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# 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

02-01, 2010, and ending

01-31, 2011

Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

Name of foundation

CHARLES E SAAK TRUST 359-808852

A Employer identification number

94-6076213

Number and street (or P O box number if mail is not delivered to street address)

WELLS FARGO BANK NA TTEE POB 41629

Room/suite

B Telephone number (see page 10 of the instructions)

(916) 788-4511

City or town, state, and ZIP code

AUSTIN, TX 78704-0028

Check type of organization

☒ Section 501(c)(3) exempt private foundation☒ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

Fair market value of all assets at

end of year (from Part II, col (c),

line 16) \$ 1,656,202

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)

1 Contributions, gifts, grants, etc., received (attach schedule)

2 Check ☒ if the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

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 Total. Add lines 1 through 11

13 Compensation of officers, directors, trustees, etc.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule)

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see page 14 of the instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

24 Total operating and administrative expenses.

Add lines 13 through 23

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

Revenue

Administrative expenses

SCANNED JUN 25 2011

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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		72,634	70,841	70,841
	2	Savings and temporary cash investments				
	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		548		
	10a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	Liabilities	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
15		Other assets (describe: STM120)		1	1	1
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,336,259	1,443,577	1,656,202
17		Accounts payable and accrued expenses				
18		Grants payable				
Net Assets or Fund Balances	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: STM121)			1,544	
	23	Total liabilities (add lines 17 through 22)		0	1,544	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
	25	Unrestricted				
	26	Temporarily restricted				
	27	Permanently restricted				
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
29	Capital stock, trust principal, or current funds					
30	Paid-in or capital surplus, or land, bldg, and equipment fund					
31	Retained earnings, accumulated income, endowment, or other funds		1,336,259	1,442,033		
32	Total net assets or fund balances (see page 17 of the instructions)		1,336,259	1,442,033		
33	Total liabilities and net assets/fund balances (see page 17 of the instructions)		1,336,259	1,443,577		

## 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	1,336,259
2	Enter amount from Part I, line 27a	2	105,774
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,442,033
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,442,033

**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 (yr, mo, day)	(d) Date sold (yr, mo, day)
<b>1a See STM-134</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a 716,330</b>		<b>558,451</b>	<b>157,879</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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))
(j) FMV as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (j) over col (k), if any	
<b>a</b>			<b>157,879</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2 Capital gain net income or (net capital loss)</b>	<b>2</b>	<b>157,879</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b>	<b>3</b>	<b>7,039</b>
If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 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		

**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

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	67,988	1,411,147	0.048179
2008	64,610	1,598,105	0.040429
2007	72,842	1,883,418	0.038675
2006	81,864	1,786,762	0.045817
2005	85,306	1,714,081	0.049768

<b>2 Total of line 1, column (d)</b>	<b>2</b>	<b>0.222869</b>
<b>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</b>	<b>3</b>	<b>0.044574</b>
<b>4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5</b>	<b>4</b>	<b>1,555,698</b>
<b>5 Multiply line 4 by line 3</b>	<b>5</b>	<b>69,344</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>	<b>6</b>	<b>1,848</b>
<b>7 Add lines 5 and 6</b>	<b>7</b>	<b>71,192</b>
<b>8 Enter qualifying distributions from Part XII, line 4</b>	<b>8</b>	<b>77,173</b>
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.		

**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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	1,848
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	1,848
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	1,848
6	<b>Credits/Payments</b>		
a	2010 estimated tax payments and 2009 overpayment credited to 2010 . . . . .	6a	304
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	304
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	1,544
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 checked="" type="checkbox"/>	11	

**Part VII-A** Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . . 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		X
c Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T		X
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? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> <b>CA</b>		
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 . . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		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) . . . . .	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ WELLS FARGO BANK	Telephone no. ▶	916-788-4511	
Located at ▶ 1512 EUEKA ROAD SUITE 300 ROSEVILLE, CA		ZIP+4 ▶	95661	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here . . . . .	▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the year . . . . .		15		
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? . . . . .	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶				X

**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.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? . . . . .	1b	
Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>		
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? . . . . .	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions) . . . . .	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons 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) . . . . .	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? . . . . .	4b	X

**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)? . . . ☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here . . . . . ☐

**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

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

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? . . . . . ☐ Yes ☒ No

**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
WELLS FARGO BANK P O BOX 41629 AUSTIN, TX 78704-0028	TRUSTEE 5	20,187	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	
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	
2	
All other program-related investments. See page 24 of the instructions.	
3	
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	0
b	Average of monthly cash balances	1b	56,259
c	Fair market value of all other assets (see page 25 of the instructions)	1c	1,523,130
d	Total (add lines 1a, b, and c)	1d	1,579,389
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	0
3	Subtract line 2 from line 1d	3	1,579,389
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	23,691
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,555,698
6	Minimum investment return. Enter 5% of line 5	6	77,785

**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	77,785
2a	Tax on investment income for 2010 from Part VI, line 5	2a	1,848
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,848
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	75,937
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	75,937
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	75,937

**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	77,173
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	77,173
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	1,848
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	75,325

**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
<b>1</b> Distributable amount for 2010 from Part XI, line 7 . . . . .				75,937
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only . . . . .			66,373	
<b>b</b> Total for prior years . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2010.				
<b>a</b> From 2005 . . . . .				
<b>b</b> From 2006 . . . . .				
<b>c</b> From 2007 . . . . .				
<b>d</b> From 2008 . . . . .				
<b>e</b> From 2009 . . . . .				
<b>f</b> Total of lines 3a through e . . . . .				
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 77,173				
<b>a</b> Applied to 2009, but not more than line 2a . . . .			66,373	
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . .				
<b>d</b> Applied to 2010 distributable amount . . . . .				10,800
<b>e</b> Remaining amount distributed out of corpus . . .				
<b>5</b> Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 .				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 . . . . .				65,137
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006 . . . . .				
<b>b</b> Excess from 2007 . . . . .				
<b>c</b> Excess from 2008 . . . . .				
<b>d</b> Excess from 2009 . . . . .				
<b>e</b> Excess from 2010 . . . . .				

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

<b>1a</b>	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>b</b>	Check box to indicate whether the foundation is a private operating foundation described in section				4942(j)(3) or 4942(j)(5)
<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>Tax year</b>	<b>Prior 3 years</b>		
<b>b</b>	85% of line 2a . . . . .	<b>(a) 2010</b>	<b>(b) 2009</b>	<b>(c) 2008</b>	<b>(d) 2007</b>
<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:				
	(1) Value of all assets . . . . .				
	(2) 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:				
	(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 . . . . .				

**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  
990APP
- 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	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
Name and address (home or business)				
<b>a</b> Paid during the year <b>SCHEDULE ATTACHED</b>	NONE			68,900
<b>Total</b> .....			▶ <b>3a</b>	<b>68,900</b>
<b>b</b> Approved for future payment				
<b>Total</b> .....			▶ <b>3b</b>	

## Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions on page 29 to verify calculations )

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 page 29 of the instructions )

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

- |   |  |     |    |
|---|--|-----|----|
| <p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p>   |  | Yes | No |
| <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of</p>   |  |     |    |
| (1) Cash  |  |     | X  |
| (2) Other assets  |  |     | X  |
| <p><b>b</b> Other transactions:</p>   |  |     |    |
| (1) Sales of assets to a noncharitable exempt organization  |  |     | X  |
| (2) Purchases of assets from a noncharitable exempt organization  |  |     | X  |
| (3) Rental of facilities, equipment, or other assets  |  |     | X  |
| (4) Reimbursement arrangements  |  |     | X  |
| (5) Loans or loan guarantees  |  |     | X  |
| (6) Performance of services or membership or fundraising solicitations  |  |     | X  |
| <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p>  |  | 1c  | X  |
| <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received</p> |  |     |    |

[illegible]

- 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 (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**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.

Lauree Astorbeck WS  
Signature of officer or trustee

Date \_\_\_\_\_

**TRUSTEE**

**Title**

**Paid  
Preparer  
Use Only**

Pnnl/Type preparer's name

**JOSEPH E MATTES**

Preparer's signature

Date

04/28/20

Check ☐ if self-employed

PTIN
------

00069438

Firm's name ► Joseph E Mattes CPA AC

Firm's address ▶ 600 W Shaw Ave/Suite 110

Fresno CA 93704-2420

Firm's EIN ▶ 77-0129622

Phone no

559-225-3320

EEA

Form 990-PF (2010)

## Federal Supporting Statements

2010 PG 01

Name(s) as shown on return

FEIN

CHARLES E SAAK TRUST 359-808852

94-6076213

Form 990PF, Part II, Line 13  
Investments: Other Schedule

Statement #118

Category	Book value (BOY)	Book value (EOY)	FMV (EOY)
ISHARES I BOXX INVEST GRD	36,859	39,428	43,392
TEMPLETON GBL BOND	87,221	41,138	46,893
WF ADV HI INCM 3110	80,870	77,254	81,091
TAXABLE INTERMEDIATE TERM BD	123,261	91,340	97,452
TAXABLE SHORT TERM BOND	74,284	119,364	119,420
TAXABLE TOTAL RETURN BOND	131,784	88,454	96,959
MERGER FD SH BEN 260		30,175	30,617
CREDIT SUISSE COMM RETURN		76,393	79,370
ISHARES TR S&P MIDCAP	52,884	37,543	42,628
DIAMOND HILL LONG SHRT FD		31,596	32,841
CAPITAL PRTRNS CORE EQUITY		58,673	65,032
ISHARES S&P MIDCAP VALUE		32,063	34,401
ISHARES TR SMLCAP 600 INDEX		4,424	5,415
Total	587,163	727,845	775,511

PG 02

Form 990PF, Part II, Line 13  
Investments: Other Schedule

Statement #118

Category	Book value (BOY)	Book value (EOY)	FMV (EOY)
KEELEY SMALL CAP VAL 2251	55,743	33,453	58,701
MAINSTAY EPOCH LARGE CAP	84,646		
WF ADV CAP GRWTH 3603	85,389		
WF ADV INDEX 88	60,156		
ISHARES MSCI EAFE	135,713	134,887	188,068
VANGUARD EMERGING MKTS ETF	36,590	54,405	75,314
HUSSMAN STRATEGIC GRWTH	69,541	65,804	53,815
POWERSHARES DB COMMODITY INDEX	63,018		
SPDR DJ WILSHIRE INTL RE	22,779	24,174	37,733
VANGUARD REIT VIPER	62,338	47,916	92,044
AMEX CONSUMER DISCR		23,612	25,357
CONSUMER STAPLES SECT SPDR		24,282	25,126
AMEX ENERGY SELECT SPDR		28,797	35,185
Total	675,913	437,330	591,343

**Federal Supporting Statements**

**2010 PG 03**

Name(s) as shown on return

FEIN

CHARLES E SAAK TRUST 359-808852

94-6076213

**Form 990PF, Part II, Line 13  
Investments: Other Schedule**

Statement #118

<u>Category</u>	<u>Book value (BOY)</u>	<u>Book value (EOY)</u>	<u>FMV (EOY)</u>
AMEX FINANCIAL SELECT		43,098	43,739
AMEX HEALTH CARE SPDR		28,948	29,241
AMEX INDUSTRIAL SPDR		30,959	34,211
AMEX TECHNOLOGY SELECT		45,950	50,603
AMEX MATERIALS SPDR		9,774	10,802
AMEX UTILITIES SPDR		3,649	3,806
WF ADV INTL BOND FD 4705		45,182	46,104
 Total		 207,560	 218,506

**Form 990PF, Part II, Line 15  
Other Assets Schedule**

PG 01  
Statement #120

<u>Description</u>	<u>BOY Book</u>	<u>EOY Book</u>	<u>FMV</u>
OIL, GAS, & MINERAL RIGHTS	1	1	1
 Total	 1	 1	 1

**Form 990PF, Part II, Line 22  
Other Liabilities Schedule**

PG 01  
Statement #121

<u>Description</u>	<u>BOY Amount</u>	<u>EOY Amount</u>
FORM 990PF EXCISE TAX PAYABLE		1,544
 Total		 1,544



# Federal Supporting Statements

2010 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return  
CHARLES E SAAK TRUST 359-808852

## Form 990PF, Part I, Line 23 - Other Expenses Schedule

Statement #103

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
SCHOLARSHIP MANAGEMENT	6,254	0	0	6,254
STATE FEE	10	10	10	0
Totals	6,264	10	10	6,254

PG 01

Statement #108

## Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
TAX RETURN PREPARATION	3,090	3,090	3,090	0
Totals	3,090	3,090	3,090	0

# Federal Supporting Statements

2010 PG 01

Your Social Security Number

94-6076213

Name(s) as shown on return

CHARLES E SAAK TRUST 359-808852

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
FORM 990PF TAX	1,848	0	0	0
Totals	1,848	0	0	0

# Federal Supporting Statements

2010 PG 01

Name(s) as shown on return

Your Social Security Number

CHARLES E SAAK TRUST 359-808852

94-6076213

Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

P-Purchase

Description	D-Donation	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or other basis	Gain or Loss	Excess or Losses	Gains Minus
1010 ISHARES S&P MIDCAP 400	P	2009-02-06	2010-04-30	84,619		52,884	31,735	31,735	31,735
448 KEELEY SMLCAP VAL	P	2009-10-19	2010-04-30	10,102		9,018	1,084	1,084	1,084
8464 MAINSTAY EP US EQUITY	P	2008-12-02	2010-04-30	114,554		84,646	29,908	29,908	29,908
2262 TAXABLE INTERMEDIATE BOND FD	P	2006-10-13	2010-04-30	22,281		20,756	1,525	1,525	1,525
2902 TAXABLE TOTAL RETURN FD	P	2009-10-15	2010-04-30	21,272		20,775	497	497	497
1605 TAXABLE TOTAL RETURN FD	P	2006-10-13	2010-04-30	11,762		10,651	1,111	1,111	1,111
128 TEMPLETON GLOBAL BOND FD	P	2009-10-19	2010-04-30	1,736		1,617	119	119	119
302 VANGUARD REIT VIPER	P	2004-01-20	2010-04-30	16,180		12,987	3,193	3,193	3,193
31 VANGUARD REIT VIPER	P	2009-02-06	2010-04-30	1,661		937	724	724	724
22 WELLS FARGO ADV HI INT 3110	P	2006-02-21	2010-04-30	159		171	(12)	(12)	(12)
8388 WF ADV CAP GRWTH 3603	P	2009-02-10	2010-04-30	121,373		85,389	35,984	35,984	35,984
2007 WELLS FARGO ADV INDEX 88	P	2009-02-10	2010-04-30	87,224		60,156	27,068	27,068	27,068
6 AMEX HEALTH CARE SPDR	P	2010-04-30	2010-07-22	171		188	(17)	(17)	(17)
6 CONSUMER STAPLES SEC	P	2010-04-30	2010-07-22	161		167	(6)	(6)	(6)
18 DIAMOND HILL L/S	P	2010-05-04	2010-07-22	276		288	(12)	(12)	(12)
439 HUSSMAN STRATEGIC GRWTH	P	2008-02-11	2010-07-22	5,817		6,844	(1,027)	(1,027)	(1,027)
32 ISHARES IBOX \$ INV	P	2010-04-30	2010-07-22	3,501		3,425	76	76	76
90 ISHARES MSCI EAFE	P	2010-04-30	2010-07-22	4,550		4,963	(413)	(413)	(413)
19 ISHARES MSCI EAFE	P	2008-12-22	2010-07-22	961		826	135	135	135
12 ISHARES S&P MIDCAP GRWTH	P	2010-04-30	2010-07-22	964		1,078	(114)	(114)	(114)
90 MERGER FD SH BEN 260	P	2010-05-04	2010-07-22	1,412		1,413	(1)	(1)	(1)
14 SPDR DJ WILSHIRE INTL	P	2010-04-30	2010-07-22	480		501	(21)	(21)	(21)
1549 TAXABLE INTERMEDIATE TERM	P	2006-10-13	2010-07-22	15,536		14,315	1,221	1,221	1,221
2136 TAXABLE TOTAL RETURN BOND	P	2006-10-13	2010-07-22	16,020		14,306	1,714	1,714	1,714
3188 TEMPLETON GLOBAL BOND	P	2009-10-19	2010-07-22	41,667		40,264	1,403	1,403	1,403
357 TEMPLETON GLOBAL BOND	P	2007-11-19	2010-07-22	4,666		4,202	464	464	464
444 WELLS FARGO ADV HI INCM 3110	P	2006-02-21	2010-07-22	3,188		3,446	(258)	(258)	(258)
1452 POWERSHARES DB COMM INDEX	P	2008-12-22	2010-11-19	35,822		29,466	6,356	6,356	6,356
429 POWERSHARES DB COMM INDEX	P	2009-02-06	2010-11-19	10,584		8,669	1,915	1,915	1,915
1056 POWERSHARES DB COMM INDEX	P	2009-10-15	2010-11-19	26,053		24,883	1,170	1,170	1,170
105 POWERSHARES DB COMM INDEX	P	2010-04-30	2010-11-19	2,590		2,562	28	28	28
109 POWERSHARES DB COMM INDEX	P	2010-07-22	2010-11-19	2,689		2,454	235	235	235
156 CREDIT SUISSE COMM RETURN	P	2010-11-23	2010-12-29	1,441		1,401	40	40	40
302 KEELEY SMLCAP VALUE	P	2009-10-19	2010-12-29	7,632		6,079	1,553	1,553	1,553

# Federal Supporting Statements

2010 PG 02

Your Social Security Number

Name(s) as shown on return  
CHARLES E SAAK TRUST 359-808852

94-6076213

## Form 990-PF, Part IV, Capital Gains And Losses Information (Overflow)

Statement #134

Description	P-Purchase D-Donation	Date Acquired	Date Sold	Sales Price	Depreciation	Cost or		Gains Minus
						other basis	Gain or Loss	Excess or Losses
504 KEELEY SMLCAP VALUE	P	2009-04-20	2010-12-29	12,736		7,192	5,544	5,544
47 AMEX CONSUMER DESCR	P	2010-04-30	2010-12-29	1,768		1,672	96	96
33 AMEX ENERGY SELECT	P	2010-04-30	2010-12-29	2,250		1,996	254	254
123 AMEX FINANCIAL SELECT	P	2010-04-30	2010-12-29	1,964		2,033	(69)	(69)
43 AMEX HEALTH CARE	P	2010-04-30	2010-12-29	1,361		1,349	12	12
73 AMEX INDUSTRIAL SPDR	P	2010-04-30	2010-12-29	2,550		2,437	113	113
18 AMEX MATERIALS SPDR	P	2010-04-30	2010-12-29	692		626	66	66
102 AMEX TECHNOLOGY SPDR	P	2010-04-30	2010-12-29	2,581		2,429	152	152
2 AMEX UTILITIES SPDR	P	2010-04-30	2010-12-29	63		61	2	2
7 CAPITAL PARTNERS CORE EQUITY	P	2010-04-30	2010-12-29	76		71	5	5
13 CONSUMER STAPLES SEC	P	2010-04-30	2010-12-29	381		363	18	18
17 ISHARES S&P MIDCAP GRWTH	P	2010-04-30	2010-12-29	1,722		1,527	195	195
13 ISHARES S&P MIDCAP VALUE	P	2010-04-30	2010-12-29	1,040		991	49	49
16 SPDR DJ WILSHIRE INTL	P	2010-04-30	2010-12-29	619		573	46	46
2 VANGUARD EMERGING MKTS	P	2008-07-22	2010-12-29	95		89	6	6
31 VANGUARD REIT VIPER	P	2010-07-22	2010-12-29	1,716		1,497	219	219
COMMON TRUST TAX INTERMEDIATE TERM	P	2009-01-01	2010-08-01	857		857		857
COMMON TRUST TAX INTERMEDIATE TERM	P	2010-01-01	2010-08-01	2,292		2,292		2,292
COMMON TRUST TAXABLE TOTAL RETURN	P	2009-01-01	2010-08-01	418		418		418
COMMON TRUST TAXABLE TOTAL RETURN	P	2010-01-01	2010-08-01	1,985			1,985	1,985
COMMON TRUST TAXABLE SHORT TERM	P	2009-01-01	2010-08-01			524	(524)	(524)
COMMON TRUST TAXABLE SHORT TERM	P	2010-01-01	2010-08-01			174	(174)	(174)
COMMON TRUST CAPITAL PARTNER CORE	P	2009-01-01	2010-08-01	12			12	12
COMMON TRUST CAPITAL PARTNER CORE	P	2010-01-01	2010-08-01			1,120	(1,120)	(1,120)
MUTUAL FUND LTCG DIV WF ADV INTL	P	2009-01-01	2010-08-01	48			48	48
Total				716,330		558,451	157,879	157,879

# Federal Supporting Statements

2010 PG 01

Name(s) as shown on return

Your Social Security Number

CHARLES E SAAK TRUST 359-808852

94-6076213

## Form 990PF, Part I, Line 25 - Subsidiary Schedule

Subsidiary Statement

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
SCHOLARSHIPS PAID	0	0	0	58,000
RECREATIONAL	0	0	0	10,900
Totals	0	0	0	68,900

**Federal Supporting Statements****2010 PG 01**

Name(s) as shown on return

Your Social Security Number

CHARLES E SAAK TRUST 359-808852

94-6076213

**Form 990PF, Part XV, Line 2  
Application Submission Information**

990APP

**Grant Program**

ALL

**Applicant Name**

WELLS FARGO TRUST

**Address**

111 W OCEAN BLVD

LONG BEACH

CA 90802

**Telephone**

800-352-3705

**Form & Content**

SAMPLE ATTACHED

**Submission Deadline**

MARCH 31ST ANNUALLY

**Restrictions on Award**

LIMITED TO EDUCATIONAL, MEDICAL, OR RECREATIONAL NEEDS OF THE  
ECONOMICALLY DISADVANTAGED YOUTHS IN THE POPLAR, CA, GEOGRAPHICAL  
AREA.

CHARLES E. SAAK TRUST  
94-6077213  
LIST OF GRANTEES  
YEAR ENDED JANUARY 31, 2011

Educational

Scholarship America	\$58,000
---------------------	----------

Recreational

Golden YMCA – 2010 Campership Grant	<u>10,900</u>
--	---------------

<u>Total Grants</u>	<u>\$68,900</u>
---------------------	-----------------

WELLS FARGO PRIVATE CLIENT SERVICES  
P. O. BOX 20160  
LONG BEACH, CA 90802

**CHARLES E. SAAK SCHOLARSHIP APPLICATION**



# CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST

## ELIGIBILITY REQUIREMENTS

### ALL APPLICANTS MUST:

- ~ be from the Porterville/Poplar, California area.
- ~ be under the age of 21 during the scholastic year
- ~ be considered a full-time student (i.e., 12 units).
- ~ achieve at least a 2.0 GPA each term.

## NECESSARY DOCUMENTATION

### THE FOLLOWING MUST BE SUBMITTED TO COMPLETE YOUR APPLICATION:

- S1: Scholarship Application, typed, completed by applicant.
- S2: Educational Confidential Statement
- S3: Financial Statement completed by parent(s).
- \*4: Most recent tax return of parents and applicant
- 5: Most recent high school or college transcript: one official (unopened) copy.

\*4 NOTE: If parents do not file a return we will need documentation of your source(s) of income; Social Security, AFDC, Disability, etc.

## OTHER INFORMATION

Scholarships are competitive and will be awarded for one year of full-time continued study or training. This scholarship is *not* automatically renewed. You must apply on or before March 31 prior to your anticipated year of study. If a student is awarded a scholarship by the committee and at any time during the award year does not meet the said requirements, the student may be dropped from the award program. Monies not paid out by the end of the scholastic year due to failure of the recipient to meet requirements will *not* be carried over to the next year and shall revert back to the Charles E. Saak Scholarship Trust.

## VERIFYING COMPLETENESS

*It is your responsibility* to verify that the application is complete. You will *not* be notified by us prior to the deadline if your application is not complete. We suggest the applicant mail all Necessary Documentation (S1, S2, S3, Tax Return, & Transcript) all together in one large manila envelope before March 15, 2003. We also suggest that the student phone Wells Fargo Private Banking Group, Trust Department, two weeks prior to March 31, 2004 to verify the manila envelope has been received. All Necessary Documentation must be postmarked on or before the March 31, 2003 deadline. *Late applications will not be considered by the committee.* Any application received with insufficient postage will be returned to the applicant by the Post office. This will delay your application. If there are any questions regarding this scholarship, please contact Denise Faille at toll-free number 1-800-352-3705. All Necessary Documentation must be sent to:

2003/2004 CHARLES E. SAAK SCHOLARSHIP TRUST  
WELLS FARGO TRUST DEPARTMENT  
P. O. BOX 20160  
LONG BEACH, CA 90802

**CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST**

**ELIGIBILITY REQUIREMENTS**

**ALL APPLICANTS MUST:**

- ~ be from the Porterville/Poplar, California area
- ~ be under the age of 21 during the scholastic year.
- ~ be considered a full-time student (i.e. 12 units).
- ~ achieve at least a 2.0 GPA each term.

**PLEASE TYPE OR PRINT LEGIBLY**

**IT IS REQUIRED THAT THE ENTIRE FORM BE COMPLETED, LEAVE NO BLANKS!!  
DUE POSTMARKED ON OR BEFORE MARCH 31, 2003**

Name of  
Applicant: \_\_\_\_\_  
First Middle Last Social Security #

Mailing  
Address: \_\_\_\_\_  
Street Address City State Zip

Telephone: ( ) \_\_\_\_\_ Date of Birth: (m/d/year) \_\_\_\_\_

High School Attended: \_\_\_\_\_ High School Grad. Date (m/year) \_\_\_\_\_

College/University to be  
Attended: \_\_\_\_\_

Major: \_\_\_\_\_ A prior recipient of the Saak Trust? \_\_\_\_ Yes \_\_\_\_ No

If yes, how many years have you received the scholarship? \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip

Total Number of family members (include yourself): \_\_\_\_\_

I understand that if I should be selected for this grant, these funds will be paid to an organization or professional party furnishing the service. I understand that if for any reason I cannot carry out my plans to use this grant, I will notify the Scholarship & Grant Director, at Wells Fargo, P. O. Box 20160, Long Beach, CA 90802.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST**

**EDUCATIONAL STATEMENT (S2)**

**Must be completed by the applicant.**

Please type or print clearly

Applicant's Name: \_\_\_\_\_

Educational Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**Please use reverse side of this paper for additional space needed**

**CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP TRUST**

**FINANCIAL STATEMENT (S3)**

Must be completed by the parent(s)/ guardian(s)

Please type or print neatly

Applicant's name: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Parents Marital Status: (please check one)

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Parental Information:

\_\_\_\_ Father \_\_\_\_ Stepfather \_\_\_\_ Guardian (please check one)

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_ Mother \_\_\_\_ Stepmother \_\_\_\_ Guardian (please check one)

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Family Information**

~The total size of the applicant's parent's household during the 2003/2004 will be \_\_\_\_\_.  
Please include the student even if he/she does not live at home. Also include parents, and any other dependent children.

~The total number of family members attending college during 2003/2004 will be \_\_\_\_\_.  
Include the student who is applying for aid and any others who will be in college at least half time.

~Please fill in the information requested below for all children and dependents.

Name:            Age:    Relationship:    Status: full, part-time    Occupation:

\_\_\_\_\_  
\_\_\_\_\_

**CHARLES E. SAAK TRUST****APPLICATION FOR FINANCIAL ASSISTANCE**

- Applicant must be from the Porterville/Poplar, CA Area
- Applicant must be under the age of 21.
- Applicant must be an underprivileged child.

Please Print or Type- Leave no Blanks- The entire Form must be Completed.

**Applicant Information:**

Name of Applicant \_\_\_\_\_ Soc. Sec Number \_\_\_\_\_  
*Soc. Sec. Number must be on form to process (Required)*

Home Address \_\_\_\_\_  
 Street City State Zip

Telephone # ( ) \_\_\_\_\_ Applicant's Birthday \_\_\_\_\_  
 Month Day Year

Last School Attended \_\_\_\_\_ City \_\_\_\_\_

Number of others in house: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Parents

Number of Years you have received funds from the Charles E. Saak Trust \_\_\_\_\_

Purpose of Application: ☐ Recreational ☐ Medical/Dental Care ☐ Other (Please explain on back)

Financial statement will be supplied by: \_\_\_\_\_ Income Tax Returns of parents or applicant

\_\_\_\_\_ Photocopy of SSI, AFDC, etc. if Income Tax Return  
 was not filed for the previous year.

**Parent(s) or Guardian(s) information:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone # Work \_\_\_\_\_ Home \_\_\_\_\_

I understand that if I should be selected for this grant, these funds will be paid to an organization or professional party furnishing the service. Any funds paid but not used for the purpose as stated within the application during the period requested will be returned to the trust. If the funds have not been disbursed, they will remain part of the trust and that portion of the grant will become void. I understand that if for any reason I cannot carry out my plans to use this grant, I will notify the Scholarship and Grant Director of Wells Fargo Bank, NA, Private Client Services, 8405 N. Fresno St. Suite 210, Fresno, CA 93720, 559/437-3056.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 (or parent if applicant is under 18 years of age)

Revised 11/1999

**CHARLES E. SAAK TRUST****PURPOSE AND ESTIMATE STATEMENT**

Name of Applicant \_\_\_\_\_

**RECREATIONAL/OTHER GRANTS ONLY:**

1. Total amount requested \$ \_\_\_\_\_
2. Please state the exact purpose for which the funds will be used:

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**FOR DENTAL AND MEDICAL GRANTS ONLY-** Must be completed by parents

Applicant's Name \_\_\_\_\_

1. Total amount requested \_\_\_\_\_
2. Please state the exact purpose(s) for which requested funds will be used:  


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3. Do the parents or applicant have any insurance?

Medical	Dental
Policy Number _____	_____
Insurance Co. _____	_____
Percentage covered _____	_____
Ins. Co. Phone # _____	_____
4. Any other information which may be pertinent to the applicant's dental/medical condition must be attached.
5. Statement from dentist/doctor explaining the applicant's dental/medical condition must be attached.
6. Name of doctor/dentist \_\_\_\_\_ Phone # \_\_\_\_\_
7. Address of doctor/dentist \_\_\_\_\_
8. **Estimate from doctor for work to be performed must be attached.**
9. Total amount of estimate \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 (or parent if applicant is under 18 years of age.).

**CHARLES E. SAAK TRUST****FINANCIAL STATEMENT***Must be completed by the applicant*

Please Print or Type

Applicant's Name: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If yes-where? \_\_\_\_\_

Applicant's and Spouse's resources (Annual)		Prior Year	Current Year
a.	Applicant's wages, salaries, tips, etc. (Before taxes and deductions. Don't include work-study earnings.)	\$ _____	\$ _____
b.	Spouse's wages, salaries tips, etc. (Before taxes and deductions. Don't include work-study earnings.)	\$ _____	\$ _____
c.	Other taxable income (interest-dividends, ect.)	\$ _____	\$ _____
d.	Social Security benefits	\$ _____	\$ _____
e.	Veterans benefits	\$ _____	\$ _____
f.	Aid to Families with Dependent Children	\$ _____	\$ _____
g.	Support from applicant's Parents	\$ _____	\$ _____
h.	Support from spouse's parents	\$ _____	\$ _____
i.	Grants, scholarships, fellowships, loans, and aid already awarded.	\$ _____	\$ _____
j.	Other non-Taxable income	\$ _____	\$ _____
TOTAL RESOURCES		\$ _____	\$ _____

Applicant's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Monthly home mortgage or rental payment \$ \_\_\_\_\_

If none, explain \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CHARLES E. SAAK TRUST****FINANCIAL STATEMENT***Must be completed by Parent(s) or Guardian(s)*

Applicants Name: \_\_\_\_\_

**Household Information:**

The Parents' current marital status is:

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Check One \_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 # Years Employed \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Check one \_\_\_\_\_ Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 # Years Employed \_\_\_\_\_  
 Social Security # \_\_\_\_\_

The total size of the applicant's parents' household during the following year will be \_\_\_\_\_  
 (Include the applicant even if he/she does not live at home) Also include parents and parents' other dependent children.

Name	Age	Relationship	Occupation



Charles E. Saak Trust  
Wells Fargo Bank NA, Private *Client* Services

To whom it may concern,

I, the undersigned, did not file income Tax forms for the year \_\_\_\_\_.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name