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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545 0052

2010 Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements , 2010, and ending For calendar year 2010, or tax year beginning G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number Α NANCY AND GEOFFREY STACK FAMILY 71-1019812 FOUNDATION В Telephone number (see the instructions) 18802 BARDEEN AVE IRVINE, CA 92612-1521 If exemption application is pending, check here **D** 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated J Accounting method X Cash Fair market value of all assets at end of year Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 1,531,532 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) 195,000 Contributions gifts grants etc received (att sch) 2 Ck If the foundn is not req to att Sch B Interest on savings and temporary cash investments 12,413 12,413. 12,413 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 REVENU **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV line 2) 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/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 207,413 12,413 12,413 13 Compensation of officers directors trustees etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) ADMINISTRATIVE **b** Accounting fees (attach sch) c Other prof fees (attach sch) 17 Interest 354 18 SEE STM 1 354 Taxes (attach schedule)(see instr.) Depreciation (attach sch) and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications EXPENSES Other expenses (attach schedule) SEE STATEMENT 327. 327. Total operating and administrative 24 681 681 expenses. Add lines 13 through 23 Contributions, gifts, grants paid STMT 3 $\frac{184}{184}$ 000 184,000. Total expenses and disbursements. 0. 0. 184,681 184,681 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 22,732 and disbursements

b Net investment income (if negative enter 0)

C Adjusted net income (if negative enter -0)

12,413.

12,413



Page 2

Par	t II	Balance Sheets	column should be for end of year amounts only	(a) Book Value		(c) Four Market Value
	1	Cash - non interes	(See instructions)	(a) Book Value -5,717.	(b) Book Value 10, 162	(c) Fair Market Value
		Cash – non-interes	_	-5,/11.	10,162	. 10,162.
		2 Savings and temporary cash investments 3 Accounts receivable ▶				
	,	Less allowance for				
	4	Pledges receivable				
	7	Less allowance for	doubtful accounts	-		
	5	Grants receivable	doubtful accounts		·	
	6		icers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see the instructions)			
	7	Other notes and loans red	ceivable (attach sch)			1
Ą		Less allowance for	doubtful accounts			
A S E T	8	Inventories for sale	or use			
Ę	9	Prepaid expenses a	and deferred charges			
Ś	10 a	Investments – U S obligations (attach s	and state government schedule)			
	ı	b Investments — corporate	stock (attach schedule)			
		c Investments — corporate	bonds (attach schedule)			
	11	Investments – land equipment basis	, buildings, and			
		Less accumulated depred (attach schedule)	cration •			
	12	Investments – mort	3 0			
	13		,	1,785,089.	1,791,942	. 1,521,370.
	14	Land, buildings, and	· · ·			
		Less accumulated depred (attach schedule).	-			
	15 16	Other assets (descr Total assets (to be	completed by all filers -	1 770 270	1 000 104	1 521 522
L	17		so, see page 1, item I)	1,779,372.	1,802,104	. 1,531,532.
I	17	, ,	nd accrued expenses	-	-	
A B	18	Grants payable Deferred revenue				_
ĭ	20		ctors, trustees, & other disqualified persons			-
L	21		es payable (attach schedule)			\dashv
Ť	22	Other liabilities (desc				
E	22	Other habilities (desc				┪
<u> </u>	23	Total liabilities (add	l lines 17 through 22)	0.	0	<u>.</u>]
		Foundations that for and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.			1 d d d d d d d d d d d d d d d d d d d
N F E U T N	24	Unrestricted			····	;
ĪN	25	Temporarily restrict	ed			
D	26	Permanently restric				
A B S E L A		Foundations that de and complete lines	o not follow SFAS 117, check here X 27 through 31.			
ΕL	27	Capital stock, trust	principal, or current funds			1
S N	28	Paid-in or capital surplus	, or land, building, and equipment fund			
o E	29	Retained earnings, accum	nulated income, endowment, or other funds	1,779,372.	1,802,104	
RS	30 31	Total liabilities and	fund balances (see the instructions) net assets/fund balances	1,779,372.	1,802,104	
Dave	 	(see the instructions	,	1,779,372.	1,802,104	•
			nges in Net Assets or Fund Balance			
	end-	of-year figure reporte	palances at beginning of year – Part II, colu ad on prior year's return)	ımn (a), line 30 (must ag	_ 1	1,779,372.
		r amount from Part I,			2	22,732.
3		increases not included in 1	Ine 2 (Itemize)	. 	3	
4		lines 1, 2, and 3			4	1,802,104.
5		ases not included in line 2		· -	5	
6	Tota	I net assets or fund b	palances at end of year (line 4 minus line 5)	 Part II column (b) br 	ne 30 6	1.802.104

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

Enter qualifying distributions from Part XII, line 4

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7

Add lines 5 and 6

Part VI instructions

Form	990-PF (2010) NANCY AND GEOFFREY STACK FAMILY 71-1019812	<u> </u>	F	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the Instru	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			248.
	check here ☐ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			<u> 248.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		:	248.
	Credits/Payments			E
а	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 312.			
b	Exempt foreign organizations – tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			,
7	Total credits and payments Add lines 6a through 6d			<u>312.</u>
	Enter any penalty for underpayment of estimated tax. Check here			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>0.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			64.
	Enter the amount of line 10 to be Credited to 2011 estimated tax			<u>0.</u>
Par	t VII-A Statements Regarding Activities	_,		
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?	1a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	}		
	(1) On the foundation \$ 0. (2) On foundation managers \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	-		
	foundation managers \Rightarrow \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities		-	
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
J	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	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	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			•
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			İ
	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
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	_X_	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) CAL			!
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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	 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		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		Х
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Form	1 990-PF (2010) NANCY AND GEOFFREY STACK FAMILY	71-	101981	2	F	age 5
	t 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		Х
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	n applica	ition?	13	Χ	
1.4	Website address ► N/A			- -	- - -	-
14	The books are in care of SEOFFREY STACK Located at Section 18802 BARDEEN AVE IRVINE CA ZIP + 4		512-152			-
15			777-122	 N/A	 •	<u> </u>
15	and enter the amount of tax-exempt interest received or accrued during the year		15	M/ A		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?	authority	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the foreign country.	name of t	he			
Par	t 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
1 a	a During the year did the foundation (either directly or indirectly)		_			٠,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	XNo			
	(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)	Yes	XNo			
l	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 the instruct	ions)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	· 📋			
(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?	,		1 c		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?	Yes	XNo			
	If 'Yes,' list the years ▶ 20 , 20 , 20 , 20		_	`		، ا
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	2(a)(2) (a)(2) to			3.7	
	all years listed, answer 'No' and attach statement — see the instructions)	har-		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 20, 20, 20, 20	nere				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	:`		- 1
I	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 approve 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)	n ed		3b	N	/A
4:	a 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?			4b		X_
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Part VII-B Statements Regarding Activiti		ı 4720 May Be Reqi	uired (continued)		
5a During the year did the foundation pay or incu	•			,	
(1) Carry on propaganda, or otherwise attempt	it to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	1 4955), or to carry	Yes	_ 1 1	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	,
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2) ⁹ (see instri	rganization described uctions)	Yes	No 🗚	s r
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes] No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	a current notice regard	ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	iding disaster assistanc	ce check here	- L]	(46 24)
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon-	sibility for the grant?	•	N/A Yes] No	· · ·
If 'Yes,' attach the statement required by Regi		. ,		ľ	,
6a Did the foundation, during the year, receive ar on a personal benefit contract?b Did the foundation, during the year, pay premi			Yes X	No 6b	X
If 'Yes' to 6b, file Form 8870	dins, directly of maired	diy, on a personal bene	in contract,	80	 ^ ,
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes X	No	
b If yes, did the foundation receive any proceed	· · · · · · · · · · · · · · · · · · ·			7ь	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	ers, Highly Paid	Employees,	
and Contractors					
1 List all officers, directors, trustees, foundation				1,,,=	
(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 other allow	
NANCY STACK	DIRECTOR	0.	0.		0.
18802 BARDEEN AVE	0				
IRVINE, CA 92612					
_GEOFFREY_LSTACK	DIRECTOR	0.	0.		0.
18802 BARDEEN	0				
IRVINE, CA 92612				<u> </u>	
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see in	structions). 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 other allow	
NONE					
Total number of other employees paid over \$50,000)			•	0
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Form 990-PF (2010) NANCY AND GEOFFREY STACK FAMILY Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	19812 Page 7 Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services.	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
	-
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3	0 . Form 990-PF (2010)
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Forn		71-1019812	Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part see instructions)	Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities	1 a	
ŀ	Average of monthly cash balances	1 b	
C	Fair market value of all other assets (see instructions)	1 c	
C	Total (add lines 1a, b, and c)	1 d	0.
ε	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	_
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par		•	tions
	and certain foreign organizations check here ► and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	
	Tax on investment income for 2010 from Part VI, line 5	3.	
	Income tax for 2010 (This does not include the tax from Part VI)	_	
C	Add lines 2a and 2b	2 c	248.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	-248.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-248.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0.
Pai	t XII Qualifying Distributions (see Instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc.— total from Part I, column (d), line 26	1 a	184,681.
ŀ	Program-related investments — total from Part IX-B	1 b	
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 Suitability test (prior IRS approval required)	3 a	
ŀ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	184,681.
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 instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	184,681.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years	her the foundation	l

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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				0.
2 Undistributed income, if any, as of the end of 2010				<u></u>
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 b From 2006				
c From 2007				
d From 2008 788, 170.				
e From 2009 873, 253.				
f Total of lines 3a through e	1,661,423.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$ <u>184, 681.</u>			_	
a Applied to 2009, but not more than line 2a			0.	
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.		1	
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	184,681.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,846,104.			
'	2,010,101.			
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.		
		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see 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 instructions)	0.			
,				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	1,846,104.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 788,170. d Excess from 2009 873,253.				
e Excess from 2010 184, 681.				
244		l	<u>-</u>	

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 22 Enter the lesser of the adjusted net a location from Part Lore the minimum.	N/A 1942(j)(5) (e) Total
s effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2 not used directly for active conduct of exempt activities Subtract line 2d from line 2c c Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c c Qualifying distributions made derectly for active conduct of exempt activities Subtract line 2d from line 2c c Qualifying distributions made for exempt activities Subtract line 2d from line 2c c Qualifying distributions made for exempt activities Subtract line 2d from line 2c c Qualifying distributions made for exempt activities Subtract line 2d from line 2c c Qualifying distributions made for exempt activities Subtract line 2d from line 2c c Qualifying distributions made for exempt activities (2) Value of all assets (3) Value of all assets (4) Value of all assets (5) Value of all assets (6) Value of all assets (7) Total support other than gross investment income (interest, dividends, reits, payments on securities loans (section) 512(a)(5)) or oyalities) (8) Support from general public and 5 or more exempt organization an exempt organization (9) Gross investment income an exempt organization (10) Gross investment income an exempt organization (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than \$5,000) (See section 507(d)(2))	
2a Enter the lesser of the adjusted net income from Part 1 or the minimum investment return from Part X for each year isled b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities c Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon a 'Assets' atternative test – enter (1) Value of all assets (2) Value of all assets (2) Value of all assets (2) Value of an each year listed c 'Support' alternative test – enter (1) Total support other than gross investment income (interest, on year year) on the year of year year year year year year year year	
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a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) SEE STATEMENT 4	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the over	n before the
a partnership or other entity) of which the foundation has a 10% or greater interest NONE	wnership of
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs: Check here X If the foundation only makes contributions to preselected charitable organizations and does not accept unit requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other concomplete items 2a, b, c, and d	
a The name, address, and telephone number of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factor	ors

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
		l i		
				-
		[
]		
Total	_L	11	► 3a	
Approved for future payment				
The state of the s				
		[
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Form **990-PF** (2010)

Part XVI-A Analysis of Income-Producing Activities

BAA

Enter gross	amounts unless otherwise indicated	Unrelate	ed business income	Excluded	I by section 512, 513, or 514	(a)
,	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
-				Code		
а						
-						
d					· · · · · · · · · · · · · · · · · · ·	
			· - · · · · · · · · · · · · · · · · · · ·			
<u> </u>						
a Fees a	and contracts from government agencies				-	
-	ership dues and assessments					
	on savings and temporary cash investments					
	ends and interest from securities					12,413.
5 Net re	ntal income or (loss) from real estate					**
a Debt-f	inanced property					
b Not de	ebt-financed property					
6 Net ren	tal income or (loss) from personal property					
7 Other	investment income					
8 Gain or	(loss) from sales of assets other than inventory					
9 Net in	come or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue					
a						
b				-		
c						
d						
~						
e				1		10 412
e	tal Add columns (b), (d), and (e)					12,413.
e Subto	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				13	12,413. 12,413.
e Subto 13 Total. (See works)	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation					
e Subto 13 Total. (See works)	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		ishment of Exemp	t Purpo		
e 12 Subto 13 Total. (See worksl	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. Relationship of Activities to the	Accompl			oses	12,413.
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TEEA0502L 02/17/11

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

	Exempt organ	mzationis							
described		of the Code (other	age in any of the following er than section 501(c)(3) o					Yes	No
a Transfers	from the reporting	g foundation to a	noncharitable exempt orga	anization of					
(1) Cash	1						1 a (1)		_X
(2) Othe	r assets						1a (2)		_X
b Other tra	nsactions								
(1) Sale:	s of assets to a no	ncharitable exem	pt organization				1 b (1)		_X
(2) Purc	hases of assets fro	m a noncharitabl	e exempt organization				1 b (2)		X
(3) Rent	al of facilities, equi	ipment, or other a	essets				1 b (3)		
(4) Reim	bursement arrange	ements					1 b (4)		X
(5) Loan	s or loan guarante	es					1 b (5)		<u>X</u>
(6) Perfo	ormance of service	s or membership	or fundraising solicitations	,			1 b (6)		X
c Sharing	of facilities, equipn	nent, mailing lists	, other assets, or paid emp	oloyees			1c		X
the good any trans	s, other assets, or saction or sharing a	services given by arrangement, sho	emplete the following sche the reporting foundation w in column (d) the value	If the found of the good	dation received le ls, other assets,	ess than fair mar or services receiv	ket value in ved		
(a) Line no	(b) Amount involved	(c) Name of r	noncharitable exempt organization	(d) Description of trans	sfers, transactions, ar	id sharing arran	gement	<u>s</u>
I/A	···								
									
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	. <u>-</u>					· · · · · · · · · · · · · · · · · · ·			
						 			
	undation directly or d in section 501(c) complete the follov		ed with, or related to, one er than section 501(c)(3))	or more tax or in section	(-exempt organiz n 527?	zations	Yes	X	No
	Name of organiza		(b) Type of organiza	tion	(c) Description of re	elationship		
N/A									
						·			
						•			
Under p	enalties of perjury, I decl	are that I have examine	d this return including accompanyi	ng schedules a	nd statements and to	the best of my knowle	dge and belief it	is true	
Sign Correct	and complete Declaration	on of preparer (other that	an taxpayer or fiduciary) is based or	all information	7/27/2011		IS TEL	:	
	nature of officer or trust			Date	e' '	Title			
	Print/Type preparer's n	ame	page s signature		Date	Check (f If	PTIN		
Paid	PETER MONTG	OMERY	NO	2	16/10/11	self employed	N/A		
Preparer		MONTGOMERY,	GLICK & COMPANY		1, 1,	Firm's EIN N/A			
Jse Only		5951 VARIEI			1			_	
Jac Only	I hirm's address = =	WOODLAND HI				Phone no (81	8) 999-6	6967	
BAA						· · · · · · · · · · · · · · · · · · ·	Form 99 0		2010)
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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 NANCY AND G	EOFFREY STACK FAMILY	Employer identification number
FOUNDATION	71-1019812	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organizatio 4947(a)(1) nonexempt charitable trust not 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust trea 501(c)(3) taxable private foundation	ated as a private foundation
Check if your organization is covered Note . Only a section 501(c)(7), (8), or	by the General Rule or a Special Rule (10) organization can check boxes for both the General	Rule and a Special Rule See instructions
General Rule		
	0, 990-EZ, or 990-PF that received, during the year, \$5,0 $$ I II $$	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$, an	on filing Form 990 or 990-EZ, that met the 33-1/3% supp d received from any one contributor, during the year, a c 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Compl	contribution of the greater of (1) \$5,000 or
aggregate contributions of more the	0) organization filing Form 990 or 990-EZ, that received finan \$1,000 for use <i>exclusively</i> for religious, charitable, so en or animals Complete Parts I, II, and III	rom any one contributor, during the year, cientific, literary, or educational purposes, or
contributions for use exclusively for If this box is checked, enter here purpose. Do not complete any of	D) organization filing Form 990 or 990-EZ, that received for religious, charitable, etc., purposes, but these contributions that were received during the year the parts unless the General Rule applies to this organizations of \$5,000 or more during the year	tions did not aggregate to more than \$1,000 r for an exclusively religious, charitable, etc.
		¥
990-PF) but it must answer 'No' on P	overed by the General Rule and/or the Special Rules doe art IV, line 2 of their Form 990, or check the box on line at the filing requirements of Schedule B (Form 990, 990-t	H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990 EZ, or 990-PF) (2010)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
-	AND GEOFFREY STACK FAMILY		ver identification number 1019812
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GEOFFREY AND NANCY STACK 18802 BARDEEN AVE IRVINE, CA 92612	\$ <u>195,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Page

of 1

of Part II

Name of organization

NANCY AND GEOFFREY STACK FAMILY

BAA

Employer identification number 71-1019812

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Part II Noncash Property (see instructions) (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received (a) No. from Part I (see instructions) N/A (a) No. from (c) (d) Description of noncash property given FMV (or estimate) Date received Part I (see instructions) (d) Date received (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (d) Date received (b) Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (a) No. from (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions)

Name of organization

NAMCY AND CROFFREY STACK FAMILY

Employer identification number

	AND GEOFFREY STACK FAMILY			71-101981	<u>2</u>	
Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.Co	ns to section mplete cols (a) the	501(c)(7), (8), or (10) nrough (e) and the follows	ng line entry	
_	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, ch (Enter this information once S	naritable, etc, See instructions)	► \$	N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held	
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relation	iship of transferor to tran	nsferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
		-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held	
	Transferee's name, addres	Relation	ship of transferor to tran	sferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gi	ft is held	
					-	
		(e) Transfer of gift				
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to tran	steree	

2010

FEDERAL STATEMENTS

PAGE 1

NANCY AND GEOFFREY STACK FAMILY **FOUNDATION**

71-1019812

STATEMENT 1		
FORM 990-PF, PART I,	LINE	18
TAXES		

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED <u>NET INCOME</u>	(D) CHARITABLE PURPOSES
FEDERAL TAXES STATE TAXES	TOTAL	\$ 344. 10. \$ 354.	\$ 0.	\$ 0.	\$ 344. 10. \$ 354.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 **OTHER EXPENSES**

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES PRINTING	TOTAL	\$ 9. 318. \$ 327.	\$ 0.	\$ 0.	\$ 9. 318. \$ 327.	

STATEMENT 3 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

ULI LAND INSTITUTE

444 S. FLOWER ST., STE 3880

LOS ANGELES, CA 90071

NONE

PUBLIC CHARITY

5.000.

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

PUBLIC AID

NEWPORT SPORTS MUSEUM

100 NEWPORT CENTER DRIVE #100

NEWPORT BEACH, CA 92660

NONE

PUBLIC CHARITY

ORGANIZATIONAL STATUS OF DONEE:

CLASS OF ACTIVITY:

RELATIONSHIP OF DONEE:

DONEE'S NAME:

DONEE'S ADDRESS:

EDUCATIONAL SUPPORT

GEORGETOWN SCHOLARSHIP PROGRAM

P.O. BOX 571239

WASHINGTON, DC 20007

EDUCATIONAL INSTITUTION

ORGANIZATIONAL STATUS OF DONEE: 25,000. AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: PUBLIC AID

ST ANTHONY FOUNDATION 121 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102 2010

FEDERAL STATEMENTS

NANCY AND GEOFFREY STACK FAMILY **FOUNDATION**

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STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN:

DONEE'S NAME:

DONEE'S ADDRESS:

NONE

PUBLIC AID

ACHIEVE

ONE LOMBARD STREET #202 SAN FRANCISCO, CA 94111

SAL NONE

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN:

10,000.

25,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN:

PUBLIC AID

P.O. BOX 3008

2,500.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

AMOUNT GIVEN:

EDUCATIONAL SUPPORT TRUSTEES OF THE UNIV. OF PENNSYLVANIA

MARINE CORPS SCHOLARSHIP FOUNDATION, INC

P.O. BOX 785326

PHILADELPHIA, PA 19178

RELATIONSHIP OF DONEE: RELATIONSHIP OF DONEE: NONE EDUCATIONAL INSTITUTION

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME:
DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL INSTITUTION

AMOUNT GIVEN:

CLASS OF ACTIVITY: EDUCATIONAL SUPPORT

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

DANIEL MURPHY SCHOLARSHIP FUND

ONE NORTH FRANKLIN CHICAGO, IL 60606

NONE

PUBLIC CHARITY

CLASS OF ACTIVITY: PUBLIC AID

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

HEART OF JESUS RETREAT CENTER

2927 S. GREENVILLE ST SANTA ANA, CA 92704

NONE

OVER THE RAINBOW

2040 BROWN AVE EVANSTON, IL 60201

PRINCETON, NJ 08543

NONE

PUBLIC CHARITY

10,000.

25,000.

EDUCATIONAL SUPPORT SAGE HILL HIGH SCHOOL

20402 NEWPORT COAST DR NEWPORT COAST, CA 92657

NONE

2,500.

2,500.

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FEDERAL STATEMENTS

NANCY AND GEOFFREY STACK FAMILY **FOUNDATION**

PAGE 3

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1,000.

5,000.

STATEMENT 3 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN:

EDUCATIONAL SUPPORT

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: LOYOLA MARYMOUNT UNIVERSITY

1 LMU DRIVE

LOS ANGELES, CA 90045

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: UNIVERSITY

AMOUNT GIVEN:

DONEE'S ADDRESS:

DONEE'S NAME:

CLASS OF ACTIVITY:

PUBLIC AID

MS SOCIETY - NORTHERN CALIFORNIA

801 SAN RAMON VALLEY BLVD

DANVILLE, CA 94526

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC CHARITY AMOUNT GIVEN:

CLASS OF ACTIVITY:

PUBLIC AID TALLER SAN JOSE DONEE'S NAME: DONEE'S ADDRESS: 801 NORTH BROADWAY SANTA ANA, CA 92701

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN:

PUBLIC AID

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

STARS AND STRIPES TOURNAMENT PO BOX 4893

ALZHEIMER'S ASSOCIATION 36 CHESTNUT STREET GARDEN CITY , NJ 11530

LAGUNA BEACH, CA 92652

RELATIONSHIP OF DONEE: NONE ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

AMOUNT GIVEN: 5,000.

PUBLIC AID

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

PUBLIC AID

CHILDREN'S MEMORIAL FOUNDATION

2727 IROQUOIS RD WILMETTE, IL 60091

NONE

NONE

PUBLIC CHARITY

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

CLASS OF ACTIVITY: PUBLIC AID

DONEE'S NAME: CALIFORNIA HOMEBUILDING FOUNDATION

DONEE'S ADDRESS:

1215 K STREET SACRAMENTO, CA 95814

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY

1,000.

1,000.

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1,000.

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NANCY AND GEOFFREY STACK FAMILY **FOUNDATION**

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STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:

20,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITY AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC AID

THE WOODEN FLOOR

1810 NORTH MAIN STREET

SANTA ANA, CA 92706

NONE

5,000.

PUBLIC AID

SECOND HARVEST FOOD BANK 1847 PORT MARGATE PLACE NEWPORT BEACH, CA 92660

NONE

PUBLIC CHARITY

5,000.

5,000.

2,500.

1,000.

MEDICAL RESEARCH

JENNA AND PATRICK'S FOUNDATION OF HOPE

301 UNIVERSITY AVE #100 SACRAMENTO, CA 95825

NONE

PUBLIC CHARITY

2,500.

PUBLIC AID

LAND OF THE FREE FOUNDATION 13191 CROSSROADS PARKWAY NORTH

CITY OF INDUSTRY, CA 91746

NONE

PUBLIC CHARITY

PUBLIC AID MIOCEAN FUND

PO BOX 14246 IRVINE, CA 92623

NONE

PUBLIC CHARITY

EDUCATIONAL SUPPORT

NEXT STEP LEARNING CENTER 222 CURTIS STREET

OAKLAND, CA 94607 NONE

PUBLIC CHARITY

MEDICAL RESEARCH MDA/AUGIE'S QUEST 4719 VIEWRIDGE AVE SAN DIEGO, CA 92123

NONE

PUBLIC CHARITY

2010

FEDERAL STATEMENTS

NANCY AND GEOFFREY STACK FAMILY **FOUNDATION**

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1,000.

STATEMENT 3 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:

\$ 10,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

MARINE CORP HERITAGE FOUNDATION PO BOX 96621

WASHINGTON , DC 20090

NONE

PUBLIC AID

PUBLIC CHARITY

TOTAL \$ 184,000.

STATEMENT 4 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

NANCY STACK GEOFFREY L. STACK

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Internal Revenue		► File a sep	arate appli	cation for each return.		
• If you are	e filing for an .	Automatic 3-Month Extension, com	plete only	Part I and check this box		► X
If you are	e filing for an	Additional (Not Automatic) 3-Month	n Extension	n, complete only Part II (on page 2 of the	s form)	<u> </u>
Do not comp	plete Part II ur	<i>less</i> you have already been granted	d an autom	atic 3-month extension on a previously	iled Form 8868	
corporation r request an e. Associated V electronic fili	equired to file xtension of tir Vith Certain Pi ng of this forn	Form 990-T), or an additional (not not to file any of the forms listed in the sonal Benefit Contracts, which mun, visit www.irs.gov/efile and click of	automatic) Part I or Paust be sent on e-file for		ctronically file Form formation Return for	8868 to Transfers
Part I A	utomatic 3-	Month Extension of Time. ○	nly subm	nit original (no copies needed)		
A corporation	n required to f	ile Form 990-T and requesting an a	iutomatic 6	-month extension - check this box and o	complete Part I only	>
All other corp income tax r		uding 1120-C filers), partnerships, i	REMICS, a	nd trusts must use Form 7004 to reques	an extension of tim	e to file
	Name of exempt	organization			Employer identification n	umber
Type or print	FOUNDATI				71-1019812	
File by the due date for	Number, street, a	and room or suite number. If a P O box see in:	structions			
filing your return See		RDEEN AVE				
instructions	1	t office state and ZIP code For a foreign addi-	ess see instru	ctions		
	IRVINE,	CA 92612-1521				
Enter the Re Application	turn code for	the return that this application is fo	r (file a sep	Parate application for each return)		04 Return
Is For			Code	Is For		Code
Form 990			01	Form 990-T (corporation)		07
Form 990-BL			02	Form 1041-A		08
Form 990-EZ	7		03	Form 4720	.=	09
Form 990-PF	-		04	Form 5227		10
Form 990-T	(section 401 (a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other the	an above)	06	Form 8870		12
Telephone If the org	e No ► ganization doe	e of GEOFFREY STACK s not have an office or place of bus		e United States, check this box	this is for the whole	► □
				and attach a list with the names a		5 ,
the exter	sion is for					
until _ The ext	8/15 tension is for	· · · · · · · · · · · · · · · · · · ·	anization re	ed to file Form 990-T) extension of time eturn for the organization named above		
2 If the ta		d in line 1 is for less than 12 month			al return	

payments made Include any prior year overpayment allowed as a credit 3b|\$ **c 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

3a 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

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

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