

"Bummele/charity" Dis. Designation

Form **990-PF**

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

OMB No 1545-0052

**2003**

Department of the Treasury  
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2003, or tax year beginning , 2003, and ending

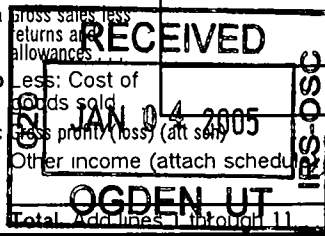
G Check all that apply.  Initial return  Final return  Amended return  Address change  Name change

|   |  |   |
|---|--|---|
| Use the IRS label. Otherwise, print or type. See Specific Instructions.   | STINGL FAMILY FOUNDATION<br>227 BAREFOOT BEACH BLVD.<br>BONITA SPRINGS, FL 34134-8532  | A Employer identification number<br>91-1876151  |
|   |  | B Telephone number (see instructions)<br>239-992-4831   |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) | C If exemption application is pending, check here <input type="checkbox"/><br>D 1 Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/><br>E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, column c, line 16)<br>\$ 335,450.   | (Part I, column d must be on cash basis)   |   |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns b, c, and d may not necessarily equal the amounts in column a) (see instructions)                                     | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc, received (att sch)<br>Ck <input type="checkbox"/> if the found is not req to att Sch B  | 200,000.                           |                           |                         |   |
| 2 Distributions from split-interest trusts   |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments   | 725.                               | 725.                      | 725.                    |   |
| 4 Dividends and interest from securities   |                                    |                           |                         |   |
| 5a Gross rents<br>b (Net rental income or (loss) _____)  |                                    |                           |                         |   |
| 6a Net gain/(loss) from sale of assets not on line 10<br>b Gross sales prices for all assets on line 6a  |                                    |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2)   |                                    |                           |                         |   |
| 8 Net short-term capital gain  |                                    |                           |                         |   |
| 9 Income modifications   |                                    |                           |                         |   |
| 10a Gross sales less returns and allowances<br>b Less: Cost of goods sold<br>c Gross profit (loss) (att sch)   |                                    |                           |                         |   |
| 11 Other income (attach schedule)  |                                    |                           |                         |   |
| 12 Total. Add lines 1 through 11   | 200,725.                           | 725.                      | 725.                    |   |
| 13 Compensation of officers, directors, trustees, etc  |                                    |                           |                         |   |
| 14 Other employee salaries and wages   |                                    |                           |                         |   |
| 15 Pension plans, employee benefits  |                                    |                           |                         |   |
| 16a Legal fees (attach schedule)<br>b Accounting fees (attach sch)<br>c Other prof fees (attach sch) See St 1  | 14,823.                            | 148.                      |                         | 14,675.   |
| 17 Interest  |                                    |                           |                         |   |
| 18 Taxes (attach schedule)   |                                    |                           |                         |   |
| 19 Depreciation (attach schedule) and depletion  | 18,799.                            | 18,799.                   |                         |   |
| 20 Occupancy   |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings   | 10,976.                            | 110.                      |                         | 10,866.   |
| 22 Printing and publications   | 296.                               | 3.                        |                         | 293.  |
| 23 Other expenses (attach schedule) See Statement 2  | 39,610.                            | 397.                      |                         | 39,213.   |
| 24 Total operating and administrative expenses. Add lines 13 through 23  | 84,504.                            | 19,457.                   |                         | 65,047.   |
| 25 Contributions, gifts, grants paid Stmt. 3   | 775.                               |                           |                         | 775.  |
| 26 Total expenses and disbursements. Add lines 24 and 25.  | 85,279.                            | 19,457.                   | 0.                      | 65,822.   |
| 27 Subtract line 26 from line 12:<br>a Excess of revenue over expenses and disbursements<br>b Net investment income (if negative, enter -0-)<br>c Adjusted net income (if negative, enter -0-) | 115,446.                           | 0.                        | 725.                    |   |

SCANNED JAN 10 2005

ADMINISTRATIVE EXPENSES



23

| <b>Part II Balance Sheets</b>   |   | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|---|---|--|----------------|-----------------------|
|   |   | Beginning of year  | End of year    |                       |
|   |   | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| <b>A s s e t s</b>  | 1 Cash – non-interest-bearing   |  |                | 190,855.              |
|   | 2 Savings and temporary cash investments  | 59,254.  | 190,855.       |                       |
|   | 3 Accounts receivable ▶   |  |                |                       |
|   | Less: allowance for doubtful accounts ▶   |  |                |                       |
|   | 4 Pledges receivable ▶  |  |                |                       |
|   | Less: allowance for doubtful accounts ▶   |  |                |                       |
|   | 5 Grants receivable   |  |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)                       |  |                |                       |
|   | 7 Other notes and loans receivable (attach sch) ▶   |  |                |                       |
|   | Less: allowance for doubtful accounts ▶   |  |                |                       |
|   | 8 Inventories for sale or use   |  |                |                       |
|   | 9 Prepaid expenses and deferred charges   |  |                |                       |
|   | 10 a Investments – U.S. and state government obligations (attach schedule)  |  |                |                       |
|   | b Investments – corporate stock (attach schedule)   |  |                |                       |
|   | c Investments – corporate bonds (attach schedule)   |  |                |                       |
|   | 11 Investments – land, buildings, and equipment: basis ▶  |  |                |                       |
| Less: accumulated depreciation (attach schedule) ▶  |   |  |                |                       |
| 12 Investments – mortgage loans   |   |  |                |                       |
| 13 Investments – other (attach schedule)  |   |  |                |                       |
| 14 Land, buildings, and equipment: basis ▶  | 144,595.  |  |                |                       |
| Less: accumulated depreciation (attach schedule) ▶  | 72,065.   | 88,685.  | 72,530.        |                       |
| 15 Other assets (describe ▶)  |   |  |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers – see instructions. Also, see page 1, item I) |   | 147,939.   | 263,385.       | 335,450.              |
| <b>L i a b i l i t i e s</b>  | 17 Accounts payable and accrued expenses  |  |                |                       |
|   | 18 Grants payable   |  |                |                       |
|   | 19 Deferred revenue   |  |                |                       |
|   | 20 Loans from officers, directors, trustees, & other disqualified persons   |  |                |                       |
|   | 21 Mortgages and other notes payable (attach schedule)  |  |                |                       |
|   | 22 Other liabilities (describe ▶)   |  |                |                       |
|   | 23 <b>Total liabilities</b> (add lines 17 through 22)   |  | 0.             | 0.                    |
| <b>N F U N D A S S E T A N C E S</b>  | <b>Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input checked="" type="checkbox"/> |  |                |                       |
|   | 24 Unrestricted   |  |                |                       |
|   | 25 Temporarily restricted   | 147,939.   | 263,385.       |                       |
|   | 26 Permanently restricted   |  |                |                       |
|   | <b>Organizations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input type="checkbox"/>                         |  |                |                       |
|   | 27 Capital stock, trust principal, or current funds   |  |                |                       |
|   | 28 Paid-in or capital surplus, or land, building, and equipment fund  |  |                |                       |
| 29 Retained earnings, accumulated income, endowment, or other funds                                 |   |  |                |                       |
| 30 <b>Total net assets or fund balances</b> (see instructions)                                      | 147,939.  | 263,385.   |                |                       |
| 31 <b>Total liabilities and net assets/fund balances</b> (see instructions)                         | 147,939.  | 263,385.   |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|  |   |          |
|--|---|----------|
| 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 147,939. |
| 2 Enter amount from Part I, line 27a   | 2 | 115,446. |
| 3 Other increases not included in line 2 (itemize) ▶   | 3 |          |
| 4 Add lines 1, 2, and 3  | 4 | 263,385. |
| 5 Decreases not included in line 2 (itemize) ▶   | 5 |          |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30.   | 6 | 263,385. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) | (b) How acquired<br>P – Purchase<br>D – Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|--|--|---|-------------------------------------|
| 1 a N/A  |  |   |                                     |
| b  |  |   |                                     |
| c  |  |   |                                     |
| d  |  |   |                                     |
| e  |  |   |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a                     |  |   |  |
| b                     |  |   |  |
| c                     |  |   |  |
| d                     |  |   |  |
| e                     |  |   |  |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |   | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) |
|---|--------------------------------------|---|---|
| (i) Fair Market Value<br>as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |   |
| a   |                                      |   |   |
| b   |                                      |   |   |
| c   |                                      |   |   |
| d   |                                      |   |   |
| e   |                                      |   |   |

|   |   |  |
|---|---|--|
| 2 Capital gain net income or (net capital loss). <span style="float:right;">[ If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7 ]</span>   | 2 |  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 <span style="float:right;">]</span> | 3 |  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a) Base period years<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions | (c) Net value of<br>noncharitable-use assets | (d) Distribution ratio<br>(column (b) divided by column (c)) |
|--|---------------------------------------|--|--|
| 2002   |                                       |  |  |
| 2001   |                                       |  |  |
| 2000   |                                       |  |  |
| 1999   |                                       |  |  |
| 1998   |                                       |  |  |

|  |   |  |
|--|---|--|
| 2 Total of line 1, column (d)  | 2 |  |
| 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 |  |
| 4 Enter the net value of noncharitable-use assets for 2003 from Part X, line 5   | 4 |  |
| 5 Multiply line 4 by line 3  | 5 |  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)   | 6 |  |
| 7 Add lines 5 and 6  | 7 |  |
| 8 Enter qualifying distributions from Part XII, line 4   | 8 |  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes sub-rows 6a-6d for credits. Total tax based on investment income is 0.00.

Part VII-A Statements Regarding Activities

Table with 11 rows for activity statements. Includes questions about political campaigns, unrelated business income, and state reporting. Includes state name 'Washington' and phone number '239-992-4831'.

**Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|  |   | Yes | No  |
|--|---|-----|-----|
| <b>1 a</b> During the year did the organization (either directly or indirectly):   |   |     |     |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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)?<br>Organizations relying on a current notice regarding disaster assistance check here   | <input type="checkbox"/>  | 1 b | N/A |
| <b>c</b> Did the organization 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 2003?   |   | 1 c | X   |
| <b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |   |     |     |
| <b>a</b> At the end of tax year 2003, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2003?<br>If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 19__ .   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> Are there any years listed in 2a for which the organization is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see instructions.)  |   | 2 b | N/A |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>▶ 20__ , 20__ , 20__ , 19__ .  |   |     |     |
| <b>3 a</b> Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> If 'Yes,' did it have excess business holdings in 2003 as a result of (1) any purchase by the organization or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the organization had excess business holdings in 2003</i> ) |   | 3 b | N/A |
| <b>4 a</b> Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?   |   | 4 a | X   |
| <b>b</b> Did the organization 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 2003?   |   | 4 b | X   |
| <b>5 a</b> During the year did the organization pay or incur any amount to:  |   |     |     |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here  | <input checked="" type="checkbox"/>                                 | 5 b | N/A |
| <b>c</b> If the answer is 'Yes' to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)   | N/A <input type="checkbox"/> Yes <input type="checkbox"/> No        |     |     |
| <b>6 a</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If you answered 'Yes' to 6b, also file Form 8870  |   | 6 b | X   |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions):**

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|--|---|---|---------------------------------------|
| See Statement 6      |  | 0.  | 0.  | 0.                                    |
|                      |  |   |   |                                       |
|                      |  |   |   |                                       |
|                      |  |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|------------------|---|---------------------------------------|
| None  |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |
|   |  |                  |   |                                       |

Total number of other employees paid over \$50,000 ..

**3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
|---|----------|
| 1 <u>Foundation's resources are utilized in the set-up and operations of an Ophthalmic Medical Clinic for the indigent.</u>   | 84,504.  |
| 2 <u>Direct cash donations to IRC section 501(c)(3) exempt organizations. (See part XV)</u>   | 775.     |
| 3 _____   |          |
| 4 _____   |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 <u>Foundation purchased medical equipment in the amount of \$2,643.90</u>                                      |        |
| 2 _____  |        |
| All other program-related investments See instructions.  |        |
| 3 _____  |        |
| <b>Total.</b> Add lines 1 through 3  | 0.     |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions)

|   |        |
|---|--------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  |        |
| a Average monthly fair market value of securities   | 1 a    |
| b Average of monthly cash balances  | 1 b    |
| c Fair market value of all other assets (see instructions)  | 1 c    |
| d <b>Total</b> (add lines 1a, b and c)  | 1 d 0. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1 e    |
| 2 Acquisition indebtedness applicable to line 1 assets  | 2      |
| 3 Subtract line 2 from line 1d  | 3      |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4      |
| 5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 0.   |
| 6 <b>Minimum investment return.</b> Enter 5% of line 5  | 6 0.   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

|   |     |     |
|---|-----|-----|
| 1 Minimum investment return from Part X, line 6   | N/A | 1   |
| 2a Tax on investment income for 2003 from Part VI, line 5   | 2 a |     |
| b Income tax for 2003. (This does not include the tax from Part VI.)                                      | 2 b |     |
| c Add lines 2a and 2b   |     | 2 c |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1                                   |     | 3   |
| 4a Recoveries of amounts treated as qualifying distributions  | 4 a |     |
| b Income distributions from section 4947(a)(2) trusts   | 4 b |     |
| c Add lines 4a and 4b   |     | 4 c |
| 5 Add lines 3 and 4c  |     | 5   |
| 6 Deduction from distributable amount (see instructions)  |     | 6   |
| 7 <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 |     | 7   |

**Part XII Qualifying Distributions** (see instructions)

|  |             |
|--|-------------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:  |             |
| a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26   | 1 a 65,822. |
| b Program-related investments – Total from Part IX-B   | 1 b         |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes   | 2           |
| 3 Amounts set aside for specific charitable projects that satisfy the:   |             |
| a Suitability test (prior IRS approval required)   | 3 a         |
| b Cash distribution test (attach the required schedule)  | 3 b         |
| 4 <b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                       | 4 65,822.   |
| 5 Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5           |
| 6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4  | 6 65,822.   |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** Undistributed Income (see instructions)

N/A

|  | (a)<br>Corpus | (b)<br>Years prior to 2002 | (c)<br>2002 | (d)<br>2003 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2003 from Part XI, line 7   |               |                            |             |             |
| 2 Undistributed income, if any, as of the end of 2002  |               |                            |             |             |
| a Enter amount for 2002 only   |               |                            |             |             |
| b Total for prior years: 20____, 20____, 19____  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2003  |               |                            |             |             |
| a From 1998  |               |                            |             |             |
| b From 1999  |               |                            |             |             |
| c From 2000  |               |                            |             |             |
| d From 2001  |               |                            |             |             |
| e From 2002  |               |                            |             |             |
| f Total of lines 3a through e  |               |                            |             |             |
| 4 Qualifying distributions for 2003 from Part XII, line 4: ▶ \$ _____  |               |                            |             |             |
| a Applied to 2002, but not more than line 2a   |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required – see instructions)  |               |                            |             |             |
| c Treated as distributions out of corpus (Election required – see instructions)  |               |                            |             |             |
| d Applied to 2003 distributable amount   |               |                            |             |             |
| e Remaining amount distributed out of corpus   |               |                            |             |             |
| 5 Excess distributions carryover applied to 2003 (If an amount appears in column (d), the same amount must be shown in column (a) )  |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  |               |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b   |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable amount – see instructions   |               |                            |             |             |
| e Undistributed income for 2002 Subtract line 4a from line 2a. Taxable amount – see instructions   |               |                            |             |             |
| f Undistributed income for 2003. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2004   |               |                            |             |             |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions)                                  |               |                            |             |             |
| 8 Excess distributions carryover from 1998 not applied on line 5 or line 7 (see instructions)  |               |                            |             |             |
| 9 Excess distributions carryover to 2004. Subtract lines 7 and 8 from line 6a  |               |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 1999   |               |                            |             |             |
| b Excess from 2000   |               |                            |             |             |
| c Excess from 2001   |               |                            |             |             |
| d Excess from 2002   |               |                            |             |             |
| e Excess from 2003   |               |                            |             |             |



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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2003, enter the date of the ruling ▶ 1/13/99

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total  |
|--|----------|----------|----------|----------|------------|
|  | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 |            |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |            |
| <b>b</b> 85% of line 2a.   |          |          |          |          |            |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed.  | 65,822.  | 106,654. | 96,324.  | 116,340. | 385,140.   |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities.  |          |          |          |          |            |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   | 65,822.  | 106,654. | 96,324.  | 116,340. | 385,140.   |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon.  |          |          |          |          |            |
| <b>a</b> 'Assets' alternative test — enter:  |          |          |          |          |            |
| <b>(1)</b> Value of all assets.  | 335,450. | 201,205. | 303,732. | 391,391. | 1,231,778. |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   | 335,450. | 201,205. | 303,732. | 391,391. | 1,231,778. |
| <b>b</b> 'Endowment' alternative test — Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.                             |          |          |          |          |            |
| <b>c</b> 'Support' alternative test — enter:   |          |          |          |          |            |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |            |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |            |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |            |
| <b>(4)</b> Gross investment income   |          |          |          |          |            |

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here  if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed.

See Statement 7

**b** The form in which applications should be submitted and information and materials they should include:

Informal letter of request stating amount desired and purpose for use of funds accompanied by proof of IRS 501(c)(3) exemption.

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XVI-A Analysis of Income-Producing Activities

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

(See worksheet in the instructions for line 13 to verify calculations.)

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). (See instructions.)

M 10

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1 a (1), 1 a (2), 1 b (1), 1 b (2), 1 b (3), 1 b (4), 1 b (5), 1 b (6), and 1 c.

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (1) Cash
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization...

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains N/A.

2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains N/A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

SIGN HERE: Daniel M. Stingl, 12/29/04, President

Preparer's signature: Mark J. Dickey, CPA, CVA, 12/27/04, Dickey and Tremper, L.L.P., 140 S.E. First St, Pendleton, OR 97801

BAA

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2003

Name of organization

STINGL FAMILY FOUNDATION

Employer identification number

91-1876151

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(\_\_\_\_) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule – see instructions)

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

**BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

STINGL FAMILY FOUNDATION

Employer identification number

91-1876151

**Part I** Contributors (See Specific Instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|---------------|---|-----------------------------------|--|
| 1             | Daniel M. Stingl<br>-----<br>7171 Hwy 14<br>-----<br>Lyle, WA 98635-9300<br>----- | \$ 200,000.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| -----         | -----<br>-----<br>-----   | \$ -----                          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| -----         | -----<br>-----<br>-----   | \$ -----                          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

STINGL FAMILY FOUNDATION

91-1876151

**Part II** Noncash Property (See Specific Instructions.)

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

|   |   |
|---|---|
| <b>Name of organization</b><br>STINGL FAMILY FOUNDATION | <b>Employer identification number</b><br>91-1876151 |
|---|---|

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once – see instructions ) ▶ \$ N/A

| (a)<br>No. from Part I                  | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
| N/A                                     |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |

**Depreciation and Amortization  
(Including Information on Listed Property)**

**2003**

67

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to your tax return.

Name(s) shown on return  
**STINGL FAMILY FOUNDATION**

Identifying number  
**91-1876151**

Business or activity to which this form relates

Form **990/990-PF**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|   |   |   |            |
|---|---|---|------------|
| 1 | Maximum amount. See instructions for a higher limit for certain businesses  | 1 | \$100,000. |
| 2 | Total cost of section 179 property placed in service (see instructions)   | 2 |            |
| 3 | Threshold cost of section 179 property before reduction in limitation   | 3 | \$400,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4 |            |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |            |

| 6  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|----|--|------------------------------|------------------|
| 7  | Listed property. Enter the amount from line 29   | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                         | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2002 Form 4562  | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11                        | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12                                  | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

|    |   |    |         |
|----|---|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |         |
| 15 | Property subject to section 168(f)(1) election (see instructions)   | 15 |         |
| 16 | Other depreciation (including ACRS) (see instructions)  | 16 | 18,799. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

|    |   |                          |  |
|----|---|--------------------------|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2003  | 17                       |  |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> |  |

**Section B – Assets Placed in Service During 2003 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C – Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (see instructions)**

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28   | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 22 | 18,799. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |



Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02 21PM

| No.             | Description               | Date Acquired | Date Sold | Cost/<br>Basis | Bus<br>Pct | Cur<br>179<br>Bonus | Special<br>Depr<br>Allow | Prior<br>179/<br>Bonus/<br>Sp. Depr | Prior<br>Dec Bal<br>Depr | Salvage<br>/Basis<br>Reductn | Depr.<br>Basis | Prior<br>Depr | Method | Life | Rate | Current<br>Depr |
|-----------------|---------------------------|---------------|-----------|----------------|------------|---------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|----------------|---------------|--------|------|------|-----------------|
| Form 990/990-PF |                           |               |           |                |            |                     |                          |                                     |                          |                              |                |               |        |      |      |                 |
| 1               | LENSOMETER                | 4/08/98       |           | 215            |            |                     |                          |                                     |                          |                              | 215            | 1,436         | S/L    | 7    |      | 0               |
| 2               | SLIT LAMP                 | 5/20/98       |           | 7,080          |            |                     |                          |                                     |                          |                              | 7,080          | 4,044         | S/L    | 7    |      | 1,011           |
| 3               | VISUAL FIELD              | 11/12/98      |           | 4,080          |            |                     |                          |                                     |                          |                              | 4,080          | 2,332         | S/L    | 7    |      | 583             |
| 4               | CHAIR AND STAND           | 12/03/98      |           | 2,987          |            |                     |                          |                                     |                          |                              | 2,987          | 1,708         | S/L    | 7    |      | 427             |
| 5               | LENSOMETER AND ACCESSRYS  | 2/01/99       |           | 2,238          |            |                     |                          |                                     |                          |                              | 2,238          | 1,253         | S/L    | 7    |      | 320             |
| 6               | RF CAUTERY                | 1/26/99       |           | 2,856          |            |                     |                          |                                     |                          |                              | 2,856          | 1,598         | S/L    | 7    |      | 408             |
| 7               | AMER OPTIC PHACO          | 3/03/99       |           | 4,000          |            |                     |                          |                                     |                          |                              | 4,000          | 2,189         | S/L    | 7    |      | 571             |
| 8               | X-Y CONTROLLER W/FOOTPEDL | 3/03/99       |           | 4,500          |            |                     |                          |                                     |                          |                              | 4,500          | 2,465         | S/L    | 7    |      | 643             |
| 9               | MICROSCOPE HEAD & ACCESRY | 3/08/99       |           | 4,289          |            |                     |                          |                                     |                          |                              | 4,289          | 2,350         | S/L    | 7    |      | 613             |
| 10              | PATH MICRO AND ACCESSRYS  | 5/06/99       |           | 3,404          |            |                     |                          |                                     |                          |                              | 3,404          | 1,782         | S/L    | 7    |      | 486             |
| 11              | FURNITURE                 | 5/09/99       |           | 1,705          |            |                     |                          |                                     |                          |                              | 1,705          | 894           | S/L    | 7    |      | 244             |
| 12              | HP ULTRASOUND PROBE       | 5/14/99       |           | 363            |            |                     |                          |                                     |                          |                              | 363            | 191           | S/L    | 7    |      | 52              |
| 13              | PHACO HANDPIECE           | 7/29/99       |           | 1,538          |            |                     |                          |                                     |                          |                              | 1,538          | 752           | S/L    | 7    |      | 220             |
| 14              | FIXATION RING             | 11/22/99      |           | 365            |            |                     |                          |                                     |                          |                              | 365            | 160           | S/L    | 7    |      | 52              |
| 15              | A-SCAN                    | 11/26/99      |           | 1,200          |            |                     |                          |                                     |                          |                              | 1,200          | 527           | S/L    | 7    |      | 171             |
| 16              | STEAM STERILIZER          | 10/26/99      |           | 1,200          |            |                     |                          |                                     |                          |                              | 1,200          | 542           | S/L    | 7    |      | 171             |
| 17              | PRINTER                   | 9/09/99       |           | 338            |            |                     |                          |                                     |                          |                              | 338            | 160           | S/L    | 7    |      | 48              |
| 18              | WALL MOUNT                | 11/21/99      |           | 609            |            |                     |                          |                                     |                          |                              | 609            | 268           | S/L    | 7    |      | 87              |
| 19              | HAND INSTRUMENTS          | 11/29/99      |           | 3,025          |            |                     |                          |                                     |                          |                              | 3,025          | 1,332         | S/L    | 7    |      | 432             |
| 20              | A-SCAN                    | 11/10/99      |           | 1,100          |            |                     |                          |                                     |                          |                              | 1,100          | 497           | S/L    | 7    |      | 157             |
| 21              | PHOTOCOPIER               | 1/07/00       |           | 769            |            |                     |                          |                                     |                          |                              | 769            | 330           | S/L    | 7    |      | 110             |
| 22              | NEEDLE HOLDER             | 1/07/00       |           | 148            |            |                     |                          |                                     |                          |                              | 148            | 63            | S/L    | 7    |      | 21              |
| 23              | LENS FOLDER & FORCEPS     | 1/13/00       |           | 815            |            |                     |                          |                                     |                          |                              | 815            | 348           | S/L    | 7    |      | 116             |
| 24              | CABINET                   | 2/15/00       |           | 400            |            |                     |                          |                                     |                          |                              | 400            | 166           | S/L    | 7    |      | 57              |
| 25              | OXYGEN REGULATOR          | 2/17/00       |           | 1,764          |            |                     |                          |                                     |                          |                              | 1,764          | 714           | S/L    | 7    |      | 252             |

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02.21PM

| No. | Description               | Date Acquired | Date Sold | Cost/<br>Basis | Bus<br>Pct | Cur<br>179<br>Bonus | Special<br>Depr<br>Allow | Prior<br>179/<br>Bonus/<br>Sp. Depr | Prior<br>Dec Bal<br>Depr | Salvage<br>/Basis<br>Reductn | Depr.<br>Basis | Prior<br>Depr | Method | Life | Rate | Current<br>Depr |
|-----|---------------------------|---------------|-----------|----------------|------------|---------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|----------------|---------------|--------|------|------|-----------------|
| 26  | HUB                       | 3/11/00       |           | 314            |            |                     |                          |                                     |                          |                              | 314            | 127           | S/L    | 7    |      | 45              |
| 27  | O2 TANK, REBREATHER       | 5/15/00       |           | 984            |            |                     |                          |                                     |                          |                              | 984            | 376           | S/L    | 7    |      | 141             |
| 28  | PATIENT EDUCATION DISPLAY | 5/18/00       |           | 253            |            |                     |                          |                                     |                          |                              | 253            | 93            | S/L    | 7    |      | 36              |
| 29  | LID CLAMPS, PROBES        | 6/15/00       |           | 271            |            |                     |                          |                                     |                          |                              | 271            | 101           | S/L    | 7    |      | 39              |
| 30  | CAMERA                    | 6/28/00       |           | 3,002          |            |                     |                          |                                     |                          |                              | 3,002          | 1,072         | S/L    | 7    |      | 429             |
| 31  | MACRO                     | 6/28/00       |           | 325            |            |                     |                          |                                     |                          |                              | 325            | 115           | S/L    | 7    |      | 46              |
| 32  | STAND                     | 6/28/00       |           | 275            |            |                     |                          |                                     |                          |                              | 275            | 98            | S/L    | 7    |      | 39              |
| 33  | LIGHT                     | 6/28/00       |           | 240            |            |                     |                          |                                     |                          |                              | 240            | 85            | S/L    | 7    |      | 34              |
| 34  | SCREEN                    | 6/28/00       |           | 50             |            |                     |                          |                                     |                          |                              | 50             | 18            | S/L    | 7    |      | 7               |
| 35  | NOTEBOOK COMPUTER         | 7/21/00       |           | 4,128          |            |                     |                          |                                     |                          |                              | 4,128          | 1,426         | S/L    | 7    |      | 590             |
| 36  | ASSISTANTS SCOPE          | 8/01/00       |           | 4,284          |            |                     |                          |                                     |                          |                              | 4,284          | 1,479         | S/L    | 7    |      | 612             |
| 37  | C-SLEEVE CAMERA ATTACHMT  | 8/17/00       |           | 2,000          |            |                     |                          |                                     |                          |                              | 2,000          | 667           | S/L    | 7    |      | 286             |
| 38  | ADAPTER                   | 9/15/00       |           | 774            |            |                     |                          |                                     |                          |                              | 774            | 259           | S/L    | 7    |      | 111             |
| 39  | PATIENT EDUCATION-AUDIO   | 9/29/00       |           | 334            |            |                     |                          |                                     |                          |                              | 334            | 108           | S/L    | 7    |      | 48              |
| 40  | REFRIGERATOR              | 9/29/00       |           | 673            |            |                     |                          |                                     |                          |                              | 673            | 216           | S/L    | 7    |      | 96              |
| 41  | CHAIR AND MAT             | 9/29/00       |           | 368            |            |                     |                          |                                     |                          |                              | 368            | 119           | S/L    | 7    |      | 53              |
| 42  | RECTIFIER, INVERTER       | 11/08/00      |           | 843            |            |                     |                          |                                     |                          |                              | 843            | 260           | S/L    | 7    |      | 120             |
| 43  | INDIRECT HEAD             | 11/13/00      |           | 150            |            |                     |                          |                                     |                          |                              | 150            | 46            | S/L    | 7    |      | 21              |
| 44  | PRINTER FOR VISUAL FIELD  | 12/15/00      |           | 271            |            |                     |                          |                                     |                          |                              | 271            | 81            | S/L    | 7    |      | 39              |
| 45  | MONITOR AND CAMERA        | 12/15/00      |           | 2,031          |            |                     |                          |                                     |                          |                              | 2,031          | 604           | S/L    | 7    |      | 290             |
| 46  | RADIO FREQUENCY ABLATION  | 12/15/00      |           | 752            |            |                     |                          |                                     |                          |                              | 752            | 223           | S/L    | 7    |      | 107             |
| 47  | PALM                      | 12/15/00      |           | 254            |            |                     |                          |                                     |                          |                              | 254            | 75            | S/L    | 7    |      | 36              |
| 48  | STEAM STERILIZER          | 12/15/00      |           | 66             |            |                     |                          |                                     |                          |                              | 66             | 19            | S/L    | 7    |      | 9               |
| 49  | 34 FT MOTORHOME           | 10/20/00      |           | 34,500         |            |                     |                          |                                     |                          |                              | 34,500         | 9,345         | S/L    | 8    |      | 4,313           |
| 50  | T K B PROJECT             | Various       |           | 28,235         |            |                     |                          |                                     |                          |                              | 28,235         | 7,295         | S/L    | 10   |      | 2,824           |
| 51  | PHASETRON                 | 5/02/01       |           | 1,995          |            |                     |                          |                                     |                          |                              | 1,995          | 475           | S/L    | 7    |      | 285             |
| 52  | AVF PROCESSOR             | 3/15/02       |           | 2,340          |            |                     |                          |                                     |                          |                              | 2,340          | 279           | S/L    | 7    |      | 334             |

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02 21PM

| No.                      | Description     | Date Acquired | Date Sold | Cost/<br>Basis | Bus<br>Pct | Cur<br>179<br>Bonus | Special<br>Depr<br>Allow | Prior<br>179/<br>Bonus/<br>Sp. Depr | Prior<br>Dec Bal<br>Depr | Salvage<br>/Basis<br>Reductn | Depr<br>Basis | Prior<br>Depr | Method | Life | Rate | Current<br>Depr |
|--------------------------|-----------------|---------------|-----------|----------------|------------|---------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|---------------|---------------|--------|------|------|-----------------|
| 53                       | MACRO LENS      | 6/07/02       |           | 1,251          |            |                     |                          |                                     |                          |                              | 1,251         | 104           | S/L    | 7    |      | 179             |
| 54                       | LAPTOP COMPUTER | 1/15/03       |           | 1,372          |            |                     |                          |                                     |                          |                              | 1,372         |               | S/L    | 7    |      | 196             |
| 55                       | LAPTOP COMPUTER | 1/15/03       |           | 1,272          |            |                     |                          |                                     |                          |                              | 1,272         |               | S/L    | 7    |      | 182             |
| Total                    |                 |               |           | 144,595        |            | 0                   | 0                        | 0                                   | 0                        | 0                            | 144,595       | 53,266        |        |      |      | 18,799          |
| Total Depreciation       |                 |               |           | 144,595        |            | 0                   | 0                        | 0                                   | 0                        | 0                            | 144,595       | 53,266        |        |      |      | 18,799          |
| Grand Total Depreciation |                 |               |           | 144,595        |            | 0                   | 0                        | 0                                   | 0                        | 0                            | 144,595       | 53,266        |        |      |      | 18,799          |

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02:21PM

**Statement 1**  
**Form 990-PF, Part I, Line 16c**  
**Other Professional Fees**

|                        | (a)<br>Expenses<br>per Books | (b) Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| legal and professional | \$ 14,823.                   | \$ 148.                         |                               | \$ 14,675.                    |
| <b>Total</b>           | <b>\$ 14,823.</b>            | <b>\$ 148.</b>                  | <b>\$ 0.</b>                  | <b>\$ 14,675.</b>             |

**Statement 2**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

|                         | (a)<br>Expenses<br>per Books | (b) Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|-------------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| Bank charges            | \$ 603.                      | \$ 6.                           |                               | \$ 597.                       |
| Cleaning                | 205.                         | 2.                              |                               | 203.                          |
| Clinical expenses       | 11,766.                      | 118.                            |                               | 11,648.                       |
| Insurance               | 1,212.                       | 12.                             |                               | 1,200.                        |
| Miscellaneous           | 200.                         | 2.                              |                               | 198.                          |
| Mission clinical exp    | 2,601.                       | 26.                             |                               | 2,575.                        |
| Office expenses         | 15,213.                      | 152.                            |                               | 15,061.                       |
| Postage                 | 364.                         | 4.                              |                               | 360.                          |
| Repairs and Maintenance | 773.                         | 8.                              |                               | 765.                          |
| Telephone               | 6,673.                       | 67.                             |                               | 6,606.                        |
| <b>Total</b>            | <b>\$ 39,610.</b>            | <b>\$ 397.</b>                  | <b>\$ 0.</b>                  | <b>\$ 39,213.</b>             |

**Statement 3**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Cash Grants and Allocations

Class of Activity: Charitable  
Donee's Name: Friends of Barefoot Beach  
Donee's Address: Barefoot Beach  
Bonita Springs, Florida 34134  
Relationship of Donee: None  
Organizational Status of Donee: 501(c)(3)  
Amount Given: \$ 20.

Class of Activity: Church  
Donee's Name: Mariner's Church  
Donee's Address: Bonita Springs, Florida 34134  
Relationship of Donee: None  
Organizational Status of Donee: 501(c)(3)  
Amount Given: 180.

Class of Activity: Charitable  
Donee's Name: M.C.S.  
Donee's Address: Bonita Springs, Florida 34134  
Relationship of Donee: None

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02.21PM

**Statement 3 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

|                                 |                               |    |      |
|---------------------------------|-------------------------------|----|------|
| Organizational Status of Donee: | 501(c) (3)                    |    |      |
| Amount Given:                   |                               | \$ | 7.   |
| Class of Activity:              | Charitable                    |    |      |
| Donee's Name:                   | Human Options                 |    |      |
| Donee's Address:                |                               |    |      |
| Relationship of Donee:          | Bonita Springs, Florida 34134 |    |      |
| Organizational Status of Donee: | None                          |    |      |
| Amount Given:                   | 501(c) (3)                    |    | 10.  |
| Class of Activity:              | Charitable                    |    |      |
| Donee's Name:                   | N.C.S.                        |    |      |
| Donee's Address:                |                               |    |      |
| Relationship of Donee:          | Bonita Springs, Florida 34134 |    |      |
| Organizational Status of Donee: | None                          |    |      |
| Amount Given:                   | 501(c) (3)                    |    | 490. |
| Class of Activity:              | Charitable                    |    |      |
| Donee's Name:                   | L.B.C.                        |    |      |
| Donee's Address:                |                               |    |      |
| Relationship of Donee:          | Bonita Springs, Florida 34134 |    |      |
| Organizational Status of Donee: | None                          |    |      |
| Amount Given:                   | 501(c) (3)                    |    | 25.  |

Noncash Grants and Allocations

|                                 |                               |  |     |
|---------------------------------|-------------------------------|--|-----|
| Class of Activity:              | Unknown                       |  |     |
| Donee's Name:                   | Miscellaneous                 |  |     |
| Donee's Address:                |                               |  |     |
| Relationship of Donee:          | Bonita Springs, Florida 34134 |  |     |
| Organizational Status of Donee: | None                          |  |     |
| FMV of Property:                | Unknown                       |  | 43. |
| Description of Property:        | Food                          |  |     |
| Date of Gift:                   | 6/03/2003                     |  |     |
| Book Value:                     | 43.                           |  |     |
| Method used to Determine BV:    | Cost out of pocket            |  |     |
| Method used to Determine FMV:   | Same                          |  |     |

Total \$ 775.

**Statement 4**  
**Form 990-PF, Part II, Line 14**  
**Land, Buildings, and Equipment**

| Category      | Basis              | Accum.<br>Deprec. | Book<br>Value     | Fair Market<br>Value |
|---------------|--------------------|-------------------|-------------------|----------------------|
| Miscellaneous | \$ 144,595.        | \$ 72,065.        | \$ 72,530.        | \$ 144,595.          |
| Total         | <u>\$ 144,595.</u> | <u>\$ 72,065.</u> | <u>\$ 72,530.</u> | <u>\$ 144,595.</u>   |

Client 23165

STINGL FAMILY FOUNDATION

91-1876151

12/27/04

02:21PM

**Statement 5**  
**Form 990-PF, Part VII-A, Line 10**  
**Substantial Contributors During the Tax Year**

Daniel M. Stingl, M.D., foundation president, contributed \$200,000.00 in cash on April 21, 2003.

**Statement 6**  
**Form 990-PF, Part VIII, Line 1**  
**List of Officers, Directors, Trustees, and Key Employees**

| <u>Name and Address</u>  | <u>Title and<br/>Average Hours<br/>Per Week Devoted</u> | <u>Compen-<br/>sation</u> | <u>Contri-<br/>bution to<br/>EBP &amp; DC</u> | <u>Expense<br/>Account/<br/>Other</u> |
|--|---|---------------------------|---|---------------------------------------|
| DANIEL M. STINGL<br>7171 HWY 14<br>LYLE, WA 98635-9300                     | PRESIDENT<br>None                                       | \$ 0.                     | \$ 0.   | \$ 0.                                 |
| JONICA L. STINGL <i>Resigned</i><br>C/O 7171 HWY 14<br>LYLE, WA 98635-9300 | VICE PRESIDENT<br>None                                  | 0.                        | 0.  | 0.                                    |
| LAUREN C. STINGL<br>C/O 7171 HWY 14<br>LYLE, WA 98635-9300                 | TREASURER<br>None                                       | 0.                        | 0.  | 0.                                    |
| KATHERINE C. STINGL<br>C/O 7171 HWY 14<br>LYLE, WA 98635-9300              | SECRETARY<br>None                                       | 0.                        | 0.  | 0.                                    |
| CYBIL (SIERRA) A. STINGL<br>C/O 7171 HWY 14<br>LYLE, WA 98635-9300         | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Total  |   | <u>\$ 0.</u>              | <u>\$ 0.</u>                                  | <u>\$ 0.</u>                          |

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## 10 Notices

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THE STINGL FAMILY FOUNDATION annual return is available for public inspection. Please contact Dan Stingl at 7171 Hwy 14, Lye, Washington, 98835.

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If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: STINGL FAMILY FOUNDATION
Employer Identification number: 91-1876151
Number, street, and room or suite number: 7171 HWY 14
City, town or post office, state, and ZIP code: LYLE, WA 98635-9300

Check type of return to be filed (file a separate application for each return):

Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN).

I request an additional 3-month extension of time until 11/15, 2004. For calendar year 2003, or other tax year beginning 20 and ending 20. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. State in detail why you need the extension: The out of state directors are currently gathering the necessary information required to file a complete return for the Private Foundation. The directors are requesting additional time to obtain the required information.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ 0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: President CPA Date: 8/10/04

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which a
Other:

Director By:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional address different than the one entered above.

Name: Dickey and Tremper, PLLP
Number and street (include suite, room, or apartment number) or a P.O. box number: 140 S.E. First St
City or town (include state and country) (include postal or ZIP code): Pendleton, OR 97150

EXTENSION APPROVED
AUG 19 2004
SUBMISSION PROCESSING CODEN