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Form 990-PF

Return of Private Foundation

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

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

2011

OMB No 1545-0052

Name of Numbers Name of Nu	For	cal	endar year 2011 or tax year beginnin	g	2/1/2011 , aı	nd ending	1/31	1/2012	
Number and street (or P C Dox number if mult is not delivered to street address) Room/stutle Reference interactions	Na	me o	foundation				A Emp	ployer identification nu	mber
Number and street (or P C Dox number if mult is not delivered to street address) Room/stutle Reference interactions	СН	ARL	ES E SAAK TRUST 359-808852					94-60762	213
Control contro				red to street ad	dress)	Room/suite	B Tele		
Control contro	We	lls F	argo Bank N A - PO Box 63954 MAC	A0348-012				(888) 730-	4933
SAN FRANCISCO G Check all that apply Initial return Initial return Amended return A							C If ex		
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Final return Andress change Name change Name change							D 1. F	oreign organizations, che	eck here
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H Chack type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation of year (from Part II, col. (c), II, 180,490 Accounting method Cash Accrual of year (from Part II, col. (c), II, 180,490 Accounting method Cash Accrual of year (from Part II, col. (c), III, 180,490 Accounting method Cash Accrual of year (from Part II, col. (c), III, 180,490 Accounting method Cash Analysis of Revenue and Expenses (The fold of the amounts in column (a), log will off the year for a section 507(b)(1)(8), check here III the deviated in under section 507(b)(1)(8), check here III the foundation is column (a), log will off the year for a section 507(b)(1)(8), check here III the foundation is column (a), log will off the year for a section 507(b)(1)(8), check here III the foundation is column (a), log will off the year for a section 507(b)(1)(8), check here III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a) accounting the amounts in column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (a), log will have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is column (b) have been cash basis; III the foundation is c			<u>=</u>	=					
Section 4947(g)(1) nonexempt charitable frust	Н	Che				<u> </u>	1		·
Faith market value of all assets at end of year (from Part II, col (c))	<u> </u>		• • • • • • • • • • • • • • • • • • • •		• •				
Analysis of Revenue and Expenses (The total of must be on cash basis)	; -						unae	ar section 507(D)(1)(A), c	neck nere
Intent 5	ı			Accounting r	nethod [X] Cash	Accrual			
Analysis of Revenue and Expenses, (relicting to an analysis of Revenue and expenses, (relicting to an analysis of Revenue and expenses, (relicting to an analysis of Revenue and expenses per books (c) Adjusted net income (d) (see instructions) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check (m) (1) (see instructions) 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 a Gross rents 5 a Gross rents 5 b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain or (loss) from sale of assets on line 6a 10 a Gross sales price for all assets on line 6a 10 a Gross sales less returns and allowances 11 often income (attach schedule) 12 Total. Add lines 1 through 11 122,368 121,551 13 Compensation of officers, directors, frustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Other (sp	d) must be on cash bas	ue l	unde	31 Section 507(D)(T)(D), C	rieck fiele
### amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (e) (see instructions) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check	Рa					13 /			(d) Disbursements
1					* *	(b) Net investm	ent	(c) Adjusted net	for charitable
1 Contributions, grifs, grants, etc., received (attach schedule) 2 Check ►X I the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 a Gross rents b Net rental income or (loss) 6 a Net gran or (loss) from sale of assets not on line 10 b Gross sales proce for all assets on line 6a 5 00,966 7 Capital gain net income (nor Part IV, line 2) 8 Net short-term capital gain 9 income modifications 10 a Gross sales isse returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 13 Compensation of officers, directors, trustees, etc 21,198 15,899 5,299 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) and depletion 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				, ,		income	- 1	ıncome	
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c Adjusted net income (if negative, enter -0-)		ŀ	· ·		22,143		1 855		//
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		Par			L	<u> </u>			

Forn	990-P	F (2011) CHARLES E SAAK TRUST 359-808852		94-6	076213 Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	0	
	2	Savings and temporary cash investments	70,841	66,479	66,479
	3	Accounts receivable 0		-	
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0		_	
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts	0	0	0
ţ	8	Inventories for sale or use	0	0	
Assets	9	Prepaid expenses and deferred charges		0	
Ä	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
		Investments—corporate stock (attach schedule)	0	0	0
	C	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
	i	Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans		_	
	13	Investments—other (attach schedule)	1,372,735	1,416,572	1,534,011
	14	Land, buildings, and equipment basis ▶ 0			
		Less accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15	Other assets (describe ▶)	1	0	. 0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,443,577	1,483,051	1,600,490
	17	Accounts payable and accrued expenses	0	0	
Ś	18	Grants payable			
ij	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
ā	21	Mortgages and other notes payable (attach schedule)	0	0	1
_	22	Other liabilities (describe	0	. 0	
	23	Total liabilities (add lines 17 through 22)	0	0	
' A		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
ä	24	Unrestricted .			İ
	25	Temporanty restricted		-	
<u>В</u>	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here	·· ·	··-··	
Ē		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	1,443,577	1,483,051	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS (29	Retained earnings, accumulated income, endowment, or other funds			1
Ž	30	Total net assets or fund balances (see instructions)	1,443,577	1,483,051	1
Š	31	Total liabilities and net assets/fund balances (see			'
		instructions)	1,443,577	1,483,051	ļ
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
	end-o	f-year figure reported on prior year's return)		1	1,443,577
		amount from Part I, line 27a		2	22,449
3	Other	increases not included in line 2 (itemize) See Attached Stateme	nt	3	17,487
		nes 1, 2, and 3		4	1,483,513
		ases not included in line 2 (itemize) See Attached Statement		5	462
6	Total ı	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	6	1,483,051

Form 990-PF (2011) CHARLES	E SAAK TRUST 359-808852	2				94	-6076213	Page 3
Part IV Capital Gains and	Losses for Tax on Inve	stment l	ncon	ne				
	and(s) of property sold (e.g., real esta , or common stock, 200 shs MLC Co			(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date (mo , da	
1a See Attached Statement				DONALIOI				
b		-						
С								
d								
							<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis inse of sale			n or (loss) f) minus (g)	
a 0	0			0				0
b 0	0			0				0
_c0	0			0			_	0
<u>d</u> 0	0			0				0
<u>e</u> 0	0			0				0
Complete only for assets shown (i) F M V as of 12/31/69	(j) Adjusted basis	(k) Exces	ss of col (ı)	,	col (k), but no	l (h) gain minu: t less than -0-)	
(1) 11 1 45 51 125 1165	as of 12/31/69		ver col	(j), if any		Losses (f	rom col (h))	
<u>a</u> 0	0			0				0
<u>b</u> 0	0			0				0
<u>c</u> 0	0			0				0
d 0	0			0				0
<u>e</u> 0	∫ If gain, a	lse enter	ın Bo	0	\vdash			
2 Capital gain net income or (r	net capital loss) { if (loss),				2			78,030
3 Net short-term capital gain o	r (loss) as defined in section	s 1222(5)	and ((6) [.]			-	
If gain, also enter in Part I, Ii	ne 8, column (c) (see instruc	tions) If (loss),	enter -0-				_
in Part I, line 8			<u>. </u>		3			
Part V Qualification Under (For optional use by domestic part of the control of t							<u>_</u>	
If section 4940(d)(2) applies, lea	ive this part blank e section 4942 tax on the dist	ributable	amou	ınt of any year ın			Yes []	₹] No
If "Yes," the foundation does no								
	unt in each column for each y	/ear, see	the in	structions before	making	any entrie		
(a) Base period years	(b)	1		(c)		Dis	(d) tribution ratio	
Calendar year (or tax year beginning in	Adjusted qualifying distributio	ns Net	value (of noncharitable-use a	assets		divided by col	(c))
2010	75	,325		1,55	5,698		(048419
2009		7,988		1,41	1,147			048179
2008		,610			3,105			0.040429
2007		2,842			3,418			038675
2006		1,864		1,786	5,762			045817
2 Total of line 1, column (d)						2	(221519
3 Average distribution ratio for the number of years the four					y	3		044304
4 Enter the net value of nonch	aritable-use assets for 2011	from Part	X. lır	ne 5 .		4		,606,663
5 Multiply line 4 by line 3			.,			5		71,182
	•	•	• •		-		<u></u>	_
6 Enter 1% of net investment	ncome (1% of Part I, line 27	0)		•	. -	6		1,049
7 Add lines 5 and 6			•		-	7		72,231
8 Enter qualifying distributions If line 8 is equal to or greate		 Part VI		h and complete	that no	8 tusing a 1	% tay rate	_79,831
the Part VI instructions	r and time it offect the box if	ait vi,		o, and complete	mai pai	. asing a 1	,, was raid, t	<i>-</i>

For	ո 99	D-PF (2011) CHARLES E SAAK TRUST 359-808852 94-6076	213	Pa	age 4
Pa	irt '			;)	
1	a Ex	rempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐			
	Da	ate of ruling or determination letter (attach copy of letter if necessary—see instructions)		_	
		omestic foundations that meet the section 4940(e) requirements in Part V, check	1	,049	
	he α ΔΙ	re ► X and enter 1% of Part I, line 27b other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
		Part I, line 12, col (b)			
2		x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	
3		Id lines 1 and 2	1	,049	\vdash
4	Sı	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		,043	
5	Ta	x based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	1	,049	
6		edits/Payments		,	
		11 estimated tax payments and 2010 overpayment credited to 2011 6a 1,848			
		empt foreign organizations—tax withheld at source			'
		x paid with application for extension of time to file (Form 8868) 6c 0			
		ckup withholding erroneously withheld			
7 8		tal credits and payments. Add lines 6a through 6d	1	,848	
9		tter any penalty for underpayment of estimated tax. Check here		0	
10		x due. If the total of lines 5 and 8 is more than line 7, enter amount owed verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		700	
11	Er	/erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 ter the amount of line 10 to be Credited to 2012 estimated tax ▶ 799 Refunded ▶ 11		799	<u> </u>
Pa		/II-A Statements Regarding Activities		0	!
				Vac	Na
•	u Di	inng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it rticipate or intervene in any political campaign?	4-	Yes	
		d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1a		X
		structions for definition)?	1b		x
	If.	he answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	pι	blished or distributed by the foundation in connection with the activities			!
		d the foundation file Form 1120-POL for this year?	1c		X
(d Er	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1 (1	On the foundation > \$ (2) On foundation managers > \$			
		ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers > \$			
2		is the foundation engaged in any activities that have not previously been reported to the IRS?	٠,٠		
_		Yes," attach a detailed description of the activities	2		Х
3		is the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X ,
4	a Di	d the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
_		Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5		as there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X
e		Yes," attach the statement required by General Instruction T			
6		e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1
		By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions			i
		at conflict with the state law remain in the governing instrument?	6	X	_ 1
7		d 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	7	x	
8	a Er	ter the states to which the foundation reports or with which it is registered (see instructions)	•	$\overline{}$	
	<u>C</u>	1			
1		he answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
_		eneral (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Χ	<i>_</i>
9		the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			1
10		I any persons become substantial contributors during the toy year? If IIVes II attack a set a duta to the	9		X
		d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing ear names and addresses	ا 🚛		
_			10		<u> </u>

roim	990-PF (2011) CHARLES E SAAK TRUST 359-808852	34-60/6213	Pa	age 🧿
Par	t 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 instructions)	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ► N/A			
14	The books are in care of ► WELLS FARGO BANK N A Telephone no ► 888-7	30-4933	·	.
	Located at PO Box 63954 MAC A0348-012 SAN FRANCISCO CA ZIP+4 ▶ 94163	3		<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	. 🗆
	and enter the amount of tax-exempt interest received or accrued during the year	N/A		
16	At any time dunng calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	Щ	_ <u>_x</u> _
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		l	
	the foreign country			
Pa	rt 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.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)	1		
	- -	No	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		Į.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	1	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	,	i	
	for the benefit or use of a disqualified person)?	No	1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	of the foundation agreed to make a grant to or to employ the official for a period	,	\ \ \	
	_	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 instructions)? Organizations relying on a current notice regarding disaster assistance check here	1 <u>b</u>		X
С	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 2011?	<u>1c</u>		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))	H		
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d	,		
		No		
1_	If "Yes," list the years 20, 20, 20, 20			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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 instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	120	INA	
·	20	ŀ		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			1
	enterprise at any time during the year?	l _{No}	1	ŀ
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation	'		<u> </u>
	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)		1	1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	1		
	if the foundation had excess business holdings in 2011)	3b	N/A	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		Х
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 2011?	4b		Х

-	CHARLES E SAAK TRUST 3								-60/6	213	Ρ.	age O
Рa	rt VII-B Statements Regarding Activitie	es fo	or Which Form	1 47	20 May Be Re	quire	d (continued)				
5a	 During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public e on, directly or indirectly, any voter registration 	o influ electi	ience legislation (s on (see section 49		` ''		Yes	X	No No			
	 (3) Provide a grant to an individual for travel, stud (4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494 	a ch	 antable, etc , orga	nıza	tion described		Yes		No No			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o	chan	table, scientific, lit	erar	у, ог		∐ Yes		No			-
þ	If any answer is "Yes" to 5a(1)-(5), did any of the to		•			ns desc		لکا				
	Regulations section 53 4945 or in a current notice of Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the fortax because it maintained expenditure responsibility of "Yes," attach the statement required by Regulation	regar disa ound y for	ding disaster assister assister assistance chation claim exemp the grant?	stan ieck ition	ce (see instruction here		Yes		No	5b	Ñ/A	
	Did the foundation, during the year, receive any fur premiums on a personal benefit contract?			•			Yes	X	No			,
	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870									6b		<u> </u>
	At any time during the tax year, was the foundation	•	• •				Yes	X	No			
	If "Yes," did the foundation receive any proceeds of art VIII Information About Officers.							. D.:	<u>_</u>	7b	N/A	
	art VIII Information About Officers, and Contractors	Dir	ectors, truste	es,	, Foundation	wana	gers, rugniy	Paid	1 C M	ploy	ees,	
1	List all officers, directors, trustees, founda	atior	managers and	1 the	eir compensati	on (se	e instruction	s).	_			
	(a) Name and address	(b)	Title, and average hours per week evoted to position	(0	c) Compensation f not paid, enter -0-)	em	Contributions to ployee benefit plan leferred compensations	ns			se acco	
	lls Fargo Bank, N A. Box 63954 MAC A0348-012 SAN FRANCIS		stee 4 00		21,198			0				0
· ·			00		0			0				0
			00		0			0				0
·			00		0			0				0
	Compensation of five highest-paid employ enter "NONE."	/ees	(other than the	ose	included on lir	ne 1—	see instructio	ons).	lf non	е,		
(a) Name and address of each employee paid more than \$50,	000	(b) Title, and avera hours per week devoted to position	:	(c) Compensatio	on	(d) Contributions employee bene plans and deferr compensation	fit ed			se acco	
ЙС	NE											
						\perp					_	
To	tal number of other employees paid over \$50,0	000						. ▶				0
									Fo	rm 9 9	0-PF	(2011)

Form 990-PF (2011)	CHARLES E SAAK TRUST 359-808852		94-6076213 Page 7
Part VIII	Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly P	aid Employees,
3 Five highest	t-paid independent contractors for professional services (se	ee instructions). If none, enter "NONE."	
	ame and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			0
			0
			0
			0
			0
Total number of	f others receiving over \$50,000 for professional services	_	·
Part IX-A	Summary of Direct Charitable Activities		
List the foundation' the number of orga	s four largest direct chantable activities during the tax year. Include relevant anizations and other beneficianes served, conferences convened, research	int statistical information such as a papers produced, etc	Expenses
1 NONE			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see	e instructions)	
Describe the two la	rgest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1 NONE			
2			
			-
	elated investments. See instructions		
3 NONE			.
			- 0
Total. Add lines	s 1 through 3		0
			Form 990-PF (2011)

	90-PF (2011) CHARLES E SAAK TRUST 359-808852		076213 Page 6
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
_	purposes:		4 === := :
a	Average monthly fair market value of securities	1a	1,566,471
b	Average of monthly cash balances	1b	64,659
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,631,130
е	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	1,631,130
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
_	instructions)	4	<u>24,467</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,606,663
6	Minimum investment return. Enter 5% of line 5	6	80,333
Par	· · · · · · · · · · · · · · · · · · ·		
	foundations and certain foreign organizations check here And do not complete this part)		
1	Minimum investment return from Part X, line 6	1	80,333
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,049
3	Distributable amount before adjustments Subtract line 2c from line 1	3	79,284
4	Recoveries of amounts treated as qualifying distributions .	4	15,500
5	Add lines 3 and 4	5	94,784
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 1	94,784
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	Т	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	79,831
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.	 " 	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	- 	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	79,831
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	7 3,03 1
•	• • •	5	1,049
6	Income Enter 1% of Part I, line 27b (see instructions)	6	78,782
J	Adjusted qualifying distributions. Subtract line 5 from line 4		10,102
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	uation	

CHARLES E SAAK TRUST 359-808852

Form 990-PF (2011)

94-6076213

Page 9

		K TRUST 359-808852			94-6076	
	art XIV Private Operating Found			uestion 9)		N/A
1 a	a If the foundation has received a ruling foundation, and the ruling is effective f			.		
	b Check box to indicate whether the four	ndation is a private operating fo	undation described i	n section	4942(J)(3) or	4942(J)(5)
2 a	a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		4-1-5-4-1
	investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0				0
b	b 85% of line 2a	0	0	0	0	0
C	 Qualifying distributions from Part XII, line 4 for each year listed 					0.
C	d Amounts included in line 2c not used of for active conduct of exempt activities	directly				0
	e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c)	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test—enter					
	(1) Value of all assets		ļ			0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
t	b "Endowment" alternative test—enter 2 of minimum investment return shown Part X, line 6 for each year listed					0
(c "Support" alternative test—enter	<u>-</u>	'	 		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(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					0
	(4) Gross investment income					0
P.	art XV Supplementary Inform	ation (Complete this par	t only if the fou	Indation had \$5	000 or more in	
•		ng the year—see instru	•	maation naa vo	,000 01 111010 111	
1	Information Regarding Foundat		'			
á	a List any managers of the foundation w					
	before the close of any tax year (but o	only if they have contributed mor	re than \$5,000) (Se	e section 507(d)(2))	1	
_	ONE					
ı	b List any managers of the foundation v ownership of a partnership or other er		•		ortion of the	
NC	ONE	inty) of windir the loand another	sa 1070 or greater a	nici co		
2	Information Regarding Contribu	n only makes contributions to proundation makes gifts, grants, e	eselected chantable	organizations and o	•	
	a The name, address, and telephone no	ımber of the person to whom a	oplications should be	addressed		
SE	EE ATTACHED					
	b The form in which applications should	be submitted and information a	and materials they sl	hould include		
_	EE ATTACHED c Any submission deadlines					
SE	EE ATTACHED					
	d Any restrictions or limitations on awar factors	ds, such as by geographical are	eas, chantable fields	, kinds of institutions	, or other	
SE	EE ATTACHED					

Part XV Supplementary Information (continued)

Page **11**

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year See Attached Statement 71,512 **▶** 3<u>a</u> **Total** Approved for future payment NONE **Total** 3b 0 CHARLES E SAAK TRUST 359-808852

Form 990-PF (2011)

94-6076213

Page 12

Form 990-PF (2011)

Forr	n 990-PF	(2011	CHARLES	E SAAK TRUS	ST 359-808852				94-6076	213	Pag	e 13
Pa	rt XVII	In			sfers To and Tr	ansactions	and Rela	ationships Wi				
		E	xempt Organiz	ations _					_			
1		tion (501(c) of the Code		ngage in any of the section 501(c)(3) o						Yes	No
а	Transf	fers f	rom the reporting	foundation to	a noncharitable ex	xempt organiz	ation of					
	(1) Ca		· - · · · · · · · · · · · · · · · · · ·			Nompt organiz				1a(1)	i i	X
	(2) 01	thera	assets .							1a(2)		Х
b	Other	trans	sactions									
					empt organization					1b(1)		Х
					able exempt organ	ization				1b(2)		X
			of facilities, equip		r assets	•	•	•		1b(3)	igsquare	X
			ursement arrange		•				,	1b(4)	igwdapprox	X
			or loan guarantee							1b(5)		X
_					nip or fundraising s its, other assets, o					1b(6) 1c		
		-							ah awatha fa			
	value	of th	e goods, other as	sets, or service	complete the follo es given by the re- ement, show in co	porting founda	tion If th	e foundation rec	eived less than	fair ma	arket	
(a)	Line no		b) Amount involved	(c) Name	of noncharitable exemp	t organization	(d) Des	scription of transfers,	transactions, and s	hanng ar	rangem	ents
		<u> </u>	(Not Applicat	le							
		▙)			<u> </u>					
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	descri	ibed	dation directly or	indirectly affiliof the Code (c	ated with, or relate other than section				ions	Yes X] No	
	·	(3	a) Name of organizatio	<u> </u>	(b) Type	of organization		(c)	Description of relati	onship_		
												
	 -		 						<u>_</u>			
									_			
	ī	Jnder p	enalties of perjury, I declare	that I have examined	I this return, including accom	panying schedules an	d statements,	and to the best of my know	wledge and belief, it is to	rue,		
	ign	^	^ -	of preparer (other than	n taxpayer) is based on all inf			•	May the IRS			
—	ere		en 1 Sulentie		6/4/2012		D TAX D	IRECTOR	instructions)	, X A	es 🗌	No
		Sign	ature of officer or trust		Date	Title		ls.		Lozur		
P:	aid	1	Print/Type preparer's	name	Preparer's signature	9		Date	Check X if	PTIN		
	repare	<u>.</u>	JOSEPH J CAST	TRIANO	ALL			6/4/2012	self-employed	P0125	51603	j
	-	"			eCoopers, LLP					3-4008		
U:	se On	יי y			PEET DITTSBILE	PCH DA 1521	0 2777			-355-6		

Page 13

Continuation of Bort YV Lin		C	to and 0	94-60/6		
Continuation of Part XV, Lin Recipient(s) paid during the year	<u>e 3a (990-PF) -</u>	Grani	is and Con	tributions Paid	During th	<u>e year</u>
Name GOLDEN STATE YMCA						
Street			-,- -			
1200 NORTH PLAZA DRIVE						
City			Zıp Code	Foreign Countr	У	
VISALIA	le	CA	93291			
Relationship NONE	Foundation Status 501(C)3 PUBLIC CH	ADITY				
Purpose of grant/contribution	JOUNG OF OBEIC OF	IAIXII I			Amount	
GENERAL SUPPORT GRANT						10,900
Name SCHOLARSHIP AMERICA						
Street	TE 455		-			
1550 AMERICAN BOULEVARD E., SUI City	IE 155	State	Zip Code	Foreign Countr		
MINNEAPOLIS			55425	Foreign Count	У	
Relationship	Foundation Status		100,00	I		
NONE	501(C)3 PUBLIC CH	HARITY				
Purpose of grant/contribution GENERAL SUPPORT GRANT					Amount	60.640
						60,612
Name						
Street						
City		State	Zıp Code	Foreign Countr	у	
Relationship	Foundation Status	<u> </u>	<u> </u>	<u> </u>		
	<u></u>					
Purpose of grant/contribution					Amount	•
Name	· · ·	·	···			0
Street						· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Foreign Countr	y	
			Ι. `			
Relationship	Foundation Status					
Purpose of grant/contribution				 	Amount	
					, miodini	0
Name					·	
Street						
City		State	Zıp Code	Foreign Countr	y	
Relationship	Foundation Status	<u> </u>		<u> </u>		
Purpose of grant/contribution	<u> </u>				Amount	
· · · · · · · · · · · · · · · · · · ·			···		<u> </u>	0
Name						
Street						
City		State	Zıp Code	Foreign Countr	у	
Relationship	Foundation Status	·	•			
Durnoss of grantless to the state	<u> </u>				<u> </u>	
Purpose of grant/contribution					Amount	0

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Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

뒫	Amount
Ī	
Purchaser	CUSIP# Purchaser 81369Y605
2	81369Y605
4	81369Y704
4	81369Y704
4	81369Y704
4	613597 704
	81369Y803
3	813697803
60	81369Y886
0	880208400
0	880208400
3	922042858
3	922908553
	922908553
m	922908553
200	922908553
7	94905U302 94985D582
4 00	949917538
	991283912
9	999612906
	999612906
	999612906
	999612906
	999612906
	140995127
	140995127
	22544R305
10 6	22544R305
	232043033
	448108100
	464287242
	464287242
č	464287242
	464287465
	464287465
	464287465
	464287606
	464287606
	464287804
	487300808
	487300808
] [589509108
3	78463X863
	81369Y100
	81369Y100
	81369Y100
_	

6/4/2012 12 09:10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E T-U-W

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

								Totals	Gross	SSC	Cost, Other	Other	Net Gain	aın
			Amount						Sales	les	Basis and Expenses	Expenses	or Loss	SS
		Long Term CG Distributions						Securities		996'005		422,936		78,030
		Short Term CG Distributions						Other sales		0		0		0
				***************************************								Expense		_
-					Check "X" if							of Sale and		
	Check "X"	_			Purchaser							Cost of		
	if Sale of				IS 8	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	Improve-		Net Gain
Index	Secunty	Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Price	Other Basis	Method	ments	Depreciation	or Loss
52	L	AMEX HEALTH CARE SPDR	81369Y209			4/30/2010		6/30/2011	3,657	3,230				427
53	×	AMEX HEALTH CARE SPDR	81369Y209			4/30/2010		8/31/2011	2,134	2,007				127
54	×	AMEX HEALTH CARE SPDR	81369Y209			4/30/2010		10/21/2011	3,427	3,262				165
55	×	CONSUMER STAPLES SECTO	81369Y308			4/30/2010		6/30/2011	5,506	4,940				266
26	×	CONSUMER STAPLES SECTO	81369Y308			4/30/2010		8/31/2011	2,099	1,898				201
22	×	AMEX CONSUMER DISCR SPI	81369Y407			4/30/2010		5/20/2011	3,637					436
28	×	AMEX CONSUMER DISCR SPI	81369Y407			4/30/2010		6/30/2011	3,174					364
59	×	AMEX CONSUMER DISCR SPI	81369Y407			4/30/2010		8/31/2011	2,507					124
09	×	AMEX ENERGY SELECT SPDR	81369Y506			4/30/2010		5/20/2011	2,255					440
61	×	AMEX ENERGY SELECT SPDR	81369Y506			4/30/2010		6/30/2011	2,400					464
62	×	AMEX ENERGY SELECT SPDF	81369Y506			4/30/2010		8/31/2011	4,928					572
63	×	AMEX FINANCIAL SELECT SP	81369Y605			4/30/2010		6/30/2011	3,585	3,868				-283
64	×	L/T CAPITAL GAIN DIVIDENDS							568					568
65	×	CTF CAPITAL GAIN S/T							3,470					3,470
99	×	CTF CAPITAL GAIN L/T							3,598					3,598
29														Ō

Line 16b (990-PF) - Accounting Fees

		3,010	0	0	3,010
					Disbursements
		Revenue and			for Charitable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
	Person Providing Service	Books	Income	Income	(Cash Basis Only)
-	TAX PREP FEES	3,010			3,010
2					
က					
4					
2					
9					
7					
æ					
6					
10					

6/4/2012 12 09:10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E T-U-W

Line 18 (990-PF) - Taxes

이							_			
	Disbursements for Charitable Purposes									
0	Adjusted Net Income									
797	Net Investment Income			797						
4,189	Revenue and Expenses per Books	1,544	1,848	161						
	Description	PY FED EXCISE TAX	ESTIMATED EXCISE TAX PAID	FOREIGN TAX WITHHELD						
		1	2	3	4	5	9	 8	6	10

6/4/2012 12 09.10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E. T-U-W

Line 23 (990-PF) - Other Expenses

		10	0	0	5
		Revenue and			Disbursements
		Expenses	Net Investment	•	for Charitable
	Description	per Books	Income	Income	Purposes
-	TRUSTEE FEES				
7	ADR FEES				
3	STATE AG FEES	10			10
4					
2					
9					
7					
8					
6					

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 3 - Other increases not included in Part III, Line 2		
1 UNDISTRIBUTED CTF CAPITAL GAIN 2 RETURN OF GRANTS PAID	1	1,987 15,500
3 Total	. 3	17,487
Line 5 - Decreases not included in Part III, Line 2		
1 COST BASIS ADJUSTMENT	1	212
2 CTF BOOK TO TAX DIFFERENCE		250
3 Total		462

6/4/2012 12.09·10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E. T-U-W

ļ	
Income	
Investment	
r Tax on	
Losses fo	
sains and	
- Capital (
(990-PF)	
Part IV	

Shot Torm CG Distributions								1				79 630
SHOIL IEITH CO DISTINGUIDATION	lus o			Totals	500,966	0	L	78,030			0	000,07
		 How	Date	Date	Gross Sales	Depreciation	Cost or Other Basis Plus	Gain or	FM V as of	Adjusted Basis as of	Excess of FMV	of FMV Over Adjusted
Kind(s) of Property Sold	#	B	Acquired	Sold	l d		ŭ	Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
Т	813697605	1	4/30/2010	10/21/2011	3,125			-780				-530
3 AMEX INDUSTRIAL SPDR	81369Y704	4	4/30/2010	5/20/2011	4,874	0		535			0	535
П	81369Y704	٧	4/30/2010	6/30/2011	3,683	0		379			0	379
П	81369Y704	1	4/30/2010	8/31/2011	1,941	0		-62				-62
6 AMEX INDUSTRIAL SPDR	81369Y704	1	4/30/2010	10/21/2011	3,557	0	ļ	-115				113
	81369Y803		4/30/2010	5/20/2011	1,314			123				502
	813697803	+	4/30/2010	6/30/2011	7,028			205				148
9 AMEX TECHNOLOGY SELECT SPDR	813697803	1	4/30/2010	8/31/2011	1,504			136				136
10 AMEX UTILITIES SPUR	813891885	- -	41/10/2010	6/30/2011	1,504			7.361			0	7.361
11 TEMPLETON GLOBAL BOND FD-ADV #8			10/17/2008	5/20/2011	40,220			73			0	73
13 VANGUARD MSCI EMFRGING MARKET		-	5/20/2011	6/30/2011	1.212	0		4			0	14
14 VANGUARD REIT VIPER	ł		7/22/2010	5/20/2011	547	0		113			0	113
1	922908553	-	2/6/2009	5/20/2011	11,616	0	5,639	5,977			0	5,977
16 VANGUARD REIT VIPER	922908553		5/6/2009	6/30/2011	19,460	0		9,978			0	
	922908553		2/6/2009	8/31/2011	906,3	0		3,079			0	
	7094985D582		7/5/2011	8/31/2011	27,128	0		1,128				1,128
	70 94985D582		7/26/2010	8/31/2011	43,746	0		4,304				
20 WELLS FARGO ADV HI INC-INS #3110 9499	949917538		2/21/2006	6/30/2011	892			97-				46
т	991283912		5/20/2011	10/21/2011	13,204			9				
_	999612906		10/15/2009	5/20/2011	1,1/3			-133				
Т	999012900	1	4/30/2010	3/20/2011	777.75			415				
24 TAXABLE SHORT-TERM BOIND FUND	999012900		7/22/2010	7777011	4 303			43			0	
25 TAXABLE SHORT-TERM BOIND FUND	999012900		7/22/2010	8/31/2011	5.072			69-			0	
27 TAXABLE SHORT-TERM BOND FUND	999612906		1/15/2004	8/31/2011	15,864	0		-154			0	154
28 CAPITAL PARTNERS CORE EQUITY FU	140995127		5/20/2011	10/21/2011	4,729	0		-388			0	
29 CAPITAL PARTNERS CORE EQUITY FUI 140995	UI 140995127		7/7/2011	10/21/2011	1,816	0	1,928	-112			0	
30 CREDIT SUISSE COMM RT ST-CO #215	5622544R305	-	11/23/2010	5/20/2011	3,580	0		168				00
31 CREDIT SUISSE COMM RT ST-CO #215	5622544R305		11/23/2010	6/30/2011	3,592	O		36				
32 DIAMOND HILL LONG-SHOR! FD CL 1#	#1252645833		5/4/2010	6/30/2011	177			2 2				64
33 DIAMOND HILL LONG-SHORT FD CL 14	#1252645833		5/4/2010	10/21/2011	1,095			1 268			0	-12
34 HUSSIMAN STRATEGIC GROWIN FOIND	446106100	1	2/11/2000	5/20/2011	27 202			4.315			0	
36 ISHARES IBOXX \$ INV GR CORP BD FL			5/7/2009	5/20/2011	4 440			563			0	563
37 ISHARES IBOXX \$ INV GR CORP BD FC		1	4/30/2010	5/20/2011	2.664	0		95			0	
38 ISHARES MSCI EAFE	ļ		5/20/2011	8/31/2011	3,205	0		-441			0	
39 ISHARES MSCI EAFE		_	6/30/2011	8/31/2011	6,409	0		-821			0	-821
40 ISHARES MSCI EAFE		-	2/22/2008	8/31/2011	10,201	0		1,901			0	
41 ISHARES S&P MIDCAP 400 GROWTH			4/30/2010	5/20/2011	5,581	0		1,090				0601
42 ISHARES S&P MIDCAP 400 GROWTH	ļ	1	4/30/2010	6/30/2011	5,340	٥		1,029 704				
7			5/20/2011	102/12/01	2,953			15 000				
44 KEELEY SMALL CAP VAL FU CL #2251	48/300808		4/20/2009	5/20/2011	34,041			12,330				12,949
45 NEELET SMALL CAP VAL FU CL I #223		1	4/20/2009	6/30/2011	904			5,5,5				
\neg	208209100 R178463X863		5/20/2011	8/31/2011	5 746			457			0	
Т	R1369Y100		4/30/2010	5/20/2011	1,932	0	1,739	193			0	
	81369Y100		4/30/2010	6/30/2011	2,043	0		234			0	
	81369Y100	-	4/30/2010	8/31/2011	1,833	0		24			0	
	81369Y209	1	4/30/2010	5/20/2011	3,613	0		477				
52 AMEX HEALTH CARE SPDR	81369Y209		4/30/2010	6/30/2011	3,657	0		427				į
	81369Y209	-	4/30/2010	8/31/2011	2,134	0		127				
7			4/30/2010	10/21/2011	3,427			103				
55 CONSUMER STAPLES SECTOR SPOR	7 T81369Y308	+	4/30/2010	6/30/2011	5,506		4	201				201
Т		+		5/20/2011	3.637			436			0	436
58 AMEX CONSUMER DISCR SPDR	813697407	7	\top	6/30/2011	3,174	0	2	364			0	364
1			٦.									

6/4/2012 12:09:10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E T-U-W

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	•	78,030	cess	nsted	ses	124	4	\$	572	-283	268	3,470	3,598	0
			Gains Minus Excess	of FMV Over Adjusted	Basis or Losses									
		0		Excess of FMV	Over Adj Basis	0	0	0	0	ō	0	0	0	0
		0	Adjusted Basis	as of	12/31/69									
		0	F W V	as of	12/31/69									
		78,030		Gain or	Loss	124	440	464	572	-283	268	3,470	3,598	0
		422,936	Cost or Other	Basis Plus	Expense of Sale	2,383	1,815	1,936	4,356	3,868	0	0	0	0
		0		Depreciation		0	0	0	0	0	0	0	0	0
		996'005	Gross	Sales	Price	2,507	2,255	2,400	4,928	3,585	268	3,470	3,598	0
		Totals		Date	Sold	4/30/2010 8/31/2011	4/30/2010 5/20/2011	4/30/2010 6/30/2011	8/31/2011	6/30/2011				
				Date	Acquired Acquired	4/30/2010	4/30/2010	4/30/2010	4/30/2010	4/30/2010				
ı	0	0		How	Acquired									
1	9				CUSIP#	81369Y407	81369Y506	81369Y506	81369Y506	81369Y605				
	Long Term CG Distributions	Short Term CG Distributions			Kind(s) of Property Sold	59 AMEX CONSUMER DISCR SPDR	60 AMEX ENERGY SELECT SPDR	1 AMEX ENERGY SELECT SPDR	2 AMEX ENERGY SELECT SPDR	63 AMEX FINANCIAL SELECT SPDR	64 L/T CAPITAL GAIN DIVIDENDS	65 CTF CAPITAL GAIN S/T	66 CTF CAPITAL GAIN L/T	
						Š	9	2	62	9	8	<u> </u>	ğ	9

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

m		т.	٠,			_				_	_	_
21,198		Compe	21,198									
	Average		4 00									
	₹ #:±	el) i	TRUSTEE									
	Foreign	Country										
	2000	State Zip Code	94163									
	7,70	State	CA									
	******	Street	PO Box 63954 MAC A0348-012									
	Check "X"	II BUSINESS	×									
	1	Name	Wells Fargo Bank N A									
			-	2	3	4	2	9	7	8	6	10

6/4/2012 12.09 10 PM - 808852 - 1807 - WC1 - SAAK, CHARLES E T-U-W

Explanation Expense Account Benefits Part 5 9 Part VI, Line 6a (990-PF) - Estimated Tax Payments

		 	-		Date		Amount
1	Credit from prior year return					1	0
2	First quarter estimated tax payment					2	
3	Second quarter estimated tax payment				5/11/2011	3	1,848
4	Third quarter estimated tax payment					4	
5	Fourth quarter estimated tax payment					5	
6	Other payments					6	0
7	Total				•	7	1,848

art XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income		05 407
Distributable amounts for 2010 that remained undistributed at the beginning of the 2011 tax year	٦	65,137
	2	
	3	
	4	
	5	-
	6	
	7	
	8	
	₉	
Total	10	65 137

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

CHARLES E. SAAK SCHOLARSHIP APPLICATION

1

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

١:

- be from the Posterville/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. Mories 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 Benking Group, Trust Department, two weeks prior to March 31, 2004 to verify the manula 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

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

d

- ~ 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, <u>LEAVE NO BLANKS!!</u>

DUE POSTMARKED ON OR BEFORE MARCH 31, 2003

Name of Applicant:					
First	Middle	Last		Social Se	curity #
Mailing Address:					
Street	Address	City	State	Zip	
Telephone: ()		Date of Birth: (n	n/d/year)		
High School Attended:		High School Gr	ed. Date (m/	year)	
College/University to be Attended:					
Major:				No	
If yes, how many years ha	ve you received the	scholarship?			
Name of Parent(s) or Gua					
Mailing address:Street					
Street		City	St	ate	Zip
Fotal Number of family m	embers (include yo	arself):			
understand that if I shou or professional party furn ny plans to use this grant, Box 20160, Long Beach, C	ishing the service. I I will notify the Sci	woderstand that if I	or any reaso	n I cannot	carry out
Signature of Applicant		Date			

51

EDUCATIONAL STATEMENT (52)

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

FINANCIAL STATEMENT (S3)

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

Please type or print neatly

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	Applicant's nam	ε:	· · · · · · · · · · · · · · · · · · ·		
SingleMarriedSeparatedDivorcedWidowed Parental Information: FatherStepfather Guardian (please check one) Name: Occupation/Title: Employer: Social Security #:			HOUSEHOL	D INFORMATIO	<u>ON</u>
Parental Information: FatherStepfather Guardian (please check one) Name: Occupation/Title:	Parents Marital	Status: (pleas	e check one)		
FatherStepfatherGuardian (please check one) Name:Occupation/Title:	Single	Married _	Separated	Divorced	Widowed
Name: Occupation/Title: Employer: Social Security #:	Parental Inform	ition:			
Occupation/Title: Employer: Social Security #:	Father	Stepfather	Guardian	(please check on	e)
Employer: Social Security #:	Name:_				
Social Security #: MotherStepmotherGuardian (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.	Occupat	ion/Title:	·		
MotherStepmotherGuardian (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.	Employe	er:			
Name: Occupation/Title: Employer: Social Security #: Family Information 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.	Social Se	curity #:			
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.	Mother	Stepmoth	erGuardia	n (please check o	ne)
Employer: Social Security #: Family Information Family Informat	Name:				
Family Information The total size of the applicant's parent's household during the 2003/2004 will be dependent children. The total number of family members attending college during 2003/2004 will be last half time. 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.	Occupati	ion/Title:			
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.	Employe	r:			
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.	Social So	ecurity #:			
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:			Family	Information	
Name: Age: Relationship: Status: full, part-time Occupation:	Please include the dependent childre ~The total numbe Include the stude	t student ever to. Toffamily m nt who is appl	if he/sbe does n embers attending ying for aid and :	ot live at home. college during 20 any others who w	Also include parents, and any other 103/2004 will be Ill be in college at least half time.
	Name: /	Age: Relati	onship: Status	: full, part-time	Occupation:

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.

Applicant Infor	mation:	San	Fee Noorb	_	
Name of Applica	ant	Soc. Sec. Number m	Sec Number ust be on for	m to proce	ss Required
**- · · · · · · · · · · · · · · · · · ·					
Home Address _	Street	City	State		Zip
		·			Ζip
Telephone # ()	Applicant's Birthday	Month	Day	Year
Last School Atte	inded	· · · · · · · · · · · · · · · · · · ·		•	
Number of other	s in house:	BrothersSist	ers	Pars	nts
Number of Years	s you have receiv	ved funds form the Charles E. Saak Tru	ıst		
	_	eational Medical/Dental Care			
Posto ex 1. PPE	ANGON, VER				
		ed by: Income Tax Returns of			
		ed by: Income Tax Returns of Photocopy of SSI, Al	of parents or	applicant	
Financial stateme	ent will be suppli	ed by: Income Tax Returns of Photocopy of SSI, Al was not filed for the p	of parents or	applicant	
Financial stateme	ent will be suppli ardian(s) infort	Photocopy of SSI, Al was not filed for the pation:	of parents or	applicant	
Parent(s) or Gue	ent will be suppli	Photocopy of SSI, Al was not filed for the pation:	of parents or	applicant	
Pareat(s) or Gue Name(s) Address	ent will be suppli	Photocopy of SSI, Al was not filed for the pation:	of parents or FDC, etc. if I previous year	applicant	ix Return
Parent(s) or Gue Name(s) Address Telephone # Worl I understand that i professional party application during they will remain p reason I cannot ca	ardian(s) inform If I should be self furnishing the self the trust a cory out my plans	Photocopy of SSI, Al was not filed for the pation:	of parents or FDC, etc. if I previous year paid to an or the purpos the funds have e void. I un olarship and	applicant Income Ta Tr. organization se as stated or not been derstand to Grant Dir	on or d within the disbursed, that if for any

Revised [1/1999

PURPOSE AND ESTIMATE STATEMENT

am	e of Applicant
RE	CREATIONAL/OTHER GRANTS ONLY:
١.	Total amount requested \$
2.	Please state the exact purpose for which the funds will be used:
	R DENTAL AND MEDICAL GRANTS ONLY- Must be completed by parents
•	Total amount requested
	Do the parents or applicant have any insurance? Medical Dental Policy Number
-	Insurance Co. Percentage covered Ins. Co. Phone # Any other information which may be pertinent to the applicant's dental/medical condition must
	attached. Statement from dentist/doctor explaining the applicant's dental/medical condition must be attached.
i	Name of doctor/dentist Phone #
•	Address of doctor/dentist
•	Estimate from doctor for work to be performed must be attached. Total amount of estimate S
ignat	rure of Applicant Date
(or p	arent if applicant is under 18 years of age.).

Revised 11/1999

FINANCIAL STATEMENT Must be completed by the applicant

	se Print or Type licant's Name:		
	you employed?YesNo es-where?		
Арр	licant's and Spouse's resources (Annual)	Prior Year	Current Year
а.	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	\$	\$
c.	Veterans benefits	\$	\$
ſ.	Aid to Families with Dependent Children	\$	\$
g.	Support from applicant's Parents	\$	\$
h.	Support from spouse's parents	\$	\$
1.	Grants, scholarships, fellowships, loans, and aid already awarded.	\$	\$
į.	Other non-Taxable income	\$	\$
	TOTAL RESOURCES	\$	s
Appli	cant's Occupation Empl	oyer	
Spous	se's NameOcc	oupation	
Empl	oyer		
	hly home mortgage or rental payment \$ te, explain		
igna	ture of Applicant	Date	

FINANCIAL STATEMENT Must be completed by Parent(s) or Guardian(s)

Applicants Na	me:		<u> </u>	
Household	Information:		•	
	urrent marital status is: Married	-	aled Divorced	Widowed
Check One	Father	Stepfather	Guardian	
	Name			
			~~~~	
	City/State/Zip _			
	Employer			
	# Years Employed			
	Social Security # _			
Check one	Mother S	tepmother	Guardian	
	Name			
	Street Address			
	Employer			
	# Years Employed			
	Social Security #			
(Include the app dependent child	plicant even if he/she o iren.	loes not li	old during the following yes	arents and parents' other
		51.00 R 30.23	Succession and Assessment	Debrie 2
		1	i	
		 -	}	
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			L	11

Revised 11/1999

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	

CHARLES E SAAK TRU\$ 94-6076213	SAAK TRUST 359-808852			FMV	COST
Invest - Other	808852	140995127	CAPITAL PARTNERS CORE EQUITY FUND	75,630	69,124
Invest - Other	808852	22544R305	CREDIT SUISSE COMM RT ST-CO #2156	74,865	80,064
Invest - Other	808852	25264S833	DIAMOND HILL LONG-SHORT FD CL I #11	32,474	29,757
Invest - Other	808852	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	46,511	49,382
Invest - Other	808852	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	58,320	68,347
Invest - Other	808852	464287465	ISHARES MSCI EAFE	155,012	126,587
Invest - Other	808852	464287606	ISHARES S&P MIDCAP 400 GROWTH	42,517	37,054
Invest - Other	808852	464287705	ISHARES S&P MIDCAP 400 VALUE	43,707	40,937
Invest - Other	808852	464287804	ISHARES TR SMALLCAP 600 INDEX FD	86,414	83,806
Invest - Other	808852	589509108	MERGER FD SH BEN INT #260	31,514	31,769
Invest - Other	808852	693390882	PIMCO FOREIGN BD FD USD H-INST #103	49,217	49,079
Invest - Other	808852	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	51,653	44,922
Invest - Other	808852	81369Y100	AMEX MATERIALS SPDR	4,722	4,418
Invest - Other	808852	81369Y209	AMEX HEALTH CARE SPDR	19,762	17,312
Invest - Other	808852	81369Y308	CONSUMER STAPLES SECTOR SPDR TR	22,133	19,514
Invest - Other	808852	81369Y407	AMEX CONSUMER DISCR SPDR	18,429	15,217
Invest - Other	808852	81369Y506	AMEX ENERGY SELECT SPDR	24,529	20,691
Invest - Other	808852	81369Y605	AMEX FINANCIAL SELECT SPDR	28,799	32,882
Invest - Other	808852	81369Y704	AMEX INDUSTRIAL SPDR	19,740	17,641
Invest - Other	808852	81369Y803	AMEX TECHNOLOGY SELECT SPDR	36,058	31,351
Invest - Other	808852	81369Y886	AMEX UTILITIES SPDR	2,601	2,281
Invest - Other	808852	922042858	VANGUARD MSCI EMERGING MARKETS ETF	88,851	75,050
Invest - Other	808852	922908553	VANGUARD REIT VIPER	60,281	28,975
Invest - Other	808852	94985D582	WELLS FARGO ADV INTL BOND-IS #4705	47,818	48,234
Invest - Other	808852	949917538	WELLS FARGO ADV HI INC-INS #3110	87,406	84,548
Invest - Other	808852	991283912	TAXABLE TOTAL RETURN BOND FUND	124,771	113,398
Invest - Other	808852	999612906	TAXABLE SHORT-TERM BOND FUND	60,873	61,305
Invest - Other	808852	999708902	TAXABLE INTERMEDIATE TERM BD FD	139,403	132,917
Savings & Temp Inv	808852	999997944	SECURED MARKET DEPOSIT ACCOUNT	42,848	42,848
Savings & Temp Inv	808852	99999Y944	SECURED MARKET DEPOSIT ACCOUNT	23,631	23,631
Other Assets	808852	MIX082397	CA, TUL, 22S, 26E, S10, .50 MI	τ-	10
Cash	808852			•	1
			Total Cash and Equivalents	66,479 1 534 011	66,479 1 416 572
			Total	1,600,490	1,483,051