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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 04-01-2010

C Name of organization

KATHRYN H COONS TRUST UW

As Filed Data -

DLN: 93492202007021

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Address change

**Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 03-31-2011

**Open to Public** Inspection

_		cnange	C/O BERKSHIRE BANK		14-6080109		
_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone numb	er	
_	nitial ret		244 MAIN STREET		(413) 6	44-3538	3
_	erminat	ted d return	City or town, state or country, and ZIP + 4		F Group Exemptio		
_		on pending	GREAT BARRINGTON, MA 01230		Number 🟲		
	pplicatio	on penang					
		-	Cash CAccrual Other (specify) ►		<u></u>		
	ebsit e						rganization is <b>not</b>
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or	527	required to atta (Form 990, 99		
K Ch	neck 🕨	If the orga	inization is not a section 509(a)(3) supporting organization <b>and</b> i	ts gross			
\$5	0,000	) A Form 990	-EZ or Form 990 return is not required though Form 990-N (e-po				
			to file a return, be sure to file a complete return  line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or i	if total acce	ats (Part II line 25 coli	ımn (B)	helow) are \$500,000 or
			d of Form 990-EZ	ii totai asse	ets (Fait II, iiile 23, coit ► \$	лин ( <i>Б</i> )	9,327
Pa	rt I		, Expenses, and Changes in Net Assets or Fund Ba		(See the instruct	ons fo	· —
			e organization used Schedule O to respond to any question in thi	ıs Part I			
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program serv	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment	ncome			4	5,856
	5a	Gross amour	nt from sale of assets other than inventory	5a	3,471		
활	ь	Less cost o	rother basis and sales expenses	5b	3,151		
Revenue	c	Gaın or (loss	) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	320
ā.	6	Gaming and	fundraising events				
	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)	6a			
	ь	Gross incom	e from fundraising events (not including \$ _of contributions from	fundraisi	ng events		
			ine 1) (attach Schedule G if the sum of such gross income and co	ontributio	ons exceed		
	<sub>c</sub>	\$15,000)	expenses from gaming and fundraising events	6c			
	d		or (loss) from gaming and fundraising events (Add lines 6a and 6		otract line 6c)	6d	
	7a		of inventory, less returns and allowances	7a	stract fine oct	ou	
		Less cost o		7a 7b			
	b		or (loss) from sales of inventory (Subtract line 7b from line 7a)	/B		_	
	C					7c	
	8		ue (describe in Schedule O)	•		8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		• •	9	6,176
	10		ımılar amounts paid (list in Schedule O)	•	•	10	5,846
	11	·	I to or for members	• •		11	
	12	•	er compensation, and employee benefits			12	2,426
S. S.	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance	•		14	
ä	15	Printing, pub	lications, postage, and shipping			15	
	16	Other expen	ses (describe in Schedule O)			16	
	17	Total expens	ses. Add lines 10 through 16			17	8,272
Ð	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-2,096
NetAssets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (r	nust agre	ee with		
नं इ		end-of-year	figure reported on prior year's return)			19	191,264
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O )			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20			21	189,168

Part II Balance Sheets Check if the organization uses	d Schedule O to respond to	any question in tl	hıs Part	II		<u> </u>
(See the instruc	tions for Part II)	[	(A) B	eginning of year	1	(B) End of year
22 Cash, savings, and investments .				191,26	4 22	189,168
23 Land and buildings				•	0 23	0
24 Other assets (describe in Schedule O	)				0 24	0
25 Total assets				191,26	4 25	189,168
26 Total liabilities (describe in Schedule	0)			,	0 26	 O
27 Net assets or fund balances (line 27 of	of column (B) <b>must</b> agree wit	th line 21) .		191,26	4 27	189,168
Check if the organization use  What is the organization's primary exempted PAID TO CHRIST LUTHERAN CHURCH (Describe what was achieved in carrying out describe the services provided, the number program title	d Schedule O to respond to purpose? OF GERMANTOWN FOR GE It the organization's exempt	NERAL RELIGIO	US PUF	RPOSES I concise manne	(c) org - 49	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 PAID TO CHRIST LUTHERAN CHURC	H OF GERMANTOWN FOR is amount includes foreign (				28a	
(Grants \$ ) If the strong of t	•	grants, check her	e	. <b>►</b> □	30a	
	is amount includes foreign (				31a 32	
Part IV List of Officers, Directors, Tro						l ns for Part IV )
Check if the organization use						<u>.</u> ´ .୮
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	<b>I,</b> e	<b>(d)</b> Contributio mployee benefit deferred comper	plans 8	(e) Expense account and other allowances
LEGACY BANK PO BOX 1759 PITTSFIELD, MA 012021759	SUCCESSOR TRUSTEE	2	,426		0	0

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.03	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		No
с	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ► <u>LEGACY BANK</u> Telephone no	• <u>(41</u>	3)644	-3538
	PO BOX 1759  Located at PITTSFIELD, MA ZIP + 4	<b>▶</b> _0	1202	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>▶</b> 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νο
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	Instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		Νο
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			

	EZ (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be			fsection 512	2(b)(13)? <i>If</i>	45		No
	ne organization receive any paym ing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		,
<b>6</b> Did th	ne organization engage, directly of dates for public office? If "Yes,"	or indirectly, in political	campaign activities on b			45a		No
Part VI		<u> </u>		evemnt c	haritable tri	46	nly	No
Part VI	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this F	art V I .				
							Yes	No
<b>7</b> Did th	ne organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		No
<b>8</b> Is the	e organization a school described	d ın section 170(b)(1)(A	)(II)? If "Yes," complete S	Schedule E		48		No
<b>9a</b> Did th	ne organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		No
<b>b</b> If "Ye	es," was the related organization	a section 527 organizat	ion?			49b		
•	plete this table for the organization	-						
•	oyees) who each received more t	(b) Title and average	ensation from the organiz		re is none, enter		e " <b>:)</b> Expe	nse
	and address of each employee Id more than \$100,000	hours per week devoted to position	(c) Compensation	employee b	penefit plans & compensation	a	count a	and
		devoted to position		ucierreu c	.ompensution	Othe	i unowe	111003
ONE								
6 <b>0(f)</b> Tota	al number of other employees pa	ıd over \$100,000 .				•		
1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper n If there is none, enter	"None"	T	each received n		an \$10 Compen	
1 Comp	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	T			-	
1 Comp	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	T			-	
1 Comp	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	T			-	
1 Compoficion (a) Na  1(d) Tota 2 Did	plete this table for the organization	on's five highest comper If there is none, enter indent contractor paid mo ontractors each receiving	"None " pre than \$100,000  ang over \$100,000	<b>(b)</b> Type	e of service	(c) C	ompen	sation
1 Compoficion (a) Na  1(d) Tota 2 Did mus	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Sche	on's five highest compendent of there is none, enterndent contractor paid modern contractors each received dule A? NOTE: All Sections and the contractors each received and the	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type		npt cha	aritable (es	trusts
1 Compoficion (a) Na  1(d) Tota 2 Did mus	plete this table for the organization mpensation from the organization ame and address of each independent and number of other independent of the organization complete Schest attach a completed Schedule attach a true, correct, and cound belief, it is true, correct, and cound in the organization complete it is true, correct, and cound belief, it is true, correct, and cound it is true.	on's five highest compendent of there is none, enterndent contractor paid modern contractors each received dule A? NOTE: All Sections and the contractors each received and the	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type	(a)(1) nonexen	npt cha	aritable (es	trusts
1 Compoficion (a) Na  1(d) Tota 2 Did mus  ider penali owledge a owledge.	plete this table for the organization mpensation from the organization ame and address of each independent and independent of the organization complete Schest attach a completed Schedule sties of perjury, I declare that I have	on's five highest compendent of there is none, enterndent contractor paid modern contractors each received dule A? NOTE: All Sections and the contractors each received and the	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type	a of service  (a)(1) nonexen  (a)(1) information of	npt cha	aritable (es	trusts
1 Compoficion (a) Na  1(d) Tota 2 Did mus  ider penali owledge a owledge.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schest attach a completed Schedule and belief, it is true, correct, and complete it is true, correct.	on's five highest compendent of there is none, enterndent contractor paid modern contractors each received dule A? NOTE: All Sections and the contractors each received and the	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Type   ns and 4947  edules and statis based on a	a of service  (a)(1) nonexen  (a)(1) information of	npt cha	aritable (es	trusts
1 Composition of contact and a penaltic owledge a owledge.	al number of other independent control the organization arms and address of each independent of the organization complete. So the stattach a complete of other stattach a complete of other independent of the organization complete. So the stattach a complete of other independent of o	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization of the companying scheparer (other than officer)  oate Chesel		a of service  (a)(1) nonexen  (a)(1) information of	npt cha	aritable (es   st of my prepare	trusts No r has a
cal Composition (a) Na  (a) Na  (a) Na  (b) Tota  (c) Did must how ledge a low ledge.  (c) Did must how ledge a low ledge.	al number of other independent continues of perjury, I declare that I have and belief, it is true, correct, and continues of officer  ELIZABETH GORE TRUSTEE Type or print name and title  Preparer's signature  NANCY PATZWAHL  Firm's name (or yours PATTISONKO)	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization of the companying scheparer (other than officer)  oate Chesel	(b) Type  Ins and 4947  edules and state is based on a state is ba	r of service  (a)(1) nonexen  (a)(1) nonexen  (a)(1) nonexen  (b)(1) nonexen  (c)(1) nonexen  (d)(1) nonexen  (e)(1) nonexen  (f)(1) nonexen	npt cha	aritable (es   st of my prepare	trusts No r has a
(a) Na (a) Na (a) Tota (b) Tota (c) Did (d) mus	al number of other independent call the organization ame and address of each independent of the organization ame and address of each independent of the organization complete Schest attach a completed Schedule attach a completed Schedule and belief, it is true, correct, and complete of officer    ELIZABETH GORE TRUSTEE   Type or print name and title     Preparer's   NANCY PATZWAHL	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None "  ore than \$100,000  on 501(c)(3) organization of the companying scheparer (other than officer)  oate Chesel	(b) Type  Ins and 4947  edules and state is based on a state is ba	r (a)(1) nonexen  atements, and to ill information of	npt cha ver ident	aritable fes st of my prepare	trusts No r has a

**Employer identification number** 

#### OMB No 1545-0047

Inspection

#### **SCHEDULE A**

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

KATHRYN H COONS TRUST UW 14-6080100

C/O B	ERKSH	IRE BANK				14-6080109			
Pa	rt I	Reason for Pu	ıblic Charity Sta	tus (All organization	ns must complete this	part.) See instru	ctions		
The	organı				ough 11, check only one b				
1	Γ	A church, convent	ion of churches, or a	ssociation of churches	described in section 170(	b)(1)(A)(i).			
2	Г	A school describe	d in <b>section 170(b)(</b> :	<b>1)(A)(ii).</b> (Attach Sche	dule E )				
3	Г	A hospital or a coo	perative hospital se	rvice organization desc	cribed in <b>section 170(b)(1</b>	)(A)(iii).			
4	Γ	A medical researc hospital's name, c		ted in conjunction with	a hospital described in <b>se</b>	ection 170(b)(1)(A)	(iii). Ente	rthe	
5	Γ	An organization op	erated for the benefi	t of a college or univer	sity owned or operated by	a governmental un	t describ	ed in	
		section 170(b)(1)	<b>(A)(iv).</b> (Complete P	art II )					
6	Г	A federal, state, or	local government o	r governmental unit des	scribed in <b>section 170(b)(</b>	1)(A)(v).			
7	Γ	described in	at normally receives ( <b>A)(vi)</b> (Complete P		ts support from a governm	ental unit or from th	ne general	public	:
8	Г	A community trust	: described in <b>sectio</b> i	n 170(b)(1)(A)(vi) (C	omplete Part II )				
9	Γ	An organization th	at normally receives	(1) more than 331/3%	6 of its support from contr	ibutions, membersh	nıp fees, a	nd gro	SS
		receipts from activ	ıtıes related to ıts e	xempt functions—subje	ect to certain exceptions,	and (2) no more tha	an 331/3%	of	
		ıts support from gr	oss investment inco	me and unrelated busi	ness taxable ıncome (less	section 511 tax) fi	rom busın	esses	
		acquired by the or	ganızatıon after June	30, 1975 See <b>sectio</b>	<b>n 509(a)(2).</b> (Complete Pa	rt III )			
10	Γ	An organization or	ganized and operate	d exclusively to test fo	r public safety See <b>sectio</b> i	n 509(a)(4).			
11	<b>▽</b>	one or more public the box that descr a Type I	ly supported organiz ibes the type of supp <b>b</b> Type I	rations described in second porting organization and I <b>c</b> Type I	enefit of, to perform the fur ction 509(a)(1) or section d complete lines 11e throi II - Functionally integrate	1509(a)(2) See <b>see</b> ugh 11h ed <b>d</b>	Type II	<b>a)(3).</b> I - Otl	. Check her
e	<u> ~</u>		ion managers and ot	_	ntrolled directly or indirect ublicly supported organiza				
f		If the organization check this box	received a written d	etermination from the I	IRS that it is a Type I, Typ	oe II or Type III su	pporting	rganız	ation,
g		Since August 17, following persons?	,		ıft or contribution from any				
					r together with persons de	scribed in (ii)		Yes	No
		• • •		ne the supported organ	ızatıon?		11g(i)		
		• • •	er of a person descri	• •			11g(ii)		
		(iii) a 35% contro	lled entity of a perso	n described in (i) or (ii)	) above?		11g(iii)		
h		Provide the followi	ng information about	the supported organiz	ation(s)				
	(i)	£ (ii)	(iii) Type of organization	(iv) Is the organization in	(v) Did you notify the	(vi) Is the		(v	/ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organızatı col (ı) lıst your goveı	(iv) Is the organization in col (i) listed in your governing document?  (v) Did you notify the organization in col (i) of your support?		on in your	organization in		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
(A) CHRIST LUTHERAN CHURCH GERMANTOWN NY	141463946	01	Yes		Yes		Yes		5,846	
Total									5,846	

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ection A. Public Support	or garmeation i	ano to quam, t				
				1			
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
_	line 4						
S	ection B. Total Support	•	•	•			
	endar year (or fiscal year beginning		(1) 2007	( ) 2000	/ IN 2000	( ) 2010	(5) T
	, in) <b>►</b>	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	(e) 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
4-	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or t	fifth tax year as a	501(c)(3) organı	zat <u>io</u> n,
	check this box and <b>stop here</b>						<b>▶</b> □
	ection C. Computation of Pub						
14	Public Support Percentage for 2010	) (line 6 column (	f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A , Pai	t II, line 14			15	
160	33 1/3% support test—2010. If the			v on line 12 and	lina 1.4 ia 2.2 1/20/		this hov
10a	and <b>stop here.</b> The organization qua				iiile 14 is 33 1/3%	of more, check	tills box ▶□
h	33 1/3% support test—2009. If the	•	· · · · · · · · · · · · · · · · · · ·		Saland line 15 is 3	3 3 1/3% or more	
U	box and <b>stop here.</b> The organization				ou, and thie 10 is a	22 1/3/0 OF HIGHE,	Check this
17a	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	FI
_, u	is 10% or more, and if the organizat	•			•		
	in Part IV how the organization mee						rted
	organization	the facts and		organiz	quannes us	- pas.ici, suppoi	▶□
ь	10%-facts-and-circumstances test-	<b>-2009.</b> If the oras	anization did not	check a box on li	ne 13, 16a. 16b. o	r 17a and line	• •
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	у
	supported organization				- ·	•	<b>▶</b> □
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	, 16a, 16b, 17a o	r 17b, check this	box and see	
	instructions						<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	18	

19a 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported ►E organization

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts	And	Circums	stances	Test

Schedule A (Form 990 or 990-EZ) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization KATHRYN H COONS TRUST UW C/O BERKSHIRE BANK Employer identification number

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	1. 0	DONEES NAME CHRIST LUTHERAN CHURCH OF GERMANTOWN DONEES ADDRESS ATTN WALTER DANIELS TREASURER RELATIONSHIP NONE PURPOSE OF PAYMENT GENERAL RELIGIOUS PURPOSES AMOUNT 5846