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

**2010**

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.

For calendar year 2010, or tax year beginning Jan. 1, 2010, and ending Dec. 31, 2010

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

Name of foundation Clementina Foundation    A Employer identification number 84 1695816

Number and street (or P O box number if mail is not delivered to street address) 1728 EDWARDS DR.    Room/suite 17    B Telephone number (see page 10 of the instructions)

City or town, state, and ZIP code Point Roberts, WA 98281

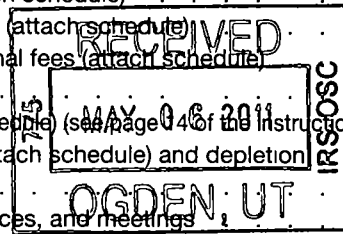
H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust     Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 333,359    J Accounting method:  Cash     Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here ▶   
D 1. Foreign organizations, check here ▶   
2. Foreign organizations meeting the 85% test, check here and attach computation ▶   
E If private foundation status was terminated under section 507(b)(1)(A), check here ▶   
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶

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

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received (attach schedule)	105,000			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	3,907	3,907		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 <b>Total.</b> Add lines 1 through 11	108,907			
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages	0			
15 Pension plans, employee benefits	0			
16a Legal fees (attach schedule)	0			
b Accounting fees (attach schedule)	0			
c Other professional fees (attach schedule)	0			
17 Interest				
18 Taxes (attach schedule) (see page 46 of the instructions)	341			341
19 Depreciation (attach schedule) and depletion				
20 Occupancy	1,500			1,500
21 Travel, conferences, and meetings	3,186			3,186
22 Printing and publications				
23 Other expenses (attach schedule)	235			235
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	5,262			5,262
25 Contributions, gifts, grants paid	55,000			55,000
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	60,262			60,262
27 Subtract line 26 from line 12:				
a <b>Excess of revenue over expenses and disbursements</b>	48,645			
b <b>Net investment income</b> (if negative, enter -0-)		3,907		
c <b>Adjusted net income</b> (if negative, enter -0-)				



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	170,287	120,273	120,273
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	113,891	121,364	213,085
	c	Investments—corporate bonds (attach schedule) . . . . .		90,000	
	11	Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans . . . . .				
13	Investments—other (attach schedule) . . . . .		1,721		
14	Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶ _____ )				
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	284,178	333,359	333,359	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____ )			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .				
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> . . . . . <input type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .		120,273	
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds		213,085		
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	284,178	333,359		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	284,178
2	Enter amount from Part I, line 27a . . . . .	2	48,645
3	Other increases not included in line 2 (itemize) ▶ <i>expense not related to Foundation</i> . . . . .	3	536
4	Add lines 1, 2, and 3 . . . . .	4	333,359
5	Decreases not included in line 2 (itemize) ▶ . . . . .	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	333,359

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

N/A

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009			
2008			
2007			
2006			
2005			
2	Total of line 1, column (d)		2
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5		4
5	Multiply line 4 by line 3		5
6	Enter 1% of net investment income (1% of Part I, line 27b)		6
7	Add lines 5 and 6		7
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.		8

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

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

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
b		X
<i>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.</i>		
c		X
d		
e		
2		X
3		X
4a		X
b		N/A
5		X
6		X
7	X	
8a		
b	X	
9		X
10		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of RON-HWA YANG YEH Telephone no.
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here.
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

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

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

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(6) Agree to pay money or property to a government official?
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?
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?
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?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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?

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

- 5a During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
  - (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
  - (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
  - (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  Yes  No
  - (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No
- b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here  **5b** N/A
- c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No *N/A*  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).
- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No **6b** X  
 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?  Yes  No
- b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RON-HWA YEH, 1728 EDWARDS DR #17 POINT ROBERTS, WA 98281	President 1	0	0	0
MARK YANG, 10291 St John's Ct RICHMOND, B.C. CANADA V7E5S2	Vice President 1	0	0	0
GRACE YANG, 803-1790 BAYSHORE DR VANCOUVER, B.C. CANADA V6G3G5	Secretary 2	0	0	0
NANCY THUNEM, 720 S. RANGELINE RD #401, CARMEL, IN 46032	Project Director 5	0	0	0

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

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
3 All other program-related investments See page 24 of the instructions	

Total. Add lines 1 through 3 . . . . . ▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities . . . . .	1a	200,000
b	Average of monthly cash balances . . . . .	1b	100,000
c	Fair market value of all other assets (see page 25 of the instructions) . . . . .	1c	
d	<b>Total</b> (add lines 1a, b, and c) . . . . .	1d	300,000
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets . . . . .	2	
3	Subtract line 2 from line 1d . . . . .	3	300,000
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) . . . . .	4	4,500
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	5	295,500
6	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	6	14,775

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

1	Minimum investment return from Part X, line 6 . . . . .	1	14,775
2a	Tax on investment income for 2010 from Part VI, line 5 . . . . .	2a	0
b	Income tax for 2010. (This does not include the tax from Part VI.) . . . . .	2b	0
c	Add lines 2a and 2b . . . . .	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	3	14,775
4	Recoveries of amounts treated as qualifying distributions . . . . .	4	
5	Add lines 3 and 4 . . . . .	5	
6	Deduction from distributable amount (see page 25 of the instructions) . . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 . . . . .	7	14,775

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	1a	60,262
b	Program-related investments—total from Part IX-B . . . . .	1b	
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	Cash distribution test (attach the required schedule) . . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	4	60,262
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) . . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	6	60,262

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7 . . . . .				14,775
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only . . . . .				
b Total for prior years: 20__,20__,20__				
3 Excess distributions carryover, if any, to 2010:				
a From 2005 . . . . .				
b From 2006 . . . . .				
c From 2007 . . . . .				
d From 2008 . . . . .				
e From 2009 . . . . .				
f <b>Total</b> of lines 3a through e . . . . .				
4 Qualifying distributions for 2010 from Part XII, line 4: ▶ \$ <u>60,262</u>				
a Applied to 2009, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .				
d Applied to 2010 distributable amount . . . . .				60,262
e Remaining amount distributed out of corpus . . . . .				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions . . . . .				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
9 <b>Excess distributions carryover to 2011.</b> Subtract lines 7 and 8 from line 6a . . . . .				
10 <b>Analysis of line 9:</b>				
a Excess from 2006 . . . . .				
b Excess from 2007 . . . . .				
c Excess from 2008 . . . . .				
d Excess from 2009 . . . . .				
e Excess from 2010 . . . . .				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) *N/A*

**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  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon.					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)**

**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

---

- 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 ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete 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 factors:

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a Paid during the year</p> <p>Attached Schedule</p>				
<b>Total</b>				<b>3a</b> 55,000
<p>b Approved for future payment</p> <p>Attached Schedule</p>				
<b>Total</b>				<b>3b</b> 30,000



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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code...
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains handwritten 'N/A' in the first row.

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code...
b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains handwritten 'N/A' in the first row.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: Ronhon Yeh
Date: 4/28/2011
Title: President

Paid Preparer Use Only section with fields for Preparer's name, signature, date, firm's name, address, EIN, and phone number.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2010**

Name of the organization

Employer identification number

*Clementina Foundation*

*84 1695816*

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

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

Name of organization

Clementina Foundation

Employer identification number

84-1695816

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-----	<u>RON-HWA YANG YEH</u> <u>1728 EDWARDS DR #17</u> <u>POINT ROBERTS, WA 98281-8513</u>	<u>\$ 105,000.00</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Clementina Foundation Employer identification number 84-1695816

**Part II** Noncash Property (see instructions)

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

Name of organization	Employer identification number
----------------------	--------------------------------

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization Clementina Foundation Employer identification number 84-1695816

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(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 gift 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 gift 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 gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Name of organization	Employer identification number
----------------------	--------------------------------

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

# STIFEL NICOLAUS

# STIFEL PRESTIGE® ACCOUNT STATEMENT

**CLEMENTINA FOUNDATION**  
**ATTN MS RON HWA YANG YEH**  
**1728 EDWARDS DR APT 17**  
**POINT ROBERTS WA 98281-8513**

*Your Financial Advisor:*  
**CAROL GOLDBERG SCHECTMAN**  
Telephone (860)677-2132

*Office Servicing Your Account:*  
**200 FISHER DRIVE**  
**1ST FLOOR**  
**AVON, CT 06001**

**PRIMARY INVESTMENT OBJECTIVE: GROWTH & INCOME**  
Please see [www.stifel.com](http://www.stifel.com), IMPORTANT DISCLOSURES, for a full definition of this objective, including the use of margin, or contact your Financial Advisor. If you have any questions concerning your investment objective, or wish to make a change, please contact your Financial Advisor, or the Branch Manager for this office.

## INVESTOR UPDATE

Looking to start off the New Year on the right foot financially? This month's Investment Strategist features a checklist of important financial issues to consider and discuss with your Stifel Financial Advisor to help you effectively pursue your goals.

## ACCOUNT PROTECTION

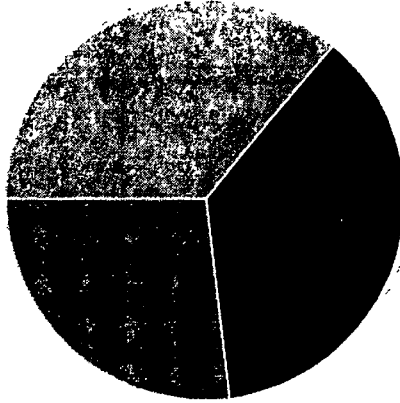
Stifel, Nicolaus & Company, Incorporated provides up to \$150 million of coverage for securities held in client accounts, of which \$1 million may be in cash deposits. Ask your Financial Advisor for more details.

Thank you for allowing Stifel Nicolaus to serve you. In order to protect your rights, including rights under the Securities Investor Protection Act (SIPA), please promptly report, in writing, any inaccuracies or discrepancies in this account or statement to the Compliance Department of Stifel Nicolaus at the address below. If you have any questions regarding your account or this statement, please contact your Financial Advisor or the Branch Manager for this office. Please refer to the Client Agreement and the enclosed Investment Strategist newsletter for important disclosure information about your account.

STIFEL, NICOLAUS & COMPANY, INCORPORATED | ONE FINANCIAL PLAZA | 501 NORTH BROADWAY | ST. LOUIS, MISSOURI 63102  
MEMBER SIPC AND MEMBERS, NEW YORK STOCK EXCHANGE, INC. CHICAGO AND AMERICAN STOCK EXCHANGES  
INVESTMENT SERVICES SINCE 1890 | [WWW.STIFEL.COM](http://WWW.STIFEL.COM)

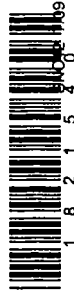
YOUR STIFEL ACCOUNT SUMMARY		December 31	November 30
Cash Equivalents		120,273.65	68,037.39
Net Portfolio Assets held at Stifel		213,085.60	206,649.60
Net Portfolio Assets not held at Stifel			
<b>Net Portfolio Value</b>		<b>\$333,359.25</b>	<b>\$274,686.99</b>
YOUR CHANGE IN PORTFOLIO VALUE		December 31	November 30
Net Cash Flow (Inflows/Outflows) <sup>2</sup>		51,760.13	-5,000.00
Securities Transferred In/Out			
Income and Distributions		476.13	38.25
Change in Securities Value		6,436.00	-4,230.00
<b>Net Change in Portfolio Value</b>		<b>\$58,672.26</b>	<b>-\$9,191.75</b>

## YOUR ASSET SUMMARY



Net Cash Equivalents 36%  
Equities 37%  
Corporate/ Government Bonds 27%

<sup>2</sup> Does not include cost or proceeds for buy or sell transactions.





# STIFEL NICOLAUS

CLEMENTINA FOUNDATION  
ATTN MS RON HWA YANG YEH

December 1 -  
December 31, 2010  
Account Number  
AV06 6584-6767

## ASSET DETAILS

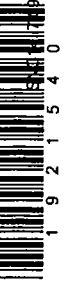
This section shows the cash equivalents and/or securities in your account. Prices obtained from outside sources are considered reliable but are not guaranteed by Stifel. Actual prices may vary and you may receive more or less than your original purchase price. Contact your Financial Advisor for current price quotes. Gain/Loss is provided for informational purposes only. Cost basis may be adjusted for, but not limited to, amortization, accretion, principal paydowns, capital changes, or listed option premiums. The Gain/Loss information should not be used for tax preparation without the assistance of your tax advisor.

### NET CASH EQUIVALENTS

	Current value	Cost Basis	Estimated Annualized Income	Estimated Yield %
CASH	100,000.00	100,000.00		
GENERAL MONEY MARKET	20,273.65	20,273.65	10.14	0.05%
<b>Total Net Cash Equivalents</b>	<b>\$120,273.65</b>	<b>\$120,273.65</b>	<b>\$10.14</b>	<b>0.01%</b>

### PORTFOLIO ASSETS - HELD AT STIFEL

Equities	Symbol/Type	Quantity	Current Price/Current Value	Average Unit Cost/Cost Basis	Unrealized Gain/(-)Loss*	Estimated Annualized Income	Estimated Yield %
GENERAL ELECTRIC COMPANY	GE CASH	500	18.2900 9,145.00	33.8344 16,917.20	-7,772.20	280.00	3.06%
JOHNSON & JOHNSON	JNJ CASH	500	61.8500 30,925.00	62.6974 31,348.68	-423.68	1,080.00	3.49%
KRAFT FOODS CLASS A	KFT CASH	500	31.5100 15,755.00	31.6814 15,840.70	-85.70	580.00	3.68%
NOVARTIS AG SPONSORED ADR	NVS CASH	500	58.9500 29,475.00	48.2663 24,133.14	5,341.86	828.05	2.81%
UNITED TECHNOLOGIES CORP	UTX CASH	480	78.7200 37,785.60	69.0100 33,124.78	4,660.82	816.00	2.16%
<b>Total Equities</b>			<b>\$123,085.60</b>	<b>\$121,364.50</b>	<b>\$1,721.10</b>	<b>\$3,584.05</b>	<b>2.91%</b>



**ASSET DETAILS (continued)**

**PORTFOLIO ASSETS - HELD AT STIFEL (continued)**

Corporate/Government Bonds	Symbol/ Bond Rating/ Type	Quantity	Current Price/ Current Value	Average Unit Cost/ Cost Basis	Accrued Income	Unrealized Gain/(-)Loss*	Estimated Annualized Income	Estimated Yield %
BANK OF AMERICA NA CHARLOTTE NC CTF DEP FDIC ACT/365 INT@MAT CPN 0.450% DUE 02/22/11 DTD 05/19/10 FC 02/22/11 CUSIP: 06051VQV1	CASH	90,000	100.0000 ** 90,000.00	100.0000 90,000.00	250.77	0.00	405.00	0.45%
<b>Total Corporate/Government Bonds</b>		<b>90,000</b>	<b>\$90,000.00</b>	<b>\$90,000.00</b>	<b>\$250.77</b>	<b>\$0.00</b>	<b>\$405.00</b>	<b>0.45%</b>

\*The price assigned to this instrument may have been provided by a national pricing service and is derived from a 'market-driven pricing model.' This price may not be the actual price you would receive in the event of a sale prior to the maturity of the C.D. Additional information is available upon request

<b>Total Portfolio Assets - Held at Stifel</b>	<b>\$213,085.60</b>	<b>\$211,364.50</b>	<b>\$1,721.10</b>	<b>\$3,989.05</b>	<b>1.87%</b>
<b>Total Net Portfolio Value</b>	<b>\$333,359.25</b>	<b>\$331,638.15</b>	<b>\$1,721.10</b>	<b>\$3,999.19</b>	<b>1.20%</b>

Please note "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing. Unrealized gains or losses are provided for your information only and should not be used for tax purposes.

**ACTIVITY SUMMARY**

Type of Activity	Activity	Year-to-date	This period	Cash	Money Market	Margin
<b>Opening Balance - Net Cash Equivalents</b>			<b>\$68,037.39</b>	<b>\$0.00</b>	<b>\$68,037.39</b>	<b>\$0.00</b>
Buy and Sell Transactions	Assets Bought	-239,000.00				
	Assets Sold/Redeemed	149,000.00				
Deposits	Deposits Made To Your Account	105,000.00	100,000.00			
Withdrawals	Withdrawals From Your Account			100,000.00		
Income and Distributions	Income and Distributions	3,907.25	476.13	476.13		
Money Market Activity	Money Market Activity			47,763.74	-47,763.74	
Margin Interest	Margin Interest Charged					
Other	Other Transactions					
Cash Management Activity	Card Activity					
	ACH/ATM Activity					
Checkwriting Activity	Checks You Wrote	-68,920.66	-48,239.87	-48,239.87		
<b>Closing Balance - Net Cash Equivalents</b>			<b>\$120,273.65</b>	<b>\$100,000.00</b>	<b>\$20,273.65</b>	<b>\$0.00</b>
Securities Transferred	Securities Transferred In/Out					

CLEMENTINA FOUNDATION  
ATTN MS RON HWA YANG YEH

December 1 -  
December 31, 2010  
Account Number  
AV06 6584-6767

**STIFEL  
NICOLAUS**

**ACTIVITY DETAILS**

**CASH EQUIVALENTS**

This period		Cash	Money Market	Margin
<b>Opening Balance - Net Cash Equivalents</b>		<b>\$0.00</b>	<b>\$68,037.39</b>	<b>\$0.00</b>

Date	Activity	Quantity	Description	Total
12/30/2010	Funds Received		FUNDS RECD	100,000.00
<b>Total Deposits Made To Your Account</b>				<b>\$100,000.00</b>

Date	Activity	Quantity	Description	Total
12/10/2010	Dividend		UNITED TECHNOLOGIES CORP 121010 480 CUSIP: 913017109	204.00
12/14/2010	Dividend		JOHNSON & JOHNSON 121410 500 CUSIP: 478160104	270.00
12/31/2010	Dividend		GENERAL MONEY MARKET 123110 20,271 CUSIP: 09999211	2.13
<b>Total Income And Distributions</b>				<b>\$476.13</b>

Date	Activity	Quantity	Description	Total
12/8/2010	Sale		GENERAL MONEY MARKET	3,239.87
12/13/2010	Purchase		GENERAL MONEY MARKET	-204.00
12/15/2010	Purchase		GENERAL MONEY MARKET	-270.00
12/15/2010	Sale		GENERAL MONEY MARKET	5,000.00
12/20/2010	Sale		GENERAL MONEY MARKET	20,000.00
12/21/2010	Sale		GENERAL MONEY MARKET	10,000.00
12/27/2010	Sale		GENERAL MONEY MARKET	10,000.00
12/31/2010	Purchase		GENERAL MONEY MARKET	-2.13
<b>Total Money Market Activity</b>				<b>\$47,763.74</b>

Cash	Money Market	Margin
<b>\$0.00</b>	<b>\$68,037.39</b>	<b>\$0.00</b>
<b>\$476.13</b>	<b>-3,239.87</b>	<b>204.00</b>
<b>\$47,763.74</b>	<b>-204.00</b>	<b>270.00</b>
<b>\$47,763.74</b>	<b>5,000.00</b>	<b>-5,000.00</b>
<b>\$47,763.74</b>	<b>20,000.00</b>	<b>-20,000.00</b>
<b>\$47,763.74</b>	<b>10,000.00</b>	<b>-10,000.00</b>
<b>\$47,763.74</b>	<b>10,000.00</b>	<b>-10,000.00</b>
<b>\$47,763.74</b>	<b>-2.13</b>	<b>2.13</b>
<b>\$47,763.74</b>	<b>-47,763.74</b>	<b>\$0.00</b>



## CASH MANAGEMENT ACTIVITY

To report a lost or stolen MasterCard Debit Card, at any time, call toll free 1-877-STIFEL4, select option 1 and then option 2.  
For all other questions call 1-800-679-5446 on any business day between 7:30 am and 5:00 pm C.S.T.

### Checkwriting Activity

(Activity sorted in check number order.)

Date Paid	Check no	Payee	Expense Category	Expense Code	Amount	Cash	Money Market	Margin
01/05/10	1007	STREET KIDS INTERNATIONAL	Undefined	N/A	-3,000.00	-3,000.00		
01/11/10	1008	RIGHT TO PLAY	Undefined	N/A	-3,000.00	-3,000.00		
01/07/10	1010	MATER DEI HIGH SCHOOLS GRANTS	Undefined	N/A	-3,000.00	-3,000.00		
01/25/10	1013	NANCY THUNEM	Undefined	N/A	-112.00	-112.00		
04/13/10	1014	RITA YEH	Undefined	N/A	-1,500.00	-1,500.00		
08/23/10	1015	SEREARY OF STATE STATE OF WASH	Undefined	N/A	-10.00	-10.00		
09/01/10	1016	RITA YEH	Undefined	N/A	-58.79	-58.79		
11/22/10	1017	PEARL S BUCK INTERNATIONAL	Undefined	N/A	-10,000.00	-10,000.00		
12/08/10@	1018	GRACI YANG	Undefined	N/A	-3,186.15	-3,186.15		
12/08/10@	1019	GRACE YANG	Undefined	N/A	-53.72	-53.72		
12/15/10@	1020	MATES DEILHIGH SCHOOL GRANTS A	Undefined	N/A	-5,000.00	-5,000.00		
12/27/10@	1022	TZU CHI FOUNDATION USA	Undefined	N/A	-10,000.00	-10,000.00		
12/21/10@	1023	THE SMILE TRAIN	Undefined	N/A	-10,000.00	-10,000.00		
12/20/10@	1025	BOYS AND GIRLS CLUB OF SOUTH E	Undefined	N/A	-20,000.00	-20,000.00		
<b>Total Checkwriting Activity</b>					<b>-68,920.66</b>	<b>-68,920.66</b>		
@ Activity Posted in December								

<b>This period</b>	<b>Cash</b>	<b>Money Market</b>	<b>Margin</b>
<b>\$120,273.65</b>	<b>\$100,000.00</b>	<b>\$20,273.65</b>	<b>\$0.00</b>

**Closing Balance-- Net Cash Equivalents**

## CHECKWRITING EXPENSE SUMMARY

Expense Category	Expense Code	This Period	Year-to-date	Pct. of total
Undefined	N/A	-48,239.87	-68,920.66	100.00%
<b>Expense Summary</b>		<b>-48,239.87</b>	<b>-68,920.66</b>	<b>100.00%</b>

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Part XV

3a Grants and Contributions Paid During the Year

1 Boys &amp; Girls Clubs of Southeast Louisiana

P.O. Box 24817

New Orleans, LA 70184-4817

Amount: \$20,000.00 to help the children in the devastated area.

2 Smile Train World Headquarters

41 Madison Ave.

New York, NY 10010

Amount: \$10,000.00 to give 40 children corrective surgery

3. Buddhist Tzu-Chi Foundation

1100 S. Valley Center Ave.

San Dimas, CA 91773

Amount: 10,000.00 to help the children in natural disaster area

4. Mater Dei High School

1202 West Edinger Ave

Santa Ana, CA 92707-2191

Amount: 5,000.00 to support its Junior Monarch program

5. Pearl Buck International

520 Dublin Road

Perkasie, PA 18944-3000

Amount: 10,000.00 to rescue marginalized Eurasian children

3b Approved for Future Payment

1. International Samaritan

614 S. Ashley St, Ann Arbor, MI

15,000.00 to aid Francisco Coll School in Guatemala City

2 Elijah Foundation

P.O. Box 5375, Buffalo Grove, IL 60089

15,000.00 to help children in Cambodia

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Clementine Foundation

EIN 84-1695816

Part I Revenue and Expenses

Line 23 - schedule

- postage, photocopy, printing 45
- teleconferencing, Internet access 180
- annual report filing fee 10