP Number | Shares | Book Value | (b) | 555,294 | (c) | 651,912 |
| | | | | | | Fair Market Value | |
| 1 | ARTIO INTERNATIONAL II - I (JETIX) | 1,041 | 11,471 | | | 12,968 | |
| 2 | ARTISAN INTERNATIONAL VALUE FUND INVESTOR SHS (ARTIXX) | 236 | 5,813 | | | 6,398 | |
| 3 | DODGE & COX FUNDS INTERNATIONAL STOCK FUND (DODFX) | 367 | 12,237 | | | 13,091 | |
| 4 | DREYFUS PREMIER EMERGING MARKETS DEBT LOCAL CURREN (DDBIX) | 446 | 6,321 | | | 6,450 | |
| 5 | EAGLE SER TR MID CAP STK FD CL A (HMCAX) | 531 | 9,979 | | | 14,640 | |
| 6 | EATON VANCE FLOATING RATE FUND INSTI SHARE (EIBLX) | 3,286 | 27,046 | | | 29,444 | |
| 7 | EATON VANCE GLOBAL MACRO FD CL I (EIGMX) | 1,102 | 11,439 | | | 11,318 | |
| 8 | FMI LARGE CAP FUND (FMIHX) | 800 | 8,517 | | | 12,481 | |
| 9 | GATEWAY FUND CLASS Y (GTEYX) | 643 | 16,661 | | | 16,764 | |
| 10 | HIGHBRIDGE DYNAMIC COMMOD STRATEGY FUND - SEL (HDCSX) | 1,459 | 21,991 | | | 28,267 | |
| 11 | ISHARES TR S & P MIDCAP 400 INDEX FD (IJH) | 281 | 21,415 | | | 25,484 | |
| 12 | J P MORGAN TAX AWARE U S EQUITY FUND-SELECT SHARE (JPTAX) | 1,331 | 16,737 | | | 21,925 | |
| 13 | J P MORGAN SHORT DURATION BOND SELECT FUND (HLLVX) | 5,184 | 56,321 | | | 56,870 | |
| 14 | J P MORGAN STRATEGIC INCOME OPPORTUNIEIS FD SELECT (JSOSX) | 1,575 | 17,118 | | | 18,633 | |
| 15 | J P MORGAN US LARGE CAP CORE PLUS FUND (JLPSX) | 572 | 11,746 | | | 11,825 | |
| 16 | J P MORGAN US REAL ESTATE FD SELECT SHS (SUJEX) | 1,234 | 13,051 | | | 19,227 | |
| 17 | JPMORGAN DIVERSIFIED MID CAP GROWTH (HLGEX) | 671 | 9,452 | | | 15,432 | |
| 18 | JPMORGAN GROWTH ADVANTAGE SELECT (JGASX) | 3,246 | 22,686 | | | 28,631 | |
| 19 | JPMORGAN HIGH YIELD BOND FUND SELECT (OHYFX) | 3,478 | 25,014 | | | 28,342 | |
| 20 | JPMORGAN INTREPID AMERICA FUND (JPIAX) | 582 | 10,309 | | | 13,345 | |
| 21 | JPMORGAN MARKET NEUTRAL FUND SELECT (JMNSX) | 1,105 | 17,164 | | | 17,055 | |
| 22 | JPMORGAN TR I ASIA EQT SEL (JPASX) | 544 | 14,119 | | | 20,591 | |
| 23 | JPMORGN INTERNATIONAL CURRENCY (JCISX) | 1,038 | 11,283 | | | 11,678 | |
| 24 | MANNING & NAPIER FD, INC EQUITY SRS (EXEYX) | 1,607 | 25,240 | | | 30,967 | |
| 25 | MANNING & NAPIER FD, INC.WORLD OPPORTUNITIES SRS C (EXWAX) | 916 | 6,984 | | | 7,883 | |
| 26 | MATTHEWS PACIFIC TIGER FUND (MAPTX) | 1,021 | 15,850 | | | 23,932 | |
| 27 | SPDR S&P 500 ETF TRUST (SPY) | 301 | 33,438 | | | 37,850 | |
| 28 | STREETTRACKS GOLD SHARES (GLD) | 55 | 5,339 | | | 7,630 | |
| 29 | THE ARBITRAGE FUND CLASS I (ARBNX) | 977 | 12,777 | | | 12,500 | |
| 30 | THE HARTFORD CAPITAL APPRECIATION FUND CLASS I (ITHIX) | 807 | 23,248 | | | 27,954 | |
| 31 | THREADNEEDLE ASIA PACIFIC FUND CLASS R5 (TAPRX) | 1,605 | 18,282 | | | 22,713 | |
| 32 | VANGUARD EMERGING MARKETS STOCK INDEX VIPERS (VVO) | 564 | 24,886 | | | 27,157 | |
| 33 | VANGUARD INTERMEDIATE-TERM CORPORATE FUND (VFICX) | 1,257 | 11,360 | | | 12,467 | |

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

| | Name | Street | City | State | Zip Code | Title | Avg Hrs | Comp. | Benefits | Expense Account |
|----|----------------------|---|------------|-------|----------|-------------------------------------|---------|-------|----------|-----------------|
| 1 | Joshua Brandsma | c/o Foundation Source 501 Silverside Road Suite 123 | Wilmington | DE | 19809 | Director | 1 | 0 | 0 | 0 |
| 2 | Lee Brandsma | c/o Foundation Source 501 Silverside Road Suite 123 | Wilmington | DE | 19809 | Director / Secretary / Treasurer | 1 | 0 | 0 | 0 |
| 3 | Pamela Anne Brandsma | c/o Foundation Source 501 Silverside Road Suite 123 | Wilmington | DE | 19809 | President / Director | 10 | 0 | 0 | 0 |
| 4 | Ryan Brandsma | c/o Foundation Source 501 Silverside Road Suite 123 | Wilmington | DE | 19809 | Director | 1 | 0 | 0 | 0 |
| 5 | Kristen L Hagstrom | c/o Foundation Source 501 Silverside Road Suite 123 | Wilmington | DE | 19809 | Director | 1 | 0 | 0 | 0 |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

CHILDRENS MEMORIAL FOUNDATION

Street

2300 CHILDRENS PLZ BOX 4

City

CHICAGO

State

IL

Zip Code

60614

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Emergency Fund

Amount

1,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Operating Division

Amount

1,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Media Fund

Amount

4,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Mission Fund

Amount

3,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Operating Fund

Amount

1,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country

Relationship

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Operations Fund

Amount

1,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Christ Church-Opportunity International Program

Amount

1,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Spirit Village Program

Amount

1,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

The Well-Deborah House Aspiration Program

Amount

3,000

Name

CHRIST CHURCH OF OAK BROOK

Street

31ST AND YORK RD

City

OAK BROOK

State

IL

Zip Code

60523

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Charitable Event

Amount

3,000

Name

CHRISTIAN REFORMED WORLD RELIEF COMMITTEE

Street

2850 KALAMAZOO AVE S E

City

GRAND RAPIDS

State

MI

Zip Code

49560

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Women and Girls Program

Amount

500

Name

DAYSTAR EDUCATION ASSOCIATION

Street

1550 S STATE ST

City

CHICAGO

State

IL

Zip Code

60607

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Tuition Assistance Fund

Amount

4,000

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

ELIM CHRISTIAN SERVICES

Street

13020 S CENTRAL AVE

City

PALOS HEIGHTS

State

IL

Zip Code

60463

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Haiti Hygiene and Food Fund

Amount

3,000

Name

ELIM CHRISTIAN SERVICES

Street

13020 S CENTRAL AVE

City

PALOS HEIGHTS

State

IL

Zip Code

60463

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Adult Services Program

Amount

1,000

Name

ELIM CHRISTIAN SERVICES

Street

13020 S CENTRAL AVE

City

PALOS HEIGHTS

State

IL

Zip Code

60463

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Elim Hope Packs Program

Amount

500

Name

ELIM CHRISTIAN SERVICES

Street

13020 S CENTRAL AVE

City

PALOS HEIGHTS

State

IL

Zip Code

60463

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Charitable Event

Amount

1,500

Name

ELIM CHRISTIAN SERVICES

Street

13020 S CENTRAL AVE

City

PALOS HEIGHTS

State

IL

Zip Code

60463

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Moving Beyond Capital Campaign

Amount

30,000

Name

FAMILY RESOURCE CENTER

Street

5828 N CLARK ST

City

CHICAGO

State

IL

Zip Code

60660

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(2)

Purpose of grant/contribution

Support Family Assistance and Adoption

Amount

250

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

GENEVA CAMP & RETREAT CENTER

Street

3995 LAKESHORE DR N

City

HOLLAND

State

MI

Zip Code

49424

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Ministry of Geneva Fund

Amount

500

Name

GIGIS PLAYHOUSE INC

Street

1069 W GOLF RD

City

HOFFMAN ESTATES

State

IL

Zip Code

60169

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Down Syndrome Awareness Center

Amount

500

Name

HOPE COLLEGE

Street

141 E 12TH ST

City

HOLLAND

State

MI

Zip Code

49423

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Hope Fund

Amount

4,000

Name

HOPE COLLEGE

Street

141 E 12TH ST

City

HOLLAND

State

MI

Zip Code

49423

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

The Crossroads Project

Amount

2,000

Name

INTERNATIONAL JUSTICE MISSION

Street

PO BOX 58147

City

WASHINGTON

State

DC

Zip Code

20037

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

500

Name

JOHN WAYNE CANCER INSTITUTE

Street

2200 SANTA MONICA BLVD

City

SANTA MONICA

State

CA

Zip Code

90404

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Neuroscience Institute Program

Amount

500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

KALAMAZOO DEACONS CONFERENCE

Street

1010 N. WESTNEDGE AVE

City

KALAMAZOO

State

MI

Zip Code

49007

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(2)

Purpose of grant/contribution

Urban Youth for Africa Program

Amount

1,000

Name

LOOP CHRISTIAN MINISTRIES

Street

407 S DEARBORN ST STE 240

City

CHICAGO

State

IL

Zip Code

60605

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

1,000

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Anhui Healing Home Hope - Guilin Division

Amount

345

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Chelsie - Hefel Division

Amount

55

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Education Graduate School for Limao Cairang

Amount

1,000

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Freddie- Dingyraun Division

Amount

170

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General Support/Nathan's Program/Heartbridge

Amount

500

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Heartbridge Division

Amount

250

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Heartbridge Healing Home

Amount

540

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Heartbridge Healing Homes--Julie Division

Amount

600

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Hope-Guillin Division

Amount

405

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Mama's Wish - Limao Cairang Graduation Division

Amount

200

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Iona - Huaibei Anhui Province Medical Sponsorship

Amount

6,000

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

ACHH Program

Amount

500

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Anhui Cleft Healing -Rosie Program

Amount

600

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Bella - Hefer Program

Amount

730

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Foster Care Program

Amount

750

Name

LOVE WITHOUT BOUNDARIES FOUNDATION f/b/o Levi H

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Heartbridge Program - Levi Program

Amount

375

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Mama's Wish - Ashug Program

Amount

200

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Medical Sponsorship--Hank and Hannah Program

Amount

1,000

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Sponsorship of Medical Child --Marae-ACHH Program

Amount

500

Name

LOVE WITHOUT BOUNDARIES FOUNDATION

Street

P O BOX 25016

City

OKLAHOMA CITY

State

OK

Zip Code

73125

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Xian Xian Sponsorship Program

Amount

420

Name

MULTIPLICATION NETWORK MINISTRIES

Street

22515 TORRENCE AVE

City

SAUK VILLAGE

State

IL

Zip Code

60411

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Support Website Development

Amount

2,500

Name

NEW FOUNDATION OF HOPE

Street

8144 S KEDZIE AVE

City

CHICAGO

State

IL

Zip Code

60652

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

750

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

NEW LEAF RESOURCES

Street

2325 177TH ST

City

LANSING

State

IL

Zip Code

60438

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Marty Doot Client Assistance Fund

Amount

250

Name

NORTHERN ILLINOIS FOOD BANK

Street

600 INDUSTRIAL DR

City

ST CHARLES

State

IL

Zip Code

60174

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Holiday Meal Box Program

Amount

250

Name

NORTHERN ILLINOIS FOOD BANK

Street

600 INDUSTRIAL DR

City

ST CHARLES

State

IL

Zip Code

60174

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Holiday Meal Box 2010 Appeal Initiative

Amount

250

Name

SAMARITANS PURSE

Street

PO BOX 3000

City

BOONE

State

NC

Zip Code

28607

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Haiti Earthquake Relief

Amount

1,000

Name

SAMARITANS PURSE

Street

PO BOX 3000

City

BOONE

State

NC

Zip Code

28607

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Haiti Earthquake Relief

Amount

1,000

Name

SAN MIGUEL FEBRES CORDERO SCHOOL INC

Street

819 N LEAMINGTON AVE

City

CHICAGO

State

IL

Zip Code

60651

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

250

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

SPECIAL OLYMPICS ILLINOIS

Street

605 E WILLOW ST

City

NORMAL

State

IL

Zip Code

61761

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

250

Name

SPECIAL OLYMPICS ILLINOIS

Street

605 E WILLOW ST

City

NORMAL

State

IL

Zip Code

61761

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

2010 Annual Fund

Amount

200

Name

SUSAN G KOMEN BREAST CANCER FOUNDATION

Street

5005 LBJ FWY STE 250

City

DALLAS

State

TX

Zip Code

75244

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

1,000

Name

TIMOTHY CHRISTIAN SCHOOLS

Street

188 W BUTTERFIELD RD

City

ELMHURST

State

IL

Zip Code

60126

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Christmas Fund

Amount

500

Name

TIMOTHY CHRISTIAN SCHOOLS

Street

188 W BUTTERFIELD RD

City

ELMHURST

State

IL

Zip Code

60126

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Executive Committee Retirement Fund

Amount

2,000

Name

TIMOTHY CHRISTIAN SCHOOLS

Street

188 W BUTTERFIELD RD

City

ELMHURST

State

IL

Zip Code

60126

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Timothy Christian Fine Arts Program

Amount

250

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

TIMOTHY INSTITUTE - CALVIN THEOLOGICAL SEMINARY

Street

3233 BURTON ST S E

City

GRAND RAPIDS

State

MI

Zip Code

49446

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

General & Unrestricted

Amount

400

Name

URBAN NON PUBLIC EDUCATION FUND

Street

1550 S STATE ST STE 107

City

CHICAGO

State

IL

Zip Code

60605

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Bright Promise Fund

Amount

1,000

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Providing School Supplies for 2 Children in Africa

Amount

25

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Haiti Earthquake Relief Fund

Amount

1,000

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Child Sponsorship Program

Amount

1,500

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

International Food Program

Amount

500

Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Sponsored kids - Jardim and Manuelinho

Amount

840

Name

WORLD VISION INTERNATIONAL

Street

34834 WEYERHAEUSER WAY S

City

FEDERAL WAY

State

WA

Zip Code

98001

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Malaria Nets in Africa Project

Amount

510

Name

YOUNG LIFE EASTERN DUPAGE

Street

836 W HINSDALE

City

HINSDALE

State

IL

Zip Code

60521

Foreign Country**Relationship**

N/A

Foundation Status

509(a)(1)

Purpose of grant/contribution

Charitable Event

Amount

1,500

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

0

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

0

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

0