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Form **990-PF**

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

OMB No 1545-0052

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

r OI Ca	endar year zoro, or tax year beginning		, and chang		
G Ch	eck all that apply: Initial return Initial	ial Return of a former p	ublic charity	Fina	al return
	Amended return	Address	change Name o	change	
			A	Employer identification num	nber
CLIC	K FAMILY FOUNDATION			86-0933752	
C/0	P.O. BOX 12399		В	Telephone number (see the	instructions)
TUCS	ON, AZ 85732			949 598-4800	
			C	If exemption application is	pending, check here
			D	1 Foreign organizations, chec	
H C	heck type of organization: X Section 50	(c)(3) exempt private f	oundation	2 Foreign organizations meet	ing the 85% test, check
[Section 4947(a)(1) nonexempt charitable t		private foundation	here and attach computation	
I F		counting method X C		If private foundation status under section 507(b)(1)(A)	was terminated
(rom Part II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60	
► §	2,280,015. (Part I	column (d) must be or		under section 507(b)(1)(B)	, check here
Part				(a) Adjusted not	(d) Dishursoments
	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	CAPONOGO POR BOOMS			purposes
	sarily equal the amounts in column (a) (see the instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	280,240.	<u></u>		
	2 Ck If the foundn is not reg to att Sch B				
	3 Interest on savings and temporary				
	cash investments	13,919.	13,919.	13,919.	
	4 Dividends and interest from securities	36,261.	36,261.	36,261.	
	5a Gross rents				
_	b Net rental income or (loss)	-146,778.			
R E	6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all 8,509,889.	-140, 110.			
٧	assets on line 6a		0.		
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·	0.	
ΰ	9 Income modifications			<u> </u>	
Ε					
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold .				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	SEE STATEMENT 1	99,517.	99,517.	99,517.	
	12 Total. Add lines 1 through 11	283,159.	149,697.	149,697.	
	13 Compensation of officers, directors, trustees, etc	0.			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits .				
A	16a Legal fees (attach schedule)	2 025	2 025	2 025	
M	b Accounting fees (attach sch) SEE ST 2 c Other prof fees (attach sch) SEE ST 3	2,925. 72.	2,925. 72.	2,925. 72.	
οŅ		401.	401.	401.	
O I P S F T	17	5,010.	401.	401.	
Řķ	18 Taxes (attach schedule)(see instr.) SEE STM 4 19 Depreciation (attach	3,010.			
<u> </u>	sch) and depletion .	L			
M V E	20 Occupancy .				
	21 Travel, conferences, and meetings				<u></u>
⇒ A E N N X	22 Printing and publications				
iF.	23 Other expenses (attach schedule)	-			
JUL		l			
	24 Total operating and administrative extenses Add lines 13 through 23	8,408.	3,398.	3,398.	
	25 Contributions, gifts, grants paid PART XV	1,468,896.	- 3,330.	3,330.	1,468,896.
틸 	26 Total expenses and disbursements.	2,100,000	<u> </u>		
≶ ▮	Add impesize and 25	1,477,304.	3,398.	3,398.	1,468,896.
Š (27 Sunfract-line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,194,145.		İ	
9 3)		1,134,143.	146,299.		
	b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		140,233.	146,299.	
	CAUJUSTED HET INCOME (II NEGATIVE, ENTER -U-) .	Ī	Ī	1 130,600.	

Page 2

Doub	<u> </u>	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		end o	f year
Part	<u> </u>	Datance Sheets	(See instructions)	(a) Book Value	(b) Book Value	Э	(c) Fair Market Value
	1	Cash - non-interest	-bearing				
			ary cash investments	8,269.	15,3	24.	15,324.
		Accounts receivable	-				
	•	Less: allowance for			-		
	4	Pledges receivable	•				
	•	Less allowance for	doubtful accounts				
	5	Grants receivable	doubtlul accounts			\neg	
	_		diversary to store and attent				· · · · · · · · · · · · · · · · · · ·
	6	disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see the instructions)				
		Other notes and loans rec					
Ą		Less allowance for	doubtful accounts				
A S S E T	8	Inventories for sale	or use .				
Ē	9	Prepaid expenses a	nd deferred charges .				
S		Investments - U.S	and state government				
		obligations (attach s	stock (attach schedule) STATEMENT 5	3,091,597.	1,894,5	61	1,974,022.
				3,031,337.	1,094,3	04.	1,914,022.
		: Investments — corporate	,				
	11	Investments – land, equipment, basis	buildings, and				
		Less: accumulated depred (attach schedule)	ciation ►				
	12	Investments - mort	gage loans.				
		Investments - other		294,836.	290,6	69.	290,669.
		Land, buildings, and					
		Less. accumulated depred					
		(attach schedule)	,				
		Other assets (descri					
	16		completed by all filers — so, see page 1, item I)	3,394,702.	2,200,5	57.	2,280,015.
Ļ	17	Accounts payable a	nd accrued expenses .				
I A	18	Grants payable					
B		Deferred revenue					
ļ	20	Loans from officers, direc	tors, trustees, & other disqualified persons				
ī	21	•	s payable (attach schedule)				
Ţ		Other liabilities (descri					
Ė		•					
<u> </u>	23		l lines 17 through 22)	0.		0.	
			llow SFAS 117, check here 24 through 26 and lines 30 and 31.				
NF	24	Unrestricted .				İ	
ËÜ	25	Temporarily restricte	ed		 		
I N		Permanently restrict					1
A		•	o not follow SFAS 117, check here				
A B A L A		and complete lines	27 through 31.				
SAELTA	27	Canital stock trust i	principal, or current funds .	•			
T A S N		•	, or land, building, and equipment fund				1
С	29		ulated income, endowment, or other funds	3,394,702.	2,200,5	57	
O E R S		= :		3,394,702.	2,200,5		
КЭ	30 31		fund balances (see the instructions) net assets/fund balances	3,334,702.	2,200,3	57.	
		(see the instructions		3,394,702.	2,200,5	57.	
Part	: 111	Analysis of Char	iges in Net Assets or Fund Balanc	es			
	Total	net assets or fund h	alances at beginning of year — Part II, colu		gree with	1	3 304 702
_			d on prior year's return)		· }	1	3,394,702. -1,194,145.
		r amount from Part I,			}	2	-1,134,145.
		increases not included in l	ine z (itemize)			3	2 200 557
_		lines 1, 2, and 3		•		_4	2,200,557.
5		ases not included in line 2	`			5	2 202 555
6	Total	I net assets or fund b	alances at end of year (line 4 minus line 5)) – Part II. column (b). li	ne 30 . l	6	2,200,557.

Part IV Capital Gains	and Losses for Tax on Investi	nent income				
(a) List and d	describe the kind(s) of property sold (e arehouse, or common stock, 200 share	g., real estate,	(b) How acc P — Purch D — Dona	hase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a WELLS FARGO #03	332 PUBLICLY TRADED SECUR	ITIES	P		VARIOUS	VARIOUS
	183 PUBLICLY TRADED SECUR		P		VARIOUS	VARIOUS
c						
d						
е			<u> </u>		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis le		(h) Gain or (e) plus (f) m	inus (g)
a 1,198,			6,733.			-47,828.
b 7,310,	984.	7,40	9,934.			-98,950.
<u> </u>						
d						_
Consoliate and the consoli		d by the favordelves as 10/21/6				
(i) Fair Market Value	s showing gain in column (h) and owne (i) Adjusted basis	(k) Excess of column		ď	(I) Gains (Coli Jain minus column (I	
as of 12/31/69	as of 12/31/69	over column (j), if a		th	an -0-) or Losses (fr	om column (h))
a		- 				-47,828.
b						-98,950.
C						00/0001
d						
е						
2 Capital gain net income	or (net capital loss). If gain, if (loss)	also enter in Part I, line 7 , enter -0- in Part I, line 7	-	2		-146,778.
3 Net short-term capital g	ain or (loss) as defined in sections 122	2(5) and (6):	Ī			
If gain, also enter in Pai	rt I, line 8, column (c) (see the instructi	ons) If (loss) enter -0.	_			
in Part I, line 8	rt i, inic o, column (c) (see the instructi	ons): II (1033); enter 0		3		-146,778.
Part V Qualification	<u>Under Section 4940(e) for Redu</u>	iced Tax on Net Investm	ent Inco	me		
If 'Yes,' the foundation does r	the section 4942 tax on the distributable to the qualify under section 4940(e) Do not mount in each column for each year; se	t complete this part.		IPS	Yes	X No
(a) Base period years Calendar year (or tax ye	(b) Adjusted qualifying distribution	(c)			(d) Distributior umn (b) divided	ratio
beginning in)						
2009	536,59		6,881.			0.181474
2008	1,889,03		6,280.			0.364941
2007	1,415,58		8,915.			0.286618
2006	118,19		1,495.			0.047631
2005	289,67	3. 2,58	5,089.		1	0.112055
2 Total of line 1, column ((4)		1	2		0.992719
	•		ł	2		0.332113
3 Average distribution ration number of years the foundation.	o for the 5-year base period — divide the indation has been in existence if less the indation has been in existence if less the individual to the individual	ne total on line 2 by 5, or by the an 5 years	•	3		0.198544
4 Enter the net value of n	oncharitable-use assets for 2010 from I	Part X, line 5		4		2,340,391.
5 Multiply line 4 by line 3				5_		464,671.
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)			6		1,463.
7 Add lines 5 and 6				7		466,134.
8 Enter qualifying distribu	tions from Part XII, line 4			8		1,468,896.
If line 8 is equal to or gi	reater than line 7, check the box in Par	VI, line 1b, and complete that	part using	a 1%	6 tax rate. See t	ne

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruct	ions)		
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,		1,4	163.
	check here ► X and enter 1% of Part I, line 27b			
c	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-). Add lines 1 and 2		1 /	<u>0.</u> 163.
3	7.00 111/00 1 07/02		1,7	0.
4	Cabillio II (Illiabilio) tali (abillio illo di cabillio II (Illiabilio II (Illiab		1 /	163.
2	Tax Based on Micester Medical Control of Medical Co		±/-	.03.
•	Credits/Payments 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 7,847.			
	Exempt foreign organizations — tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld . 6d			
	Total credits and payments. Add lines 6a through 6d		7.8	347.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed .			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	-	6,3	384.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax 6,384. Refunded 11		- 1,	0.
	Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?.	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		Х
	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			
	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 (2) On foundation managers (3) 0.			
	(1) On the foundation \(\brace \\$ \) 0. (2) On foundation managers \(\brace \\$ \) 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		X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		_X
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		Х
	If 'Yes,' attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6		Х
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) AZ			
t	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	Х	
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	0 DE	(2010)

b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)

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?

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3b

4a

4b

N/A

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Part VII B Statements Regarding Activiti	es for Which Form	<u> 4720 May Be Requ</u>	uired (continued)	
5a During the year did the foundation pay or incu	•			
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No
(2) Influence the outcome of any specific pub- on, directly or indirectly, any voter registra	lic election (see sectior ition drive?	1 4955); or to carry	Yes X	No
(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 charıtable, etc, or 4940(d)(2)? (see ınstru	rganization described uctions) .	Yes X	No No
(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 X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	. 5b N/A
Organizations relying on a current notice rega	rding disaster assistant	ce check here	▶ 🗌	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Required	sibility for the grant?		N/A Yes	No
6a Did the foundation, during the year, receive ar on a personal benefit contract?			S	No
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene		6b X
If 'Yes' to 6b, file Form 8870.				
7a At any time during the tax year, was the found				
b If yes, did the foundation receive any proceed				7b
Information About Officers, Diand Contractors	rectors, Trustees,	Foundation Manag	jers, Highly Paid E	.mployees,
1 List all officers, directors, trustees, foundatio	n managers and their	compensation (see inst	ructions).	
(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
JAMES H. CLICK	PRESIDENT	0.	0.	0.
P.O. BOX 12399	1.00			
TUCSON, AZ 85732				
VICKI M. CLICK	VICE PRESIDE	0.	0.	0.
P.O. BOX 12399	2.00			
TUCSON, AZ 85732				
JIM HARRISON	SECRETARY	0.	0.	0.
3561 SUNRISE DR. #201	1.00			
TUCSON, AZ 85718				
DAVID WRIGHT	TREASURER	0.	0.	0.
120 N. STONE AV.	1.00			
TUCSON, AZ 85701				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1- see in	structions). If none, e	nter '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			Immercanion	
Total number of other employees paid over \$50,000	<u>. </u>		<u> </u>	0

Total. Add lines 1 through 3

BAA

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0.

BAA

Par	tX & Minimum Investment Return (All domestic foundations must complete this part. Fo	reign	foundations,
	see instructions.)	T	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.		
а	Average monthly fair market value of securities	1 a	2,334,811.
b	Average of monthly cash balances .	1 Ь	9,980.
c	Fair market value of all other assets (see instructions)	1c	31,240.
d	Total (add lines 1a, b, and c)	1 d	2,376,031.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c	1	
	(attach detailed explanation) . 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,376,031.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	35,640.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,340,391.
6	Minimum investment return. Enter 5% of line 5	6	117,020.
Parl	XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating	foundations
	and certain foreign organizations check here ► and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	117,020.
2 a	Tax on investment income for 2010 from Part VI, line 5. 2a 1, 463.	1	
	Income tax for 2010 (This does not include the tax from Part VI)	7.3	
	Add lines 2a and 2b	2c	1,463.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	115,557.
4	Recoveries of amounts treated as qualifying distributions	4	,
5	Add lines 3 and 4	5	115,557.
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	115,557.
=			
Par	tixil Qualifying Distributions (see instructions)		
1	Amounto nord (including administrative expenses) to accomplish aboritable, etc. purposes:	100	
'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	1,468,896.
	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 eside for specific charitable projects that satisfy the	,	
a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,468,896.
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	1,463.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,467,433.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whethe qualifies for the section 4940(e) reduction of tax in those years	r the fo	oundation

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				115,557.
2 Undistributed income, if any, as of the end of 2010				110,00
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 163, 073.				
b From 2006				
c From 2007 1,178,972.				
d From 2008 1, 630, 225.				
e From 2009 . 403, 059.				
f Total of lines 3a through e.	3,375,329.			
4 Qualifying distributions for 2010 from Part				
XII, line 4: ► \$ 1,468,896.				
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.			
d Applied to 2010 distributable amount				115,557.
e Remaining amount distributed out of corpus	1,353,339.			
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))				
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	4,728,668.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount – see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from			0.	
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)	163,073.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	4,565,595.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007 1,178,972.				
c Excess from 2008 1,630,225.				
d Excess from 2009 403, 059.				
e Excess from 2010 . 1,353,339.				

Form 990-PF (2010) CLICK FAMILY FOU		tions and David	VIII A guardian C	86-093375	
Part XIM Private Operating Foundation					N/A
1a If the foundation has received a ruling or easier is effective for 2010, enter the date of the				_	
b Check box to indicate whether the foundate		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(L) 0000	Prior 3 years	(4) 2007	(a) Takal
investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
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					
 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' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income			<u> </u>		
Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	d \$5,000 or moi	re in
Information Regarding Foundation Managers a List any managers of the foundation who close of any tax year (but only if they have JAMES H. CLICK	gers: have contributed m	ore than 2% of the	total contributions researchers section 507(d)(2))	eceived by the foun	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a co 0% or greater inter	rporation (or an equa rest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra	nt. Gift. Loan. Scho	larship, etc. Progr	ams:		
Check here I If the foundation only requests for funds If the foundation make	nakes contributions	to preselected cha	arıtable organızatıon:		
a The name, address, and telephone number	er of the person to	whom applications	should be addressed	t c	
SEE STATEMENT 6					
b The form in which applications should be	submitted and infor	mation and materi	als they should ınclu	de:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A		<u> </u>			
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors.
SEE STATEMENT FOR LINE 2A					
BAA	TE	EA0310L 02/16/11		F	orm 990-PF (2010)

Page 11

3	Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
	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		
assee	Name and address (home or business) Paid during the year STATEMENT 7	substantial contributor	recipient		
	Total	1	<u> </u>	. ► 3a	1,468,896.
	Approved for future payment		· · · · · ·		1,400,090.
	Total			▶ 31	ol

Page 12

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated I	business income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)	
a						
b	 					
С						
d			<u> </u>			
e	1					
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	13,919.		
4 Dividends and interest from securities			14	36,261.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					-146,778	
9 Net income or (loss) from special events.						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a OPTION PREMIUMS - W.F.					99,483	
b OTHER INCOME - WF ADVISOR	 				34	
c						
d						
e						
12 Subtotal Add columns (b), (d), and (e)				50,180.		
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated.)				13	2,919	

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
<u></u>	
-	
	· · · · · · · · · · · · · · · · · · ·
•	

Form 990-PF (2010) CLICK FAMILY FOUNDATION 86-0933752 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							Ye	s No
			page in any of the follow er than section 501(c)(3					
relating t	o political organizati	ions?	er triair section 501(c)(5) Organization	s) or in section 52	_,,		* 3
a Transfers	s from the reporting	foundation to a	noncharitable exempt of	organization of	:			
(1) Cash	ı .					•	1 a (1)	<u> X</u>
(2) Othe	r assets				•		1a (2)	X
b Other tra	insactions							
(1) Sale:	s of assets to a none	charitable exemi	pt organization				1 b (1)	X
(2) Purcl	hases of assets fron	n a noncharitable	e exempt organization				1 b (2)	X
(3) Rent	al of facilities, equip	ment, or other a	assets				1 b (3)	Х
(4) Reim	bursement arranger	ments					1 b (4)	X
(5) Loan	s or loan guarantee:	s					1 b (5)	X
(6) Perfo	ormance of services	or membership	or fundraising solicitation	ons			1 b (6)	X
c Sharing o	of facilities, equipme	ent, mailing lists	, other assets, or paid of	employees			1c	X
-			•				-	
the good	s. other assets, or s	services aiven by	emplete the following so the reporting foundation win column (d) the value	on. If the found	dation received le	ss than fair mark	ket value in	of
	(b) Amount involved		noncharitable exempt organization) Description of trans			ents
N/A	<u></u>	(4)			,	· · · · · · · · · · · · · · · · · · ·		
								
								
	 	 	· ·		·			
			· · · · · · · · · · · · · · · · · · ·					
						·· ····		
					•			
<u> </u>								
					•			
			•					
								
- 1		 						-
	 .	L						
2a Is the fou	undation directly or i	indirectly affiliate	ed with, or related to, or er than section 501(c)(3	ne or more tax	c-exempt organiza	ations	∏Yes [X No
	complete the following	,	er than section 501(c)(5)) or in section	1 527 :		L les	N) NO
	Name of organization		(b) Type of organ		(6)	Description of re	lationship	
N/A	Traine or organization	511	(b) Type of organ	iization	(6)	Description of te	lationship	
11/ 21								
								
			····					
Under ne	analties of person, I declar	e that I have examine	d this return, including accomp	anvina schedules a	nd statements, and to t	he hest of my knowled	ine and helief it is ti	
correct,	and complete Declaration	of preparer (other tha	d this return, including accompa in taxpayer or fiduciary) is base	d on all information	of which preparer has	any knowledge	ge and bener, it is to	ue,
Sign 📗 🧲					_11	2		
Here	$\times \wedge$	1			7/7/11	▶ Yresiden	.†	
	nature of officer of trustee	<u> </u>		Date	9	Title		
(Print/Type properer's name	ne	Preparer's signature		Date	Check if X if	PTIN	
Paid	JOHN C. HAMM	IARGREN	1-11	~	6/21/11	self-employed	P0044810	4
Preparer			MARGREN, CPA	-	1	Firm's EIN		
Use Only	. 2	5255 CABOT		27				
USE Offing		AGUNA HILL				Phone no 949	581-9910	
RAA	· -						Form 990-P	F (2010)

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
CLICK FAMILY FOUNDATION		86-0933752
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not trea 527 political organization	ited as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation	as a private foundation
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10) o	General Rule or a Special Rule. Irganization can check boxes for both the General Rule	e and a Special Rule. See instructions.
General Rule X For an organization filing Form 990, 990-contributor. (Complete Parts I and II.)	-EZ, or 990-PF that received, during the year, \$5,000 of	or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	g Form 990 or 990-EZ, that met the 33-1/3% support t ved from any one contributor, during the year, a contr art VIII, line 1h or (ii) Form 990-EZ, line 1. Complete I	bution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1, the prevention of cruelty to children or an	nization filing Form 990 or 990-EZ, that received from,000 for use <i>exclusively</i> for religious, charitable, scient nimals Complete Parts I, II, and III.	any one contributor, during the year, affic, literary, or educational purposes, or
contributions for use <i>exclusively</i> for religing if this box is checked, enter here the total purpose. Do not complete any of the particular to the particul	nization filing Form 990 or 990-EZ, that received from lous, charitable, etc, purposes, but these contributions al contributions that were received during the year for ts unless the General Rule applies to this organization	s did not aggregate to more than \$1,000 an <i>exclusively</i> religious, charitable, etc, n because it received nonexclusively
religious, charitable, etc, contributions of	f \$5,000 or more during the year	► \$
Caution: An organization that is not covered 990-PF) but it must answer 'No' on Part IV, 990-PF, to certify that it does not meet the fi	by the General Rule and/or the Special Rules does no line 2 of their Form 990, or check the box on line H of illing requirements of Schedule B (Form 990, 990-EZ, or	ot file Schedule B (Form 990, 990-EZ, or its Form 990-EZ, or on line 2 of its Form or 990-PF)
BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF.	see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	anization ,		identification number
	FAMILY FOUNDATION	186-09	933752
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CLICK CHARTBL LEAD ANNTY TRST 41 AUTO CENTER DRIVE IRVINE, CA 92618	\$280,240.	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
			Barrage [7]

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

Payroll Noncash

(Complete Part II if there is a noncash contribution)

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

BAA

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

of Part III

Name of organization .
CLICK FAMILY FOUNDATION

Employer identification number

CLICK FAMILY FOUNDATION

| 86-0933752 |
| Partill | Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)
| Organizations aggregating more than \$1,000 for the year Complete cols (a) through (e) and the following line entry

contributions of \$1,000 or less for the year. (b) Purpose of gift	(c) Use of gift		(d) Description of how gift	N/A
N/A				
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree
(b)	(c)		(d)	is held
r dipose oi giit	Ose of gift		Description of now gift	13 Held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to trans	feree
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	(e) Transfer of gift		<u> </u>	
	Purpose of gift Transferee's name, addres (b) Purpose of gift Transferee's name, addres (b) Purpose of gift Transferee's name, addres (b) Purpose of gift	Purpose of gift (e) Transferee's name, address, and ZIP + 4 (b) (b) (c) Purpose of gift (e) Transfer of gift Use of gift (e) Transfer of gift Use of gift (f) Use of gift (h) (h) (h) (h) (h) (h) (h) (h	Purpose of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Relationship (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4	Purpose of gift Use of gift Use of gift Description of how gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift Transferee's name, address, and ZIP + 4 (c) Purpose of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift Transferee's name, address, and ZIP + 4 (c) Purpose of gift Transferee's name, address, and ZIP + 4 (c) Purpose of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans (d) Purpose of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans Relationship of transferor to trans (d) Purpose of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans

2010 .	FEDERAL STATEMENTS	PAGE 1
	CLICK FAMILY FOUNDATION	86-0933752
6/21/11		12 32PM
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
		(C) ADJUSTED <u>IET_INCOME</u>
OPTION PREMIUMS - W.F OTHER INCOME - WF ADVISOR	\$ 99,483.\$ 99,483.\$ 34. 34. TOTAL \$ 99,517.\$ 99,517.\$	99,483. 34. 99,517.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
TAX PREP FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 2,925. \$ 2,925. \$ 2,925. TOTAL \$ 2,925. \$ 2,925. \$ 2,925. \$	(D) CHARITABLE PURPOSES 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
COMPASS BANK FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 72. \$ 72. \$ 72. TOTAL \$ 72. \$ 72. \$ 72.	(D) CHARITABLE PURPOSES 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES		
ARIZONA FILING FEE ARIZONA TAX PAYMENTS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 10. 5,000. \$ 5,010. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES 0.

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FEDERAL STATEMENTS

PAGE 2

86-0933752

CLICK FAMILY FOUNDATION

6/21/11

12 32PM

STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION <u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
WELLS FARGO ADVISORS	COST TOTAL	\$ 1,894,564. \$ 1,894,564.	<pre>\$ 1,974,022. \$ 1,974,022.</pre>

STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

CLICK FAMILY FOUNDATION JIM CLICK AUTOMOTIVE TEAM

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

520 570-7340 REQUESTS MUST BE IN WRITING.

FORM AND CONTENT: SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE NONE

P.O. BOX 12399

TUCSON, AZ 85732

STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
BOYS & GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	NONE	501 (C)	ASSISTANCE TO INDIGENT FAMILIES	\$ 174,878
VARIOUS OTHER CHARITIES VARIOUS TUCSON, AZ 85721	NONE	501 (C)	HEALTH & EDUCATIONAL ASSISTANCE TO INDIGENT FAMILIES	42,500
EL RIO FOUNDATION 839 W. CONGRESS ST. TUCSON, AZ 85745	NONE	501 (C)	HEALTH & CARE ASSISTANCE TO INDIGENT FAMILIES	20,000
SALVATION ARMY 1001 N RICHEY BLVD TUCSON, AZ 85733	NONE	501 (C)	ASSISTANCE TO INDIGENT FAMILIES	25,000
COMMUNITY FOOD BANK 3003 S COUNTRY CLUB TUCSON, AZ 85713	NONE	501 (C)	ASSISTANCE TO INDIGENT FAMILIES	25,000

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FEDERAL STATEMENTS

PAGE 3

TOTAL \$ 1,468,896.

CLICK FAMILY FOUNDATION

86-0933752

6/21/11

12 32PM

STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SAN MIGUEL HIGH SCHOOL 6601 S. SAN FERNANDO RD. TUSCON, AZ 85706	NONE	501 (C)	EDUCATION ASSISTANCE	\$ 867,458.
TOYS FOR TOTS OF TUCSON 3655 S. WILMOT ROAD TUCSON, AZ 82730	NONE	501 (C)	ASSISTANCE TO INDIGENT YOUTH	20,000.
TUCSON ZOOLOGICAL SOCIETY	NONE	501 (C)	ASSISTANCE TO INDIGENT AZ WILDLIFE	200,000.
CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY, STE 230 TUCSON, AZ 85705	NONE	501 (C)	HUMANITARIAN ASSISTANCE	59,060.
NOTRE DAME CATHOLIC MISSION 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	501 (C)	HUMANITARIAN ASSISTANCE	10,000.
SPECIAL CARE 1145 N. WOODLAND AVE. TUCSON, AZ 82712	NONE	501 (C)	HUMANITARIAN ASSISTANCE	25,000.

2010	FEC	ERAL SUP	PORTIN	IG DETA	AIL		PAGE 1
		CLICK FAMI	LY FOUND	ATION		_	86-0933752
6/21/11							12 32PM
OTHER INCOME I	PRODUCING ACTI VINGS & CASH IN	VITIES IVESTMENTS					
TCAG WORKING C				•		\$	736. 66.
WACHOVIA SECUR	RITIES #0332						188. 12,929.
					TOTAL	\$	13,919.
	PRODUCING ACT			· · · · · · · · · · · · · · · · · · ·			
DIVIDENDS/INTE	REST FROM SECU	IRITIES.					
WACHOVIA SECUR			• •	•	• • •	\$	8,400. 27,861.
					TOTAL	\$	36,261.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

-	e filing for an Automatic 3-Month Extension, con	•		,		► [X]
-	e filing for an Additional (Not Automatic) 3-Mont					
•	plete Part II unless you have already been grante					
corporation re request an ex Associated W	iing (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Vith Certain Personal Benefit Contracts, which ming of this form, visit www.irs gov/efile and click of	automatic) Part I or Pa ust be sent	3-month extension of time You can ele irt II with the exception of Form 8870, In to the IRS in paper format (see instruction	ctronic forma	cally file Forr tion Return f	n 8868 to or Transfers
Part I A	utomatic 3-Month Extension of Time. C	nly subm	it original (no copies needed).			
A corporation	n required to file Form 990-T and requesting an a	automatic 6-	month extension - check this box and c	omple	ete Part I onl	y >
All other corp income tax re	porations (including 1120-C filers), partnerships, eturns	REMICS, ar	nd trusts must use Form 7004 to request	an ex	ctension of ti	me to file
	Name of exempt organization			Emplo	yer identification	number
Type or print						
Print	CLICK FAMILY FOUNDATION			86-	0933752	
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions				
iling your return See	C/O P.O. BOX 12399					
nstructions	City, town or post office, state, and ZIP code For a foreign add	ress, see instruc	ctions			
	TUCSON, AZ 85732					
Enter the Re	turn code for the return that this application is fo	r (file a sep	arate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A		·	08
Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	03	Form 4720			09
Form 990-PF	•	04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
Telephone If the org If this is to check this the extent I requesely	s are in the care of ► BRADLEY R. WISE	siness in the digit Group k this box ation require	Exemption Number (GEN) If and attach a list with the names and to file Form 990-T) extension of time		s for the who Ns of all mer	- 3 1-7
► X ► 1 2 If the ta	calendar year 20 10 or tax year beginning, 20, 20, ax year entered in line 1 is for less than 12 montange in accounting period			al retu	ırn	
nonrefu	application is for Form 990-BL, 990-PF, 990-T, 47 undable credits. See instructions			3a	\$	3,038.
paymer	application is for Form 990-PF, 990-T, 4720, or 6 hts made Include any prior year overpayment al	lowed as a	credit	3b	\$	7,847.
EFTPS	e due. Subtract line 3b from line 3a Include you (Electronic Federal Tax Payment System). See	instructions	·	ā,c	\$	0.
Caution. If you	ou are going to make an electronic fund withdraw	wal with this	Form 8868, see Form 8453-EO and For	m 887	79-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.