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Department of the Treasury

# **Return of Private Foundation**

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

c Other professional fees 17 Interest	Inter	Internal Revenue Service Note. The foundation may be able to use a copy of this return to Satisfy State reporting requirements.								
Name of foundation   Address change   Anamode return	For	caler	dar year 2010, or tax year beginning		, and ending					
Name of foundation	G	Check	··· ·		. —		i e			
THE VANDERWERF FOUNDATION, INC.  Number and street(or PC to the number a rise in old delivered to street accessed  T433 N. B. ORCHID BAY TERRACE  City or from, state, and 20 P code  BOCA RATON, FL 33487—1703  H Check type of organization: EXI Section 501(s)2 earning private foundation  Section 4947(s)(1) nonexempl charitable trust   Other laxepide private foundation  Terrametria Value of all assess at each of value of year.  Section 4947(s)(1) nonexempl charitable trust   Other laxepide private foundation  Terrametria Value of all assess at each of value of year.  For market value of all assess at each of value of year.  For mark value of all assess at each of value of year.  For market value of all assess at each of value of warring or company.  For the foundation status was for market or cach based.  Part I Abstrict of Revenue and Expenses  Fill the foundation status was for market or cach based.  For the foundation status was for market or company.  To Contributions, gifts, grants, etc., received  To Assert of a section 507(b)(8), check here with company or c			Amended return	Address chang	ge <u> </u>	Name change				
Room/cuts    Room/cuts    Room/cuts    Room/cuts    Telephone number	Na	me of	foundation			A Employer identification	number			
Room/cuts    Room/cuts    Room/cuts    Room/cuts    Telephone number										
Total Analysis of Revenue and Expenses   The State of Servenue and Expenses part Books   The Control organization   The Grant Process   The State of Servenue and Expenses   The State of Servenue							·			
Contributions, pitts, grants, etc., received   2 Contributions, pitts, grants, etc., received   2 Contributions, pitts, grants, etc., received   3 Section soft of pixel   1 Contributions, pitts, grants, etc., received   4 Dividends and interest from securities   5 Section soft of pixel   1 Contributions, pitts, grants, etc., received   2 Contributions, pitts, grants, etc., received   3 Section soft of pixel   3 Sec	Nu	nber a	•		Room/suite					
BOCA RATON, PL 33487-1703	<u>_</u>			TERRACE		<u> 561-241-42</u>	02			
H. Check type of organization: IX Section 501(c)(3) exempt private foundation    Saction 447(c)(1) intersempt characteristic from 1 or 1 other taxable private foundation    Fair market value of all assets of and of year   J. Accounting method:   Costs   Accrual (from 7art II, co.). (c), inn 10)   S	Cit	y or t				1				
Section 497(a)(1) nonexempt charable frust □ Other trabels private foundation	L					D 1. Foreign organizations	s, check here			
Farr market value of all assets at end of year   J Accounting method:   Cash   Accrual   If the foundation is a risk of the foundation is a	<u>H_</u>	_		xempt private foundation		2. Foreign organizations me check here and attach co	eting the 85% test, pmputation			
Fart market value of all assets at end of year   Accounting method:   IZ  Cash	L	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation sta	tus was terminated			
Part   Analysis of Revenue and Expenses   Che lotar of Expenses   Che lotar of anounts a column (a)   Charleston in the column (b)   Charleston   Charleston in the column (b)   Charleston   Charlesto					Accrual					
Part   Analysis of Revenue and Expense (p) (a) Revenue and contenting (a) (a) (a) (a) may not receive any square the amounts of (a) (a) may not receive any square the amounts of (a) (a) may not receive any square the amounts of (a) (a) may not receive any square the amounts of (a) (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive any square the amounts of (a) may not receive the amoun										
Contributions, pitts, grants, etc., received   7, 851.   N/A	_			ımn (d) must be on cash b	pasis.)	under section 507(b)(1)	(B), check here			
Contributions, pitts, grants, etc., received   7, 851.   N/A	P	art I	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books			for charitable purposes			
2 Check ► X Interested to stack 5ch 8		1		7,851.		N/A				
seement on savings and temporary a cash investments 4 Dividends and interest from securities 5a Gross zerols b Net rental income or (loss) 6 Bross zerols 1 81, 229. 7 Capital gain net income (from Part IV, line 2) 9, 553. 8 Net short-term capital gain 9 Income modifications 10a cross autes less returns 2 Income modifications 1 Interest 1 Total. Add lines 1 through 11 1 Compensation of efficers, directors, trusines, etc 1 Compensation of efficers, directors, trusines, etc 1 Compensation of efficers, directors, trusines, etc 1 Coller employee salaries and wages 1 Penson plans, employee benefits 1 Interest 1 In		2	Check X If the foundation is not required to attach Sch B			•				
A   Doudends and interest from securities   7,547.   7,547.   STATEMENT 1		3								
Sa Gross rents   Determination of content   San Accounting fees   STMT   3   1,425   0   0   0   0   0   0   0   0   0		4		7,547.	7,547.		STATEMENT 1			
Security		5a	Gross rents	,						
Capatal gain net income (rom per Nr, line 2)   9,553.		b	Net rental income or (loss)							
	a)	6a	Net gain or (loss) from sale of assets not on line 10	9,553.						
Net short-term capital gain   Section   Sect	Ž	Ь	Gross sales price for all							
Net short-term capital gain   Section   Sect	eve	7	Capital gain net income (from Part IV, line 2)		9,553.					
10a and ellowances	Œ	8	Net short-term capital gain		•	I RF	CELVED -			
D Less Cost of goods sold   C Gross profit or (loss)   JO J T 2011   O J J T 2011   O J J J T 2011   O J J J J J J J J J J J J J J J J J J		9	Income modifications							
1   Compensation of officers, directors, trustees, etc   15,600.   0.   0.     1   Total. Add lines 1 through 11   24,951.   17,100.   0.     1   3   Compensation of officers, directors, trustees, etc   15,600.   0.   0.     1   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   2   3,391.   0.   0.     1   Other professional fees   0.   0.     1   Interest   1   Taxes   STMT   3   1,425.   0.   0.     1   Depreciation and depletion   0.     1   Depreciation and depletion   0.     1   Total expenses   STMT   4   7,560.   0.   0.     2   Travel, conferences, and meetings   0.   0.     2   Travel, conferences, and meetings   0.   0.     2   Total expenses   STMT   4   7,560.   0.   0.     3   Comprisional fees   0.   0.   0.     4   Total expenses   3   TMT   4   7,560.   0.   0.     3   Comprisional fees   0.   0.   0.     4   Total expenses   3   TMT   4   7,560.   0.   0.     5   Total expenses   3   TMT   4   7,560.   0.   0.     6   Total expenses   3   TMT   4   7,560.   0.   0.     7   Total expenses   3   TMT   4   7,560.   0.   0.     8   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,560.   0.   0.     9   Total expenses   3   TMT   4   7,5		10a	Gross sales less returns and allowances			121 202	181			
11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 16 Accounting fees 17 Interest 18 Taxes 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants pard 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		b	Less Cost of goods sold			131 140 V	1 7 2011 101			
12   Total Add lines 1 through 11   24,951.   17,100.		C	Gross profit or (loss)							
13   Compensation of officers, directors, trustees, etc   15,600.		11	Other income			00	11 K! ! !			
14 Other employee salaries and wages   15 Pension plans, employee benefits   16a Legal fees		12	Total. Add lines 1 through 11	24,951.	17,100.		PLIN, UI			
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 1,425. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		13	Compensation of officers, directors, trustees, etc	15,600.	0.		0.			
16a Legal fees   b Accounting fees   STMT 2   3,391.   0.   0.   0.		14	Other employee salaries and wages							
b Accounting fees STMT 2 3,391. 0. 0. Cother professional fees  17 Interest  18 Taxes STMT 3 1,425. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	"	15	Pension plans, employee benefits							
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ses		·							
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ber	b	· · · · · · · · · · · · · · · · · · ·	3,391.	0.		0.			
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ä	C								
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ïve	17								
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	trat	18	· · · · · · · · · · · · · · · · · · ·	1,425.	0.		0.			
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	nis.	19								
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ē	20	· ·							
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Ď	21			<u></u>					
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	aŭ.	22								
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ing.	23	· · · · · · · · · · · · · · · · · · ·	7,560.	<u> </u>		0.			
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	rat	24	· · · · · · · · · · · · · · · · · · ·							
25 Contributions, girts, grants paid  26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	. od O				0.					
Add lines 24 and 25 72,976. 0. 45,000.  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A		25		45,000.		-	45,000.			
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	)	26			_		1			
a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A				72,976.	0.		45,000.			
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		l		40.00=			•			
c Adjusted net income (if negative, enter -0-)		i	·	<48,025.						
		1			17,100.	<b>5-7-</b>				
	0235				<del></del>	N/A				

For	m 99	90-PF (2010) THE VANDERWERF FOUNDATIO			)846391 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
_		Column and to the on your amounts only	(a) Book Value		(c) Fair Market Value
		Cash - non-interest-bearing	3,513.	5,129.	
	1	Savings and temporary cash investments	18,779.	8,489.	8,487.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			<del> </del>
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	1 -	Grants receivable		<del></del>	
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
Assets	١.	Less: allowance for doubtful accounts			<u> </u>
	8	Inventories for sale or use	1 222	1 160	1 160
Ass		Prepaid expenses and deferred charges	1,333.	1,162.	1,162.
•	1	Investments - U.S. and state government obligations			
	!	Investments - corporate stock			
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	1	Investments - mortgage loans	615 270	EE4 6E2	652 004
	13	Investments - other STMT 5	615,278.	554,652.	653,904.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	210.	269.	260
	15	Other assets (describe ► STATEMENT 6_)	210.	209.	269.
	4.0	Total access (to be accessed by all filese)	620 112	569,701.	668,951.
$\neg$	$\overline{}$	Total assets (to be completed by all filers)	639,113.	569,701.	000,931.
		Accounts payable and accrued expenses			
		Grants payable			
Liabilities	I	Deferred revenue	21,448.	61.	
Ē		Loans from officers, directors, trustees, and other disqualified persons	21,440.	01.	
Ë		Mortgages and other notes payable	2,142.	2,142.	
	22	Other liabilities (describe STATEMENT 7)	4,144.	4,144.	
	22	Total liabilities (add lines 17 through 22)	23,590.	2,203.	
	23	Foundations that follow SFAS 117, check here	23,3300	2,203.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
3al	I	Permanently restricted			
豆	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	615,523.	567,498.	
let,	30	Total net assets or fund balances	615,523.	567,498.	
Z		Total lict associa of fully valations	015/3250	30771300	
	31	Total liabilities and net assets/fund balances	639,113.	569,701.	
P	art				
=					
ı		I net assets or fund balances at beginning of year - Part II, column (a), line 3	U		£15 522
n		st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1	615,523.
				2	<48,025.
		r increases not included in line 2 (itemize) lines 1, 2, and 3		3	0. 567,498.
		eases not included in line 2 (itemize)		4 5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h), line 30	6	567,498.
<u>~</u>		The state of the s			Form <b>990-PF</b> (2010)

Form **990-PF** (2010)

See the Part VI instructions.

7 Add lines 5 and 6

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.

41,947.

45,000.

	990-PF (2010) THE VANDERWERF FOUNDATION, INC. 65-0846	391	F	Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	Struc	TION	isj-
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		4	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			<u>71.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		1,	$\frac{0.}{71.}$
-	Add lines 1 and 2			
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			$\frac{0.}{71.}$
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>/ 1 • </u>
	Credits/Payments:			
	2010 estimated tax payments and 2009 overpayment credited to 2010  6a 1,333.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld  This has discussed as a second and a second a second and a second and a second and a second and a second an		1 2	33.
	Total credits and payments. Add lines 6a through 6d  Foter any penalty for undergovernent of estimated tax. Check here		<u> </u>	<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9			
-			1 1	62.
			<del>- , -</del>	0.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ► 1,162. Refunded ►   11    rt VII-A   Statements Regarding Activities			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		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.			ĺ
	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•••		
٠	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .		-	ĺ
Δ.	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ĺ
·	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.		,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			-
	remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV		Ī	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   NONE		Ī	
			I	
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 SEE STATEMENT 8	8b		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)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10	X	(0040)
	For	II 330		(2010)

	990-PF (2010) THE VANDERWERF FOUNDATION, INC.	65-0846	391	F	age 5
	rt 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 instructions)		11		<u>x</u>
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?  Website address  NOT APPLICABLE		13		X
14		▶954-57	1-2	020	
• •	Located at ▶629 E. HILLSBORO BOULEVARD, DEERFIELD BEACH, FL.	ZIP+4 ▶33			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
		15	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		<u>X</u>
	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				
Pa	rt 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?	es 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	· · · · · <u>=</u>	es 🗓 No			
		es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es L No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	[Ve]			
	• • • • • • • • • • • • • • • • • • • •	es X 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	( <del>1</del>			
		es X No			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		46		Х
	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		1b		
	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?		1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		<u>.                                   </u>		
•	defined in section 4942(j)(3) or 4942(j)(5)):				
а	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	na			
		es X No			
	If "Yes," list the years  ,,,,,,,				
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	rt .			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack	h			
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<b>)</b>				
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	• •	es X 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 at				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	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.)	N/A	3b		<del>  -</del>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	41 - 4	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	se tnat			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b	)-PF (	X 2010\
		rori	コラブし	,-rr (	ZU IU)

023541 12-07-10

orm 990-PF (2010) THE VANDERWERF FOUNDATIO	N, INC.		<u>65-084639</u>	9 <b>1</b> Pag	ge <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>			s X No		
(2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio 509(a)(1), (2), or (3), or section 4940(d)(2)?	n described in section	Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	, or educational purposes, or t		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A L	ib	
Organizations relying on a current notice regarding disaster assistance check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		İ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			Sb :	<u>X_</u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Information About Officers Directors Truck		nagers, Highly	7		
Part VIII Paid Employees, and Contractors	•				
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(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) Expen account, of allowance	ise ther es
KENNETH VANDERWERF	DIRECTOR				
7433 N.E. ORCHID BAY TERRACE					
BOCA RATON, FL 33487	5.00	7,800.	3,760.		0.
BEVERLY VANDERWERF	DIRECTOR		•		
7433 N.E. ORCHID BAY TERRACE					
BOCA RATON, FL 33487	5.00	7,800.	3,760.		0.
KARIE ANN VANDERWERF	DIRECTOR	1,7000	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
321 NORTHFIELD ROAD					
MANHATTAN, KS 66502	0.00	0.	0.		0.
					<del></del>
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "			—
2 Compensation of tive highest-paid employees (other than those the	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expen	ise
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, o allowanc	ther
NONE	_				
	_				
				<u> </u>	
		<u> </u>			
Total number of other employees paid over \$50,000					0
	_ <u>-                                   </u>		Form	990-PF (20	010)

023551 12-07-10

	65-0846391	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	y	 
Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	/ice (c) Cor	mpensation
NONE		
Part IX-A Summary of Direct Charitable Activities	<b>&gt;</b>	0
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.	Expens	es
THE FOUNDATION IS AN EXEMPT NONOPERATING (DISTRIBUTING)		
FOUNDATION. ITS SOLE ACTIVITY IS MAKING CONTRIBUTIONS TO		
SECTION 501(C)(3) ORGANIZATIONS.		0.
2		
· · · · · · · · · · · · · · · · · · ·		
3		
<del></del>		
	<del></del>	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amour	ıt
1 <u>N/A</u>		
All other program-related investments. See instructions.		<del></del>
3		
Total. Add lines 1 through 3	- 000	0.
	Form <b>990-</b>	rr (2010)

023561 12-07-10

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	645,137.
b	Average of monthly cash balances	1b	11,241.
C	Fair market value of all other assets	1c	1,248.
ď	Total (add lines 1a, b, and c)	1d	657,626.
е	Reduction claimed for blockage or other factors reported on lines 1a and	ļ	
	1c (attach detailed explanation) 1e 0.	l	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	657,626.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,864.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	647,762.
6	Minimum investment return Enter 5% of line 5	6	32,388.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	32,388.
2a	Tax on investment income for 2010 from Part VI, line 5		<del></del>
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	171.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,217.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,217.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	32,217.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	45,000.
þ	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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	<b></b>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,000.
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	5	<u> 171.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44,829.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				32,217.
2 Undistributed income, if any, as of the end of 2010			_	
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 9,726.				
b From 2006 7,521. c From 2007 5,142.				
d From 2008 12,458.				
e From 2009 19,774.				
f Total of lines 3a through e	54,621.			
4 Qualifying distributions for 2010 from	34/0211			
Part XII, line 4: ► \$ 45,000.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> 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				32,217.
e Remaining amount distributed out of corpus	12,783.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	67,404.			
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		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2011 7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by	i			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	9,726.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	57,678.			
10 Analysis of line 9:				
a Excess from 2006 7,521.			-	
<b>b</b> Excess from 2007 5,142.	j			
c Excess from 2008 12,458.				
d Excess from 2009 19,774.				
e Excess from 2010 12,783.				Form 900-DE (2010)

Form 990-PF (2010) THE VAN	DERWERF FOU	NDATION, I	NC.		-0846391 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			▶ ∟		T
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	47,0000	Prior 3 years		(a) Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	<u>.</u>				
b 85% of line 2a	<del></del>		<del> </del>		
c Qualifying distributions from Part XII,					
line 4 for each year listed			<del>.  </del>		
d Amounts included in line 2c not					
used directly for active conduct of		1			
exempt activities					
<ul> <li>Qualifying distributions made directly</li> </ul>			i		
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		<u> </u>			
(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:					
(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					<u></u>
Part XV Supplementary Info			, if the founda	ition had \$5,000 d	r more in assets
at any time during t		instructions.)			
<ul> <li>Information Regarding Foundation</li> <li>List any managers of the foundation wh</li> </ul>	•	then 20/ of the total on	ntributions received l	by the foundation hefere t	the close of any tay
year (but only if they have contributed n			iitiibutions received i	by the fourtuation before t	ne close of any tax
SEE STATEMENT 9					
b List any managers of the foundation who other entity) of which the foundation ha			n (or an equally large	portion of the ownership	of a partnership or
NONE	-				
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., I	Programs:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and		
a The name, address, and telephone num	<del> </del>	· · · · · · · · · · · · · · · · · · ·			y
a The name, address, and telephone num	bet of the person to who	mi applications should t	e audiesseu.		
<b>b</b> The form in which applications should be	ne submitted and informa	ation and materials they	should include:		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable field	s, kinds of institution	ns, or other factors:	
023601 12-07-10					Form <b>990-PF</b> (2010)

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
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)	or substantial contributor	recipient	- CONTRIBUTION			
a Paid during the year	or substantial contributor	recipient				
SEE STATEMENT 10						
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3a	45,000.		
b Approved for future payment  NONE  Total			<b>▶</b> 3b	0		

023611 12-07-10

Form **990-PF** (2010)

ter gross amounts unless otherwise indicated.	Unrelated t	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exemp
Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c			+-+		
d					
B		<u> </u>	+		
			+		
g Fees and contracts from government agencies					
Membership dues and assessments		<u>.</u>	1		
nterest on savings and temporary cash					
nvestments	ļ			<del></del>	
Dividends and interest from securities			14	7,547.	
Net rental income or (loss) from real estate:					
a Debt-financed property		<del></del>			
<b>b</b> Not debt-financed property		<del></del>			
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			14	9,553.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					<del></del>
Other revenue:					
a					
b					
c					
d			<del>                                     </del>		
e				45 400	
Subtotal. Add columns (b), (d), and (e)		0	<u>•</u>	17,100.	4.7.4
Total. Add line 12, columns (b), (d), and (e)				13	17,1
e worksheet in line 13 instructions to verify calcula	ations.)				<del></del>
art XVI-B Relationship of Activ	ities to the Accon	nplishment of E	xempt F	Purposes	
art Avi-D herationship of Activ		salvana (a) at Dawt VIII	A contribute	ed importantly to the accomp	olishment of
•	nica income is renociea in i	:OMIDO CELOLEXO XVI:		ou importantly to the decomp	
ne No. Explain below how each activity for w					
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023622 04-26-1

Paid

Preparer

**Use Only** 

Signature of officer or trustee

Print/Type preparer's name

ANTHONY C.

Firm's name ► CARUSO AND

CARUSO

Firm's address ▶ 629 E. HILLSBORO BLVD.

Title

Check

self-employed

Firm's EIN ▶

Phone no.

\_\_\_\_ if

PTIN

954-571-2020

Form **990-PF** (2010)

Date

/09/11

Preparer's signatur

COMPAN

DEERFIELD BEACH, FL 33441

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

or 990-PF)

Attach to Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Schedule of Contributors** 

\_OMB No \_1545-0047\_

2010

Name of the organization

**Employer identification number** 

65-0846391 THE VANDERWERF FOUNDATION, INC 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 X 501(c)(3) exempt private foundation Form 990-PF 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

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65-0846391

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEVERLY AND KENNETH VANDERWERF  7433 N.E. ORCHID BAY TERRACE  BOCA RATON, FL 33487	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli 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
		<b> \$</b>	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
		<b>\$</b>	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.)

Employer identification number

#### THE VANDERWERF FOUNDATION, INC.

65-0846391

art 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
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			:
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(d) Description of how gift is held

from

Part I

(b) Purpose of gift

FORM 990-PF DIVIDEND	S AND	INTERI	est	FROM	SECUR	ITIES	STATEM	ENT	1
SOURCE		GROSS	AMO	UNT ——		TAL GAINS	COLUM	IN (A TRUC	<b>)</b>
INVESTACORP SECURITIES-ACCOUNT #58440 INVESTACORP SECURITIES-ACCOUNT			7,	547.		0.		7,5	47.
#58440	_		3,	567.		3,567.			0.
TOTAL TO FM 990-PF, PART I, L	N 4		11,	114.		3,567.		7,5	47.
FORM 990-PF	AC	COUNTI	NG F	EES			STATEN	1ENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INV T IN		(C) ADJUSTED NET INCOM		(D) ARITA JRPOS	
ACCOUNTING FEES		3,391.			0.	<del></del>		···	0.
TO FORM 990-PF, PG 1, LN 16B		3,391.			0.				0.
FORM 990-PF		TAX	ES				STATE	MENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INV T IN		(C) ADJUSTEI NET INCOM	_	(D) ARITA URPOS	
PAYROLL TAX - FICA EXCISE TAXES LICENSES		1,193. 171. 61.			0. 0. 0.				0. 0. 0.
TO FORM 990-PF, PG 1, LN 18		1,425.			0.				0.

FORM 990-PF	OTHER	EXPENSES			STATEME	ENT ———	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	) CHAI	(D) CHARITAE PURPOSE	
INSURANCE	7,560	·	0.				0.
TO FORM 990-PF, PG 1, LN 23	7,560		0.				0.
FORM 990-PF	OTHER IN	IVESTMENTS			STATEM	ENT	5
DESCRIPTION	V	ALUATION METHOD	вос	OK VALUE	FAIR MALU		
JOHN HANCOCK LARGE CAP VALUE CLASS A DAVIS GROWTH OPPORTUNITY FUND		COST	<del></del> .	106,227.		13,54	
A DAVIS FINANCIAL FUND CLASS A DAVIS APPRECIATION & INCOME F DREMAN SMALL CAP VALUE CLASS DWS HIGH RETURN EQUITY FUND		COST COST COST COST		52,171. 55,153. 30,827. 117,417. 108,363.	1:	69,34 70,27 35,24 17,96 40,67	79. 14. 58.
DAVIS NEW YORK VENTURE FUND JOHN HANCOCK REGIONAL BOND FU	IND	COST COST		30,709. 53,785.		42,16 64,68	
TOTAL TO FORM 990-PF, PART II	, LINE 13			554,652.	6	53,90	)4.
FORM 990-PF	OTHER	R ASSETS			STATEM	ENT	6
DESCRIPTION		INNING OF OOK VALUE		OF YEAR OK VALUE	FAIR M		Г
DIVIDENDS RECEIVABLE	<del></del>	210.		269.		26	69.
TO FORM 990-PF, PART II, LINE	15	210.		269.	<del></del>	26	69.

FORM 990-PF OTHER LIABILITIES		STATEMENT 7
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL TAXES PAYABLE	2,142.	2,142.
TOTAL TO FORM 990-PF, PART II, LINE 22	2,142.	2,142.
FORM 990-PF EXPLANATION CONCERNING PART VII-A,	LINE 8B	STATEMENT 8

#### EXPLANATION

THE FLORIDA ATTORNEY GENERAL DOES NOT REQUIRE THE ANNUAL FILING OF FORM 990-PF, RETURN OF PRIVATE FOUNDATION. THE ONLY FILING REQUIREMENT IN THE STATE OF FLORIDA IS AN ANNUAL CORPORATE REPORT AND LICENSE FEE.

FORM 990-PF	PART XV - LINE 1A	STATEMENT	9
	LIST OF FOUNDATION MANAGERS		

#### NAME OF MANAGER

KENNETH VANDERWERF BEVERLY VANDERWERF

20

STATEMENT

FORM 990-PF

	<u> </u>		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BOYNTON BEACH ANIMAL SHELTER 100 E. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33435	NONE. CARE OF ABANDONED ANIMALS	PUBLIC CHARITY	1,000.
FREE WHEELCHAIR MISSION 9341 IRVINE BLVD. IRVINE, CA 92618	NONE. FURTHER THE CHARITABLE PURPOSES	PUBLIC CHARITY	4,500.
HOPE RANCH 3841 W. 69TH AVENUE MANHATTAN, KS 66503	NONE. FURTHER THE CHARITABLE PURPOSES	PUBLIC CHARITY	4,500.
LIFELINE PILOTS, INC. BYERLY TERMINAL #302 6100 W. EVERETT DIRKSEN PKWY PEORIA, IL 61607		PUBLIC CHARITY	5,000.
MAKE-A-WISH FOUNDATION 4491 S STATE ROAD 7 #201 FT LAUDERDALE, FL 33314	NONE. FULFILL THE WISHES OF CHILDREN WITH TERMINAL ILLNESS		3,500.
MULTIPLE MYELOMA RESEARCH FOUNDATION P.O. BOX 414238 BOSTON, MA 022414238	NONE. FURTHER RESEARCH AND AWARENESS OF MULTIPLE MYELOMA	FOUNDATION UNDER SEC.509(A)	10,000.
NATIONAL BREAST CANCER FOUNDATION 2600 NETWORK BLVD. #300 FRISCO, TX 75034	NONE. FURTHER THE CHARITABLE PURPOSE BREAST CANCER RESEARC	PUBLIC CHARITY	5,000.
OPERATION CAT NIP P.O. BOX 141023 GAINESVILLE, FL 326141023	NONE. CARE OF ABANDONED ANIMALS	PUBLIC CHARITY	7,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE VANDERWERF FOUNDATION, INC.			65-0846391
PURRFECT LOVE CAT&KITTEN RESCUE, INC. 4752 GODWIN AVENUE JACKSONVILLE, FL 32210	NONE. FURTHER THE CHARITABLE PURPOSES	PUBLIC CHARITY	1,000.
THE BOGGY CREEK GANG 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	NONE. FURTHER THE CHARITABLE PURPOSES	PUBLIC CHARITY	3,500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		45,000.

### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright [X]$ 

Form 8868 (Rev 1-2011)

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization Employer identification number print THE VANDERWERF FOUNDATION, INC. 65-0846391 File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for 7433 N.E. ORCHID BAY TERRACE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions BOCA RATON, FL 33487-1703 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 CARUSO AND COMPANY, CPA, P.A. - 629 E. HILLSBORO The books are in the care of ▶ BOULEVARD, DEERFIELD BEACH, FL. - 33441 Telephone No ▶ 954-571-2020 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this ☑ If it is for part of the group, check this box ▶ ☑ and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for-► X calendar year 2010 or \_\_\_\_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 1.333. estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.

LHA

Form 8868	3 (Rev_1·2011)					Page 2		
<ul><li>If you ar</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ox <sup>-</sup>		<b>→</b> X		
	y complete Part II if you have already been granted an a				3868			
	re filing for an Automatic 3-Month Extension, complete							
Part II	Additional (Not Automatic) 3-Month E			opies n	eeded).			
Type or	Name of exempt organization					cation number		
print	THE VANDERWERF FOUNDATION,	TNC		6	65-0846391			
File by the	Number, street, and room or suite no. If a P.O. box, si		tions		<del>-                                    </del>			
Number, street, and room or suite no. If a PO box, see instructions due date to 7433 N.E. ORCHID BAY TERRACE								
filing your return See	iling your 7435 N.B. ORCHID DAI TERRACE							
Inctrications	BOCA RATON, FL 33487-1703	oreign add	ness, see instructions					
	DOCA RATON, PH 33407-1703							
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Application	on	Return	Application			Return		
<u>ls For</u>		Code	Is For			Code		
Form 990		01			<u></u>			
Form 990-	BL	02	Form 1041-A			08		
Form 990-	EZ	03	Form 4720			09		
Form 990-l	PF	04	Form 5227			10		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust other than above)	06	Form 8870			12		
STOP! Do	not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	ısly file	d Form 8868	i <u>.                                    </u>		
	CARUSO AND COM	PANY,	CPA, P.A 629 E.	HIL	LSBORO			
• The boo	oks are in the care of <b>BOULEVARD</b> , <b>DEE</b>	RFIEL	D BEACH, FL 3344	11				
Telepho	one No ▶ 954-571-2020		FAX No ▶					
	rganization does not have an office or place of business	s in the Ur	nited States, check this box					
	s for a Group Return, enter the organization's four digit			ns is foi	the whole gr	oup, check this		
box ▶ [	If it is for part of the group, check this box	_	ich a list with the names and EINs of all					
			BER 15, 2011		· · · · · ·			
	calendar year $2010$ , or other tax year beginning		, and ending					
	e tax year entered in line 5 is for less than 12 months, c			Final r	eturn			
	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on manarotani		<b>314</b>			
7 State	e in detail why you need the extension							
	FORMATION NEEDED TO PREPARE	A CO	MPLETE AND ACCURATE	RET	IIRN HAS	NOT		
	EN RECEIVED.	11 00.	MI BBID 1000 MCCOMITE		01111 11111	, 1101		
<u> </u>	DIV KBCBI VBD.							
8a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	nter the tentative tay less any	Т				
	refundable credits. See instructions	01 0003, 6	The the terrialive tax, less arry	8a	\$	0.		
-	is application is for Form 990-PF, 990-T, 4720, or 6069,	ontor nov	refundable gradite and estimated	- Oa	Ψ			
		•		1				
	payments made Include any prior year overpayment all	lowed as a	a credit and any amount paid	O.	\$	0.		
	viously with Form 8868  ance due. Subtract line 8b from line 8a Include your pa		the Abree Server of recovered by young	8b	<u> </u>	<u>_</u>		
		•	in this form, if required, by using		•	0		
EF11	PS (Electronic Federal Tax Payment System) See instru		d Varification	8c	\$	0.		
Hodos			d Verification	o be=4 -	حاديد مرايع الم	a and halist		
it is true, co	lties of perjury, I declare that I have examined this form, includ irrect, and complete, and that I am authorized to prepare this fo	nng accomp orm	panying schedules and statements, and to tr	ie dest o	i iny knowledg	a and belief,		
		····			_			
Signature	►Title ►		<u> </u>	Date	<u> </u>			