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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 For calendar year 2010, or tax year beginning , 2010, and ending Initial Return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation Employer identification number 91-6571186 THE OLD COOT & MAGGIE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) B (208) 336-0240 2011 SILVER CREEK LANE City or town State ZIP code С If exemption application is pending, check here ID 83706 1 Foreign organizations, check here BOISE 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Accounting method X Cash | Accrual Fair market value of all assets at end of year J under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) _ _ _ _ _ _ _ If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 4,471 (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 000 म्बर्भ इसे १से हिंगी हैं। If the foundn is not reg to att Sch B Interest on savings and temporary cash investments 23 23 1000 日本 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) AND THE LABOR. REVENU 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all Capital gairfrietincome (from Pad.IV-が記され Net short-term capital gain - برزمه - برزمه 9 Income modifications 2011 10 a Grossfales Amaly regular and allevantes S b Less Cost of c Gross profit (loss) (att-seh) Other income (attach schedule) 23. Total. Add lines 1 through 11 15,023 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach sch) L-16b Stmt 450 45. c Other prof fees (attach sch) OPERATING 17 Interest Taxes (attach schedule)(see instr.) Excise tax 91 91 19 Depreciation (attach sch) and depletion ١ 20 Occupancy Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) 10 Total operating and administrative expenses. Add lines 13 through 23 **8** 136 541 SCANNED MAY 31,210. 31,210. Contributions, gifts, grants paid 25 Total expenses and disbursements. 210 Add lines 24 and 25 136 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -16,728 0 b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

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Part	11:	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	 	r year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	21,199.	4,471.	4,471.
	3	Accounts receivable		ایمه ۱۰۰۰ هر رو در ^ا رازد	
		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 the instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
š	8	Inventories for sale or use		-	-
A S E T	9	Prepaid expenses and deferred charges			
Ś	10:	a Investments – U.S. and state government obligations (attach schedule)			
	ı	b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			
	11	investments - land, buildings, and			
		equipment basis	أعكنا كالتائم والمساهدة		图为中华发生到
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)		······································	
	14	Land, buildings, and equipment basis ►		24.20万元。逐型	SOLEMBLE TO
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers—see instructions. Also, see page 1, item I)	21,199.	4,471.	4,471.
L	17				THE REAL PROPERTY.
A	18				
B.	19	• •			
-	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe)			
ES	23	Total liabilities (add lines 17 through 22)			
	2.5	Foundations that follow SFAS 117, check here			
NF	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
ΕU	24 25				
T N D	ı	Permanently restricted		· · · · · · · · · · · · · · · · · · ·	
	20				
A S S E L T A		Foundations that do not follow SFAS 117, check here x and complete lines 27 through 31.	J		
EL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	21,199.	4,471.	
RS	30	\ \frac{1}{2}	21,199.	4,471.	
	31	Total liabilities and net assets/fund balances (see the instructions)	21,199.	4,471.	
Parl	<u> </u>	Analysis of Changes in Net Assets or Fund Balance		1/4/1.	fat. 171 . U. B. 21 No. B. 16 . O and 1
1	i ota end	al net assets or fund balances at beginning of year– Part II, colur -of-year figure reported on prior year's return)	mn (a), line 30 (must ag	ree with	21,199.
		er amount from Part I, line 27a		2	-16,728.
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	4,471.
5	Decre	eases not included in line 2 (itemize)		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)- Part II, column (b), lir	ne 30 6	4,471.

(a) List and desc	cribe the kind(s) of property sold (e g , reanouse, or common stock, 200 shares MLC	al estate, (b)	How acquired — Purchase — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a			— Donation_		
b		_			
С			_		
d					
е				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
b					<u> </u>
<u> </u>					
d					
<u>e</u>		10/21/00			
(i) Fair Market Value as of 12/31/69	owing gain in column (h) and owned by t (j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		(I) Gains (Coli gain minus column (I nan -0-) or Losses (fi	(), but not less
a					
b					
С					
d_					
е				Υ-	
For optional use by domestic priving f section 4940(d)(2) applies, leaven was the foundation liable for the softyes, the foundation does not question does n	der Section 4940(e) for Reduced vate foundations subject to the section 49 re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not comit in each column for each year, see the	ount of any year in the base peoplete this part	ncome) eriod?	Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	s (cc	(d) Distribution Iumn (b) divided	
2009	38,450.	13,	879.		2.77037
2008	27,764.		834.		2.82326
2007	33,742.		118.		1.08432
2006	35,966.		487.		1.30847
2005	21,712.	17,	824.		1.21813
			_		0 00:55
2 Total of line 1, column (d)3 Average distribution ratio for	or the 5-year base period — divide the tota	alon line 2 by 5 or by the	2	-	9.20456
number of years the founda	tion has been in existence if less than 5	years	3	<u> </u>	1.84091
4 Enter the net value of nonc	haritable-use assets for 2010 from Part X	K, line 5	4	<u> </u>	0
5 Multiply line 4 by line 3			5	<u> </u>	0
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		0
7 Add lines 5 and 6			7		0
8 Enter qualifying distribution					
	s from Part XII, line 4		8		31,210

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation

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)7f 'Yes,' complete Part XIV

10 Did any persons become substantial contributors during the tax year 7f 'Yes,' attach a schedule listing their names

10 Did any persons become substantial contributors during the tax year of 'Yes,' attach a schedule listing their name and addresses

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X

8b

9

10

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

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?

3b X

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4b

charitable purposes?

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Part VII-B: Statements Regarding Activiti	es for Which Form	4720 May Be Requ	iired (continued)				
5a During the year did the foundation pay or incu	r any amount to			建筑工作 在			
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X I	No Fight of			
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No Section 1			
(3) Provide a grant to an individual for travel,		purposes?	Yes X	No San Core			
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described	Yes X	No			
(5) Provide for any purpose other than religion	us, charitable, scientific	, literary, or					
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 instructions)?							
Organizations relying on a current notice rega	rding disaster assistanc	e cneck nere					
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsible to the statement required by Regions 16 'Yes.' attach the statement required by Regions 16 'Yes.'	sibility for the grant?		Yes	No			
6a Did the foundation, during the year, receive ar on a personal benefit contract?		, ,	Yes X	No			
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benet		6b X			
If 'Yes' to 6b, file Form 8870				The state of the s			
7a At any time during the tax year, was the found				No 7b			
b If yes, did the foundation receive any proceed Part VIII: Information About Officers, D							
and Contractors							
1 List all officers, directors, trustees, foundation							
(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			
Robert J. McDonagh							
2011 Silver Creek Ln,	Trustee			1			
Boise ID 83706	1.00	0.	0.	0.			
Margaret T. McDonagh 2011 Silver Creek Ln,	Trustee						
Boise ID 83706	1.00	0.	0.	0.			
2 Compensation of five highest-paid employed	es (other than those inc	cluded on line 1 see ins	tructions). If none, ent	er '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							
0							
0	-						
0							
0							
Total number of other employees paid over \$50,00	0	1	J	None			

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3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
	-
	}
Total number of others receiving over \$50,000 for professional services	None
Partix: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	
2	
3	
4	
<u> </u>	
Rate X B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
	~
All other program-related investments. See instructions	
3	
	-
Total Add lines 1 through 3	•
Total. Add lines 1 through 3 BAA	Form 990-PF (201

91-6571186

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Part X Minimum Investment Return (All domestic foundations must complete this part see 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	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets.	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return.Enter 5% of line 5	6	0.
PartXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of and certain foreign organizations check here ► and do not complete this		lations
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2010 from Part VI, line 5	0. [公司]	
b Income tax for 2010 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Rant XIII Qualifying Distributions (see 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	31,210.
b Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes	2	

3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)

BAA

b Cash distribution test (attach the required schedule)

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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3а 3 b

4

5 6 31,210.

31,210.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2010			أعتسفناه أستاذات	
a Enter amount for 2009 only			0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Total for prior years 20, 20, 20	<u>Elimination (notation) de la constanta de la </u>	<u> </u>		
3 Excess distributions carryover, if any, to 2010.				
a From 2005 21,519.				
b From 2006 34,592.		7 4 4 5		(120年) 東京 東京
c From 2007 32, 201.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	がないまる はっぱい
d From 2008 27, 461.	是 1995年	The Graph of the	阿里里里	建筑建筑建筑
e From 2009 37,847.	150 Car 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
f Total of lines 3a through e	153,620.			
4 Qualifying distributions for 2010 from Part	能力学统计划。 3. 积	the graph of the same of the		
XII, line 4 \(\hbar \) \(\frac{31,210.}{10.}			- Contract Contract	后手 统计工艺
a Applied to 2009, but not more than line 2a		plane is 'att, <u>"</u>	, हें हैं है के किए के स्टब्स्	्रते <u>१० च्या स्टिक्</u> क्रियेक्ट्र
b Applied to undistributed income of prior years (Election required – see instructions)	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]			
,		EN LOUIS TO	から 一直の一面の	··到6 · 唐里···· · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus (Election required – see instructions)			一位 大学 大学	建设建设工工
d Applied to 2010 distributable amount	E 1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The same of the same	
e Remaining amount distributed out of corpus	31,210.		湯 阿斯勒克氏型	ではないでは、
5 Excess distributions carryover applied to 2010		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. 万海沙克山北京市	
(If an amount appears in column (d), the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لله ومنيه وللعرب أن أيد في	المحالية والمستران والمستران والمعالم المراجعة	
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	184,830.			新国中第二部 (2)
b Prior years' undistributed income Subtract	Appropriate the second			计技术 预算运引
line 4b from line 2b	# TO THE TO ST	0.	The state of the s	िसी (विकित्य कि दूर के दूर के हैं) जिस्सा के अपने कि दूर के दूर के हैं।
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				· 新维尔人
has been issued, or on which the section	1. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4942(a) tax has been previously assessed	The state of the s		1.7	
d Subtract line 6c from line 6b Taxable		0	アールボー いまん	的機構物學。可
amount – see instructions	19 19 19 19 19 19 19 19 19 19 19 19 19 1	0.	* * # # # # # # # # # # # # # # # # # #	企业,被制度的
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions	を持ちれた。	10 1 2 2 3	1	
Title 2a Taxable attiount — See histractions	7-47		1 2 2	** また、万 ●+可引きを合い出まる。をなずる べは
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		2		The second second
corpus to satisfy requirements imposed			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,				建四种种种种
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	21,519.	From the state of the second	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR
9 Excess distributions carryover to 2011.			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Subtract lines 7 and 8 from line 6a	163,311.			
10 Analysis of line 9	K 122 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1"		1977年
a Excess from 2006 34,592.		1		
b Excess from 2007 32,201.				
c Excess from 2008 27, 461.		(The state of the s	11 11 11 11 11
d Excess from 2009 37,847.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A PERSONAL PROPERTY OF THE PRO
e Excess from 2010 31, 210.	10 1 1 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11 - 1 1 10 10 10 10 10 10 10 10 10 10 10 10	科科學學科學的 Form 990-PF (2010)

Form 990-PF (2010) THE OLD COOT & MPart XIV Private Operating Foundation			/II-A guestion (91-6571186	N/A	
1a If the foundation has received a ruling or is effective for 2010, enter the date of the	determination letter				N/A	
b Check box to indicate whether the foundar	-	erating foundation d	escribed in section	4942(J)(3) or	4942(j)(5)	
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum 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						
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c		· · · · · · · · · · · · · · · · · · ·				
3 Complete 3a, b, or c for the alternative test relied upon:						
a 'Assets' alternative test – enter		}	1	}		
(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>	145.000	 	
RankXV Supplementary Information assets at any time during the	(Complete this	part only if the	organization n	ad \$5,000 or moi	re in	
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav Robert J. McDonagh; Marga: b List any managers of the foundation who	gers: have contributed me contributed more ret T. McDon	ore than 2% of the than \$5,000) (See agh	poration (or an equ			
a partnership or other entity) of which the	foundation has a 1	0% or greater inter	est			
2 Information Regarding Contribution, Gra Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	makes contributions	s to preselected cha	arıtable organization	ns and does not acce ganizations under oth	ept unsolicited ner conditions,	
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 info	rmation and materia	als they should incl	ude [,]		
c Any submission deadlines.			 -			
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	r factors	
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Form 990-PF (2010) THE OLD COOT & MAGGIE FOUNDATION

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or Amount status of any foundation manager or contribution recipient substantial contributor Name and address (home or business) a Paid during the year LIFT UP AMERICA Humanitarian aid for children and 27651 LA PAZ ROAD, STE A LAGUNA NIGUEL 92677 **PUBCH** families 1,000. CA BRONCO ATHLETIC ASSN 1910 UNIVERSITY DRIVE BOISE 83725 **PUBCH** University athletics 1,600. ID IDAHO PUBLIC TELEVISION Public Radio 1910 UNIVERSITY DRIVE **PUBCH** 450. BOISE ID 83725 BOISE STATE UNIV BUILDING FUND Education 2225 UNIVERSITY DRIVE PUBCH 10,000. BOISE ID 83706 BOISE RESCUE MISSION Support for Youth Programs and 420 W BANNOCK ST PUBCH 1,000. BOISE TD 83702 Employee emergencies Medical care for PROVIDENCE MEDICAL FOUNDATION 4805 NE GLISAN ST elderly, mental OR 97213 **PUBCH** illness and low income. 200. PORTLAND AMERICAN LUNG ASSOCIATION Medical research 1412 W IDAHO ST ID 83702 PUBCH 30. BOISE GOOD SAMARITAN SOCIETY Housing for low 4800 W 57TH STREET income elderly **PUBCH** 500. SIOUX FALLS 57117 SD Student STEVEN KUSTRA FOUNDATION 1910 UNIVERSITY DRIVE scholarships **PUBCH** 200. BOISE ID 83725 See Line 3a statement 16,230. За 31,210. Total b Approved for future payment

Total

3Ь

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Page 12

Part XVI A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated		ed business income		1 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)
			code		
a b				• • •	
С				,	
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments		<u> </u>	14	23.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate	有一种。	港以外 管域的各	游灣	27. 子宫 18.	
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory				### . 5 E. 20/12/10/ 038	Angerin was 11 and assess a grant and
11 Other revenue	1.1874. E	المراجعة من مادر حر مدين الأراجية المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المر المراجعة المراجعة ال	## T-\$		" 自然"
a			-		
b					
c		1			
			i .		
d					
de					
d e Subtotal Add columns (b), (d), and (e)		36		·	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		15 c	1	23.	
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate	tions)			13	
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d	tions) ne Accompl	ishment of Exempt	Purpo	13 Ses	23

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

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describe	organization direct ed in section 501(c) to political organiz	of the Code (oth	gage in any of the fol ner than section 501(c	lowing with a (3) organiza	ny other tions) or	organization in section 52	27,		es No
a Transfer	s from the reportin	ng foundation to a	noncharitable exemp	ot organizatio	n of			244	Maria Carl
(1) Cash	h							1 a (1)	X
(2) Othe	er assets							1a (2)	Х
b Other tra									
	es of assets to a no	ancharitable aven	ant organization					1b(1)	X
								1b(1)	X
(-)			ole exempt organization) TL					
(3) Reni	tal of facilities, equ	upment, or other	assets					1b(3)	X
(4) Rein	nbursement arrang	gements						1 b (4)	X
(5) Loar	ns or loan guarante	ees						1 b (5)	X
(6) Perf	ormance of service	es or membership	or fundraising solicit	ations				1b(6)	<u>X</u>
c Sharing	of facilities, equip	ment, mailing list	s, other assets, or pa	id employees				1 c	l x
d If the an	nswer to any of the	above is 'Yes,' c	complete the following by the reporting found ow in column (d) the v	schedule Co ation If the fo	olum (b) soundation	hould always received le	s show the fair ss than fair ma	market value o	f
	(b) Amount involved		noncharitable exempt orga					and sharing arrange	ments
(a) Line no.	(b) Amount involved	(C) Name of	nonchartable exempt orga	ilization	(u) Des	cription of trans	iers, transactions,	and snaring arrange	monta
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				<u> </u>					
						 -			
describe	oundation directly ded in section 501 (complete the follo	c) of the Code (ot	ited with, or related to her than section 501(o, one or more c)(3)) or in se	e tax-exe ection 527	mpt organiz 7?	ations	Yes	X No
	Name of organiz		(b) Type of or	rganization		(c) Description o	f relationship	
	y Hame of organiz	.ac.orr	(a) .)p = a. a.	3				•	
								· · · · · · · · · · · · · · · · · · ·	
									
					-			-	
								1.4	
	penalties of perjury, I ded , and complete Declarat	clare that I have exami Jon of preparer (other t	ned this return, including acc han taxpayer or fiduciary) is	ompanying sched based on all infor	ules and sta mation of w	itements, and to hich preparer ha	the best of my knov s any knowledge	wledge and belief, it is	s true,
Sign Here	Kdry	1 In	Dou al		5/	15/11	Pru	rsedent	2
	gnature of officer or trust	tee	7 /		Date	7	Title		
	Print/Type preparer's	lame	Preparer's signatur	re 1	D	ate	Check if X	if PTIN	
Date!	SUSAN S. E	ASTLAKE	Line	Casilo	. <i>i</i> . lo	5/13/11	self-employed	-	
Paid			worldge 5 Fac	tlake	<u> </u>	-, <u>,</u>	Firm's EIN ►		
Preparer	Firm's name						THES CHY.		
Use Only	Firm's address		l Lane, Suite		0270	<u> </u>		202 202 2	000
	<u> </u>	Boise		ID	8370	b	Phone no (2	208) 383-9	
BAA								Form 990	-PF (2010)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number			
THE OLD COOT & MAGGIE FOUNDAT	CION	91-6571186			
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 second se	private foundation			
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priv 501(c)(3) taxable private foundation	ate foundation			
Check if your organization is covered by the Ger Note. Only a section 501(c)(7), (8), or (10) organization	neral Rule or a Special Rule anization can check boxes for both the General Rule and a S	Special Rule See instructions			
General Rule [X] 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					
509(a)(1) and 170(b)(1)(A)(vi), and received	form 990 or 990-EZ, that met the 33-1/3% support test of the differm any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I ai	of the greater of \$\infty \$5,000 or			
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 the prevention of cruelty to children or anin	ation filing Form 990 or 990-EZ, that received from any one of for useexclusively for religious, charitable, scientific, litera nals Complete Parts I, II, and III.	contributor, during the year, ry, or educational purposes, or			
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 aexclusively 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 their 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)					
BAA For Paperwork Reduction Act Notice, so 990EZ, or 990-PF.	ee 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	Employe	r identification number
THE OI	LD COOT & MAGGIE FOUNDATION	91-6	571186
Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	ROBERT MCDONAGH 2011 SILVER CREEK LANE	ş 7,500.	Person X Payroll Noncash
	BOISE ID 83706		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MARGARET MCDONAGH		Person X Payroll
	2011 SILVER CREEK LANE	\$ 7,500.	

1	ROBERT_MCDONAGH		Person X
	2011 SILVER CREEK LANE	\$7 <u>,500</u> .	Payroll Noncash
	BOISE ID 83706		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	MARGARET MCDONAGH 2011 SILVER CREEK LANE	\$7,500.	Person X Payroll Noncash (Complete Part II if there
(a) Number	BOISE ID_ 83706 (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

BAA

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

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	Person or Business Checkbox Amount
a Paid during the year MARCH OF DIMES 3222 W OVERLAND BOISE ID 83705		PUBCH	Support for muscular dystropy patients	Person or Business X
MAKE A WISH FOUNDATION 4355 EMERALD STREET BOISE ID 83706		PUBCH	Support for children with life-threatening medical conditions	Person or Business X
BSU_HEALTH_SCIENCES 2225_UNIVERSITY_DRIVE BOISE ID 83706		PUBCH	Nursingscholarships	Person or Business X
IDAHO FOODBANK 3562 S TK AVENUE BOISE ID 83705		 PUBCH	Food for lowincome_people	Person or Business X 1,000.
PARTNERS AGAINST DOMESTIC VIOLENCE 300 E MALLARD DR BOISE ID 83706		PUBCH	Prevention of domestic violence and legal services	Person or Business X
THE ARC 4402 ALBION ST BOISE ID 83705		PUBCH	Provide services for mentally disabled	Person or Business X 2,500.
PROJECT HAITI 901 N CURTIS ROAD BOISE ID 83705		PUBCH	Medical care for Haitians	

Total

16,230.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Medlin, Rourke & Eas	Prepare 2008 Form 990-	450.	45.		

Total

450.

45.