

## 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



	10-PF (2009)					Page 10
Part					/II-A, question 9)	
1a	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective fo		•			
	Check box to indicate whether the four		operating founda		ection   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	T	(e) Total
	investment return from Part X for each year listed	(a) 2009	(ь) 2008	(c) 2007	(d) 2006	uestion 9)  4942(j)(3) or 4942(j)(4) 2006  (e) Total  2006  3000 or more in assets as received by the foundation 507(d)(2).)  In equally large portion of the stations and does not acceptant tructions and the station of the station
	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					
e	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:					-
2	"Assets" alternative test—enter:					
_	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(j)					
b	"Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed .					
c	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)		·	<del>-</del>		<del></del>
	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					
Part	XV Supplementary Information	n (Complete th	nis part only if t	he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-				·	
1 a	Information Regarding Foundation List any managers of the foundation		uted more than 29	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o					-,
NONE						
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
NONE						
2	Information Regarding Contribution Check here \( \) if the foundation unsolicited requests for funds. If the organizations under other conditions,	only makes cont foundation make	ributions to prese es gifts, grants, e	lected charitable		
а	The name, address, and telephone nu			ations should be a	addressed:	
b	The form in which applications should	l be submitted an	d information and	materials they sho	ould include:	
C	Any submission deadlines:					
d	Any restrictions or limitations on aw factors:	ards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	titutions, or other

Form 990-PF (2009)

Part XV Supplementary Information (con 3 Grants and Contributions Paid During		od for Eud	turo Daymont	- 250
Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial controllor	<u> </u>		
YMCA FOUNDATION OF SARASOTA			GENERAL Openation	12000
MENTAL HEALTH COMMUNITY				10150
SARASOTA MEMORIAL HEALTHCARE			(	10000
SOUTHEAST GUIDE DOGS				10000
CANCER SUPPORT COMMUNITY			)	8000
NEW COLLEGE FOUNDATION			/ /	500
LIGHTHOUSE OF MANASOTA				5000
PLANNED PARENTHOOD			(	5000
SAFE PLACE AND RAPE CRISIS CENTER				4000
GIRLS, INC.			)	400
ALL CHILDREN'S HOSPITAL				400
NORTH EAST SOCIAL ACTION PROGRAM				4006
NORTH CARROL SENIOR CENTER				3000
DOCTORS WITHOUT BOARDERS			/ /	300
PC FUND FOR ANIMALS				200
THE FIELD CLUB FOUNDATION				200
b Approved for future payment	XT PACE		▶ 3a	
Total			▶ 3b	<u> </u>

3 Grants and Contributions Paid During			ure rayment	<del>r</del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year			:	
AKE STOCK IN CHILDREN				20
SUNCOAST SPORTS CLUB, INC.			)	20
IORTHWESTERN UNIVERSITY				20
YXPN				20
MORAVIAN ACADEMY				20
PHYSICIANS COMMITTED FOR RESPONSIBLE			)	20
EMICY SCHOOL			/	15
BALTIMORE HUMANE SOCIETY				15
			\	
	j			
Total			▶ 3a	1061
b Approved for future payment				
				}
•				Ì
				1
	1	1	İ	1