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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

	rtment of th		► The organization may have	uenem must or pri te to use a conv of th	•		a requirement	s	Open to Public Inspection
				JUL 1, 20				2008	1 maji centen
_	C Name of organization								entification number
	pplicable	Please use IRS	vario or organization					,	
	Address	label or YA	GA'S CHILDREN'S F	UND				76-06	94903
F	Name change	type	Number and street (or P O, box if mail is		et address)	Roor		ephone n	
\vdash	Initial Specific 2 3 1 4 STRAND								62-6676
	Termin-	Instruc-	City or town, state or country, and ZIP +	4			F Acc	ounting metho	od X Cash Accrual
	Amended		LVESTON, TX 7755	_				Other (specify)	>
	Application		on 501(c)(3) organizations and 4947(a		ritable trusts	H and I are n	ot applicabl		on 527 organizations.
		must	attach a completed Schedule A (Form	990 or 990-EZ).		H(a) Is this a	group return	for affiliate	es? Yes X No
G V	Vebsite. I	<u>-WWW.Y</u>	AGASCHILDRENSFUND	•ORG	-	H(b) If "Yes,"	enter number	of affiliate	es► <u>N/A</u>
J)rganizatı	on type (check	conly one) \triangleright \boxed{X} 501(c) (3) \blacktriangleleft (ins	ert no) 4947(a)(1) or 527			ed? N	I/A 🔲 Yes 🔲 No
KC	Check here	e 🕨 🔲 ıf	the organization is not a 509(a)(3) supp	orting organization a	nd its gross	H(d) Is this a	attach a list) separate retu	rn filed by	an or
r	eceipts ar	e normally n	ot more than \$25,000. A return is not re	quired, but if the orga	nızatıon		on covered by		uling? Yes X No
	hooses to	file a return	, be sure to file a complete return		_		xemption Nur		N/A
				_					on is not required to attach
F			es 6b, 8b, 9b, and 10b to line 12		23,488.		Form 990, 99	0-EZ, or 9	90-PF)
Pŧ			Expenses, and Changes in		r Fund Bala	inces			
	l		s, gifts, grants, and similar amounts rece	eived	1	1			
	_		s to donor advised funds		<u> 1a</u>		70 005	-	
		•	support (not included on line 1a)		<u> 1b</u>	ļ	78,805	4	
	1		ic support (not included on line 1a)		1 <u>c</u>			-	
	ı	d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 78,805 • noncash \$)							78,805.
		e Total (add lines 1a through 1d) (cash \$ /8,805 - noncash \$) Program service revenue including government fees and contracts (from Part VII, line 93)							70,003.
				and contracts (from	Part VII, line 93)			3	
		•	dues and assessments avings and temporary cash investments					4	24.
			dends and interest from securities						21.
		6 a Gross rents b Less rental expenses 6 b Less rental expenses 6 b Less rental expenses						5	
	1 .							1 1	
	1		et rental income or (loss) Subtract line 6b from line 6a						
Je	1		ment income (describe	. 02)	6c 7	
Revenue	1		nt from sales of assets other	(A) Securit	ies	(B) (Other		
ď		than inventor			8a			1	
			other basis and sales expenses		8b]	
	C	Gain or (loss) (attach schedule)		8c]	
	1		oss) Combine line 8c, columns (A) and	(B)				8d	
	9	Special even	ts and activities (attach schedule). If any	amount is from gam	i ing , check here				
	a	Gross revenue (no	tincluding \$	of contributions reported on			14,659		
	1		expenses other than fundraising expense		<u> 9b</u>		10,777	-	
	1		or (loss) from special events. Subtract lin		SEE	STATEM	ENT I	90	3,882.
			of inventory, less returns and allowances	i	10a			4	
		Less cost of			10b	<u>l</u> _		-	
	1		or (loss) from sales of inventory (attach	schedule) Subtract	ine 10b from line	10a		10c	
	ı		e (from Part VII, line 103)					11	02 711
			ie. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11	REC	EIVED		12	82,711. 92,763.
S		-	vices (from line 44, column (B))		1		}	13	1,394.
Juse Sus		-	t and general (from line 44, column (C))		4		000	14	1,374.
Expenses	1	_	(from line 44, column (D))		E MAY	2 1 20t0	RS-OSC	15 16	
w	1	•	affiliates (attach schedule) ses. Add lines 16 and 44, column (A)		<u>L</u>		T SS	17	94,157.
			eficit) for the year Subtract line 17 from	line 12	ÖĞD	EN, UT		18	-11,446.
ts:	19		r fund balances at beginning of year (fro			·, \ \		19	72,290.
Net Assets	20		es in net assets or fund balances (attach		,,			20	0.
⋖		_	r fund balances at end of year Combine					21	60,844.
7230 12-2	201		rivacy Act and Paperwork Reduction Ac		parate instructio	ns.			Form 990 (2007)

YAGA'S CHILDREN'S FUND 76-0694903 Form 990 (2007) Page 2 Part I Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22a Grants paid from donor advised funds (attach schedule) 0 - noncash \$_ (cash \$ If this amount includes foreign grants, check here STATEMENT 2 22b Other grants and allocations (attach schedule) (cash \$ 92,763. noncash \$ 92,763. 92,763. If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 0. 0. 0. 0. employees, etc. listed in Part V-A 25a b Compensation of former officers, directors, key 0. 0 0. 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 26 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 28 25a - 27 29 Payroll taxes 29 30 Professional fundraising fees 30 31 31 Accounting fees 32 Legal fees 32 84 84. 33 Supplies 33 34 Telephone 34 84. 35 Postage and shipping 35 36 36 Occupancy 37 Equipment rental and maintenance 37 38 38 Printing and publications 39 40 40 Conferences, conventions, and meetings 41 41 Interest 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a BANK CHARGES 76. 76. 43a 1,150. 1,150. **b INSURANCE** 43b 43c 43d 43e 43f

g		43g				
44	Total functional expenses. Add lines 22a through					
	43g (Organizations completing columns (B)-(D),	1 1				
	carry these totals to lines 13-15)	44	94,157.	92,763.	1,394.	0.
	nt Costs. Check ▶ ☐ If you are following			41 (D) D	a ►[Yes X No
Are	any joint costs from a combined educational campai	gn and		portea in (B) Program serv	ices?	
If "\	es," enter (i) the aggregate amount of these joint cos	sts \$ _	<u>N/A</u> ,	(ii) the amount allocated to	Program services \$	N/A
(111)	the amount allocated to Management and general \$		N/A , and	(iv) the amount allocated to	Fundraising \$	N/A
723 12-2	011 27-07					Form 990 (2007)

0.

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 3	Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	GRANT TO GULF COAST BIG BROTHERS AND BIG SISTERS, INC, WHICH ENRICHES THE COMMUNITY BY MATCHING BIG BROTHERS AND BIG SISTERS WITH CHILDREN FROM SINGLE PARENT HOMES.	
b	(Grants and allocations \$ 11,500.) If this amount includes foreign grants, check here ► ☐ GRANT TO GALVESTON COUNTY CHILDRENS ADVOCACY CENTER WHICH PROVIDES A COMPREHENSIVE COLLABORATIVE APPROACH TO PROVIDING SUPPORT TO THE CHILD VICTIM.	11,500.
С	(Grants and allocations \$ 12,500.) If this amount includes foreign grants, check here ► ☐ GRANT TO SEABORNE CHALLENGE CORPS. WHICH TARGETS AT RISK YOUTH TO PROVIDE THEM WITH TOOLS AND EXPERIENCE TO SUCCEED AND TURN THEM INTO PRODUCTIVE, EMPLOYED AND LAW-ABIDING, TAXPAYING CITIZENS.	12,500.
d	(Grants and allocations \$ 6,000.) If this amount includes foreign grants, check here GRANT TO RONALD MCDONALD HOUSE OF GALVESTON WHICH PROVIDES ACCOMODATIONS TO FAMILIES OF CHILDREN SEEKING MEDICAL ATTENTION AT SEVERAL HOSPITALS IN GALVESTON.	6,000.
	(Grants and allocations \$ 5,500 ⋅) If this amount includes foreign grants, check here Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$ 57,263 ⋅) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,500. 57,263. 92,763.
•	, , , , , , , , , , , , , , , , , , , ,	Form 990 (2007)

	e: Whe	ere required, attached schedules and amount uid be for end-of-year amounts only.		ne description column	(A) Beginning of year		(B) End of year
	45	Orah ut			66 767		60 044
	45 46	Cash - non-interest-bearing	-	66,763. 5,527.		60,844.	
	40	Savings and temporary cash investments			3,321.	46	
	47 a	Accounts receivable	478				
	b	Less: allowance for doubtful accounts	471			47c	
	48 a	Pledges receivable	482				
	_	Less: allowance for doubtful accounts	48t		· · · · · · · · · · · · · · · · · · ·	48c	
	49	Grants receivable		-		49	
	50 a	Receivables from current and former officer	rs, directo	rs, trustees, and			
		key employees				50a	
	b	Receivables from other disqualified persons					
ets		4958(f)(1)) and persons described in section	1, 7,)' '		50b	
Assets	1	Other notes and loans receivable	51 a			1	
	1			51c	<u> </u>		
	52 53	Inventories for sale or use		52			
	1	Prepaid expenses and deferred charges Investments - publicly-traded securities		Cost FMV		53	
	54 a			Cost FMV		54a	
	1 -	Investments - land, buildings, and		COST LINIA		54b	· · · · · · · · · · · · · · · · · · ·
	00 a	equipment: basis	55a				
		equipment. basis	000				
	Ь	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation	57b			57c	
	58	Other assets, including program-related investme	ents				
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines	45 throu	gh 58	72,290.	59	60,844.
	60	Accounts payable and accrued expenses		_	· · · · · · · · · · · · · · · · · · ·	60	
	61	Grants payable		<u> </u>		61	
ç	62	Deferred revenue		_		62	
bilities	63	Loans from officers, directors, trustees, and	i key emp	loyees		63	
abi		Tax-exempt bond liabilities		_		64a	
Lia	1	Mortgages and other notes payable		, -		64b	
	65	Other liabilities (describe		······································	· · · · · · · · · · · · · · · · · · ·	65	
	66	Total liabilities. Add lines 60 through 65			0.	66	0.
		anizations that follow SFAS 117, check here	e Þ	and complete lines	<u> </u>	- 00	
	"	67 through 69 and lines 73 and 74.					
Ses	67	Unrestricted				67	
<u>a</u> n	68	Temporarily restricted				68	
Ba	69	Permanently restricted				69	
Pun	Orga	anizations that do not follow SFAS 117, che	eck here	▼ X and			
Ē		complete lines 70 through 74.					
ts o	70	Capital stock, trust principal, or current fund		0.	70	0.	
sse	71	Paid-in or capital surplus, or land, building, a			0.	71	0.
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulate		P	72,290.	72	60,844.
Š	73	Total net assets or fund balances. Add lines 67 t	-	- I	70 000		60.04 :
	7.	(Column (A) must equal line 19 and column (B) m		-	72,290.	73	60,844.
	74	Total liabilities and net assets/fund balan	ices. Add I	mes oo anu 73	72,290.	74	60,844.

	m 990 (2007) YAGA'S CHILDREN'S FUN Instructions.)		ith Revenue p		06949 turn (Se	
a	Total revenue, gains, and other support per audited financial stateme				a	N/A
b	Amounts included on line a but not on Part I, line 12:	iits				21,721
1	Net unrealized gains on investments		b1			
2			b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):		b4			
7	Add lines b1 through b4		u4		ь	
C	Subtract line b from line a				C	
ď	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):	· · · · · · · · · · · · · · · · · · ·	d2			
_	Add lines d1 and d2	L	ue		d	
e	Total revenue (Part I, line 12). Add lines c and d			•	e	
	ort IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per F		-
a	Total expenses and losses per audited financial statements			1	а	N/A
b	Amounts included on line a but not on Part I, line 17:					21,722
1	Donated services and use of facilities	1	b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20	,-	b3			
4	Other (specify):	, — — — — — — — — — — — — — — — — — — —	b4			
7	Add lines b1 through b4		<u> </u>		ь	
C	Subtract line b from line a				c	·
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):	i –	d2		ļ	
_	Add lines d1 and d2	<u> </u>			d	
e	Total expenses (Part I, line 17). Add lines c and d			•	e	
	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ch person who wa	s an of	_	ctor, trustee,
	or key employee at any time during the year even if they we					
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	emplo plans	tributions to yee benefit & deferred isation plans	(E) Expense account and other allowances
		-				
<u>SE</u>	E STATEMENT 5		0.		0.	0.
			1			
		•				
				ļ		
				ļ. <u>.</u>		
				1		
_		1	•	1		I

	1990 (2007) YAGA'S CHILDREN'S FUND			<u>76-0694</u>	<u>903</u>	Pa	age 6			
Pa	rt V-A Current Officers, Directors, Trustees, and Key Em	ployees (continu	ed)			Yes				
75 a	Enter the total number of officers, directors, and trustees permitted to vote meetings	on organization bus	siness at board	13						
b	Are any officers, directors, trustees, or key employees listed in Form 990, P listed in Schedule A, Part I, or highest compensated professional and other Part II-A or II-B, related to each other through family or business relationship the individuals and explains the relationship(s)	independent contra	actors listed in Sci	nedule A,	75b		X			
C	Do any officers, directors, trustees, or key employees listed in Form 990, Palisted in Schedule A, Part I, or highest compensated professional and other Part II-A or II-B, receive compensation from any other organizations, whether	independent contra er tax exempt or tax	actors listed in Sci	nedule A,	75c		x			
	organization? See the instructions for the definition of "related organization."									
А	If "Yes," attach a statement that includes the information described in the in Does the organization have a written conflict of interest policy?	nstructions.			75d		Х			
Pa	Former Officers, Directors, Trustees, and Key Em Benefits (If any former officer, director, trustee, or key employee the year, list that person below and enter the amount of compensations.	received compens	ation or other ben	efits (describe	or Ot d belo	w) dur	ing			
	(A) Name and address NONE	oans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit plans & deferred compensation plan	àc	E) Exper ecount a er allow	and			
					1	-				
- -										
					-					
					 					
					-					
Pa	rt VI Other Information (See the Instructions.)					Yes	No			
76	Did the organization make a change in its activities or methods of conductivities statement of each change	ng activities? If "Yes	s," attach a detaile	d	76		X			
77	Were any changes made in the organizing or governing documents but not lf "Yes," attach a conformed copy of the changes.	reported to the IRS	?		77		X			
	Did the organization have unrelated business gross income of \$1,000 or molf "Yes," has it filed a tax return on Form 990-T for this year?		•	N/A	78a 78b		<u> </u>			
79 en a	Was there a liquidation, dissolution, termination, or substantial contraction of the argentization related (other than by acceptance with a stateward or re-	- •		,	79		X			
80 a	Is the organization related (other than by association with a statewide or na membership, governing bodies, trustees, officers, etc., to any other exempt		=	nc	80a		X			
0	If "Yes," enter the name of the organization ► N/A	heck whether it is	exempt or	nonexempt						
81 a	Enter direct and indirect political expenditures. (See line 81 instructions)	Hook whether it is [exempt of 81a	O •						
	Did the organization file Form 1120-POL for this year?	· · · · · · · · · · · · · · · · · · ·			81b		<u>X</u>			
					Form	990 (2007)			

		<u> </u>		age 7
Pa	rt VI Other Information (continued)	 _	Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substant	ally		
	less than fair rental value?	82a	ļ	X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	ļ	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were n	ot		
	tax deductible?	84b		
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		ļ
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	walver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		ļ
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		ļ
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
þ	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a	<u> </u>	X
þ	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	▶ 88b	ļ	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► , section 4912 ►	0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations	ition,		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<u> </u>	X
90 a	List the states with which a copy of this return is filed ►NONE			
b	Number of employees employed in the pay period that includes March 12, 2007			0
91 a		<u> 765–5</u>		
	Located at ► 2200 MARKET STREET, GALVESTON, TX ZIP+	4 ► <u>7755</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b]	X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
		Form	990	(2007)

Form 990 (2007) YAGA'S CH	ILDREN'S	FUND		76-	0694903 Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the	-		of the United	d States?	91c X
If "Yes," enter the name of the foreign counti	,	N/A			
Section 4947(a)(1) nonexempt charitable trus	_		Check here	▶ 92	NI / D
Part VII Analysis of Income-Produci				92	N/A
		ed business income	Excluded b	y section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated	(A)	(B)	(C)	(D)	(E) Related or exempt
	Business code	Amount	Exclu- sion	Amount	function income
93 Program service revenue:			code		
			+		
		· · ·			
d			 		
e			+ + + + + + + + + + + + + + + + + + + +		
f Medicare/Medicaid payments					
g Fees and contracts from government agencie					
94 Membership dues and assessments	³		 		
95 Interest on savings and temporary cash investment:			14	24.	
96 Dividends and interest from securities	´		 - -	- 1 •	
97 Net rental income or (loss) from real estate:					
a debt-financed property			 		
b not debt-financed property					
98 Net rental income or (loss) from personal prop	erty			- · · · · · · · · · · · · · · · · · · ·	
99 Other investment income					
00 Gain or (loss) from sales of assets					
other than inventory					1
01 Net income or (loss) from special events			01	3,882.	
02 Gross profit or (loss) from sales of inventory				,	
03 Other revenue:					1
a					1
b					
C				,	· · · · · · · · · · · · · · · · · · ·
d					·
е					
04 Subtotal (add columns (B), (D), and (E))		0	•	3,906.	0
05 Total (add line 104, columns (B), (D), and (E))				▶	3,906
lote: Line 105 plus line 1e, Part I, should equal the					
Part VIII Relationship of Activities to	the Accompli	ishment of Exem	pt Purpo	ses (See the instruction	ons.)
Line No. Explain how each activity for which income	is reported in column	n (E) of Part VII contribute	ed importantly	y to the accomplishment o	of the organization's
exempt purposes (other than by providing f	unds for such purpo	ses)			
		,			
	 				
D				•	
Part IX Information Regarding Taxa (A) (B)		les and Disregard (C)	ded Entit	IES (See the instruction (D)	
Name, address, and EIN of corporation, Percenta	ige of	Nature of activities		Total income	(E) End-of-year
partnership, or disregarded entity ownership					assets
N7 / N	%				
N/A	%				
	%				
New York Company	%	And with December	I Dan - C'	0	
Part X Information Regarding Tran					
(a) Did the organization, during the year, receive any fi	•	• • • • •	•	benefit contract?	Yes X No
(b) Did the organization, during the year, pay premium	•	• •	contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 47.	∠∪ (see instruction	·S).			

Form **990** (2007)

Under penalties of penulty, declare that I have examined this feturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (orner tran officer) is based on all promation of which preparer has any knowledge Please 5/17/10 Sign Signature of officer Here Chrons Type or print name and title Date Check if self-Preparer's SSN or PTIN (See Gen, Inst. X) Preparer's Paid 5-17~10 signature employed Preparer's Firm's name (or HEAD, MAXWELL & MCKENNA, P.C. EIN > Use Only 2200 MARKET STREET, SUITE 401 self-employed). address, and ZIP + 4 GALVESTON. TX 77550 Phone no ► (409) 763-6479

Form **990** (2007)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

YAGA'S CHILDREN'S FU	ND			76 06949	903
			Officers, Dire		
(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 & deferred compensation	(e) Expense account and othe allowances
f other employees paid	<u> </u>	0			
		-		onal Servic	es
(a) Name and address of each independent contractor pa	aid more tha	an \$50,000	(b) Type of s	service	(c) Compensation
			- · · <u>- · · · · · · · · · · · · · · · ·</u>		
f others receiving over ofessional services	•	0			
(List each contractor who performed services other than	an professio	nal services, whether individu		ervices	
			(b) Type of s	service	(c) Compensation
			-		
f other contractors receiving over ner services	>	0			
	Compensation of the Five Highest P (See page 1 of the instructions List each one If there are and address of each employee paid more than \$50,000 Compensation of the Five Highest P (See page 2 of the instructions List each one (whether are and address of each independent contractor particles) (a) Name and address of each independent contractor particles are receiving over resistant services Compensation of the Five Highest P (List each contractor who performed services other that firms if there are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" See page 2 of the garden and address of each independent contractor particles are none, enter "None" see page 2 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the garden and address of each independent contractor page 6 of the	(See page 1 of the instructions. List each one. If there are none, er (a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals) (a) Name and address of each independent contractor paid more that of others receiving over resistonal services. Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None" See page 2 of the instruction (a) Name and address of each independent contractor paid more that of the five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None" See page 2 of the instruction (a) Name and address of each independent contractor paid more that of the five Highest Paid Inde (Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors receiving over formed services other than profession for the five Highest Paid Independent contractors received the five Highest Paid Independent contractors	Compensation of the Five Highest Paid Employees Other Than (See page 1 of the instructions List each one if there are none, enter "None") (a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractor (See page 2 of the instructions List each one (whether individuals or firms) if there are none, etc. (a) Name and address of each independent contractor paid more than \$50,000 compensation of the Five Highest Paid Independent Contractor for the paid independent contractor paid more than \$50,000 fothers receiving over Compensation of the Five Highest Paid Independent Contractor (List each contractor who performed services other than professional services, whether individuals in the paid independent contractor (List each contractor who performed services other than professional services, whether individuals in the paid independent contractor paid more than \$50,000 fother contractors who performed services other than professional services, whether individuals in the paid independent contractor paid more than \$50,000 fother contractors receiving over	Compensation of the Five Highest Paid Employees Other Than Officers, Direc (See page 1 of the instructions List each one if there are none, enter "None") a) Name and address of each employee paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professi (See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of some contractor in the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Professi (See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of some contractor individuals or firms if there are none, enter "None") (c) Compensation of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independent Contractors for Other Sections of the Five Highest Paid Independen	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and T (See page 1 of the instructions List section in if there are none, enter 1 More? a) Name and address of each employee paid more than \$50,000 fother employees paid Compensation of the Five Highest Paid Independent Contractors for Professional Service (See page 2 of the instructions List section in its particular in its professional services) (a) Name and address of each independent contractor paid more than \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Service (See page 2 of the instructions List seach one (whether individuals or firms) if there are none, enter "None" to the professional Service (See page 2 of the instructions List seach one (whether individuals or firms) if there are none, enter "None" to the professional Service (See page 2 of the instructions List seach one (whether individuals or firms) if there are none, enter "None" to the professional Service (b) Type of service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the professional Service (see page 2 of the instructions) is a service of the p

Sc	chedule A (Form 990 or 990-EZ) 2007 YAGA'S CHILDREN'S FUND 76-0	069490	<u>3</u> 1	Page 2
	Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities > \$ \$ (Must equal amounts on line 38, Part VI-A	i, or		
	line i of Part VI-B)	1_		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	ļ <u>.</u>	X
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			ĺ
	the organization determines that recipients qualify to receive payments)	3a	<u> </u>	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,		ļ	İ
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<u> </u>
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<u> </u>	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a	<u> </u>	X
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	${f c}$ Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4 c	l	
	d Enter the total number of donor advised funds owned at the end of the tax year	.	_N/	
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	<u> </u>
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	_		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	itatus (See pages 4 th	rough 8 of the instruction	ns)					
5 6 7 8 9	rtify that the organization is not a private foundation because it is. (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.									
10 11a 11b 12	X	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of								
13	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization. Type II. Type III-Functionally Integrated. Type III-Other									
		Provide the following information at (a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported An organization listed in S		(e) Amount of support			
					Yes	No				
			· · · · · · · · · · · · · · · · · · ·							
Total										

Schedule A (Form 990 or 990-EZ) 2007

Page 4

<u></u>		e worksheet in the insti	uctions for converting	from the accrual to the	e cash method of a	ccounting.	_
	ndar year (or fiscal year ining in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) 1	Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	62,258.	72,789.	53,000.	50,275	5. 23	8,322.
16	Membership fees received		•				
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	62,053.	39,123.	54,296.	37,07	7. 19	2,549.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	81.					81.
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	124,392.	111,912.	107,296.	87,352		0,952.
24	Line 23 minus line 17	62,339.	72,789.	53,000.	50,275		8,403.
25	Enter 1% of line 23	1,244.	1,119.	1,073.	874		
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount in column (e), lin	e 24	▶ 26	ia	4,768.
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a govern	ımental		
	unit or publicly supported organizati	on) whose total gifts for 2	003 through 2006 exceed	ded the amount shown in	line 26a	1	
	Do not file this list with your return.	. Enter the total of all thes	e excess amounts		▶ 28		0.
C	Total support for section 509(a)(1) t	est Enter line 24, column			▶ 28	ic 23	8,403.
d	Add Amounts from column (e) for li	nes 18	81. 19				
		22	26b		≥	id	81.
e	Public support (line 26c minus line 2	26d total)			▶ 26	ie 23	8,322.
t	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator))		≥ 28	if 99	.9660%
27	Organizations described on line 12	: a For amounts included	in lines 15, 16, and 17 th	at were received from a "o	disqualified person," p	repare a list for ye	our
	records to show the name of, and to		ich year from, each "disqi	ualified person " Do not fil	e this list with your r	eturn. Enter the s	um of
		N/A					
	(2006)	(2005)	·	004)	(2003)		
b	•				•		
	and amount received for each year, t				,	-	
	described in lines 5 through 11b, as	·				the amount receive	ved and
	the larger amount described in (1) o (2006)	(2005)	(20	004)	(2003)		
C	Add Amounts from column (e) for li	nes 15		16		1 .	/ -
	17	20		21			N/A
đ	Add Line 27a total	an	d line 27b total		27		N/A
9	Public support (line 27c total minus	•			▶ 27	'e j	N/A
f	Total support for section 509(a)(2) t			271	N/A		NT / N
9	Public support percentage (line 27				27	* 	N/A %
<u>h</u>					▶ 27		N/A %
S	Inusual Grants: For an organization d how, for each year, the name of the co eturn. Do not include these grants in l	ontributor, the date and ai	nount of the grant, and a	sual grants during 2003 to brief description of the na	hrough 2006, prepare sture of the grant Do	a list for your rec not file this list w	cords to vith your
	1 12-27-07	N	ONE		Sc	hedule A (Form 990 o	or 990-EZ) 2007

Private School Questionnaire (See page 9 of the instructions)

(1	o de con	npietea Or	NLY by schoo	is that checked	i the box on line 6 in	Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	<u> </u>	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	ļ	ļ <u>.</u>
	If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	-		
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b	ļ	<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement			1
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		<u></u>

Schedule A (Form 990 or 990-EZ) 2007

g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Total lobbying expenditures (Add lines c through h.)

0.

Page 7

Pai		arding Transfers To an ations (See page 14 of the inst		d Relationships With Noncha	ritable	
b	Did the reporting organization directly of the Code (other than set) Transfers from the reporting organication (i) Cash (ii) Other assets Other transactions (i) Sales or exchanges of assets (ii) Purchases of assets from a number of the color of the answer to any of the above it goods, other assets, or services or more services of the color of the answer to any of the above it goods, other assets, or services of	ectly or indirectly engage in any of ection 501(c)(3) organizations) or inization to a noncharitable exempt organization to a noncharitable exempt organization t, or other assets ts nembership or fundraising solicitationalling lists, other assets, or paid ets "Yes," complete the following sc	f the following with any othe in section 527, relating to pool organization of anization tions employees thedule Column (b) should a if the organization received.	always show the fair market value of the d less than fair market value in any	Yes	X X X X X X X X
(a)	(b)	(c) Name of noncharitable ex		(d) Description of transfers, transactions, ar		ents
	Is the organization directly or indirectly code (other than section 501(c)(3) If "Yes," complete the following sc	3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of the	ie Yes X	
	(a) Name of orga		(b) Type of organization	(c) Description of relation	nship	
					· · · · · · · · · · · · · · · · · · ·	

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT					ATEMENT 1	
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
WILDGAME COOKOFF	44,659.		44,659.	40,777.	3,882.	
TO FM 990, PART I, LINE 9	44,659.		44,659.	3,882		
FORM 990 CA		AND ALLOCATI	IONS	ST	ATEMENT 2	
CLASS OF ACTIVITY/DONEE'S	NAME AND A	DDRESS			AMOUNT	
SERVING CHILDREN GULF COAST BIG BROS AND BI 2528 BALL STREET GALVESTON, TX 77550	G SISTERS				11,500.	
SERVING CHILDREN ADVOCACY CENTER FOR CHILDR 5710 AVENUE S 1/2 GALVESTON, TX 77551	REN OF GALV	COUNTY			12,500.	
SERVING CHILDREN GALVESTON FAMILY YMCA 1710 23RD STREET GALVESTON, TX 77550					2,000.	
FEEDING THOSE IN NEED LIGHTHOUSE CHARITY TEAM 3502 F.M. 528 FRIENDSWOOD, TX 77546					5,000.	
SAVING HOMELESS ANIMALS GALVESTON ISLAND HUMANE SO 5301 AVENUE S GALVESTON, TX 77551	CIETY				1,500.	
SERVING MENTALLY RETARDED THE HOPE FOUNDATION FOR RE 15403 HOPE VILLAGE ROAD FRIENDSWOOD, TX 77546		LDREN, INC			5,000.	

· YAGA'S CHILDREN'S FUND	76-0694903
SERVING CHILDREN RONALD MCDONALD HOUSE OF GALVESTON 301 14TH STREET GALVESTON, TX 77550	5,500.
SERVING CHILDREN RESOURCE AND CRISIS CENTER OF GALVESTON COUNTY P. O. BOX 1545 GALVESTON, TX 77553	5,000.
SERVING CHILDREN THE CHILDREN'S CENTER INC P. O. BOX 2600 GALVESTON, TX 77553	4,500.
PROVIDING REFERENCE MATERIALS FOR CHILDREN FRIENDS OF THE LA MARQUE PUBLIC LIBRARY 1011 BAYOU ROAD LA MARQUE, TX 77568	3,000.
PROVIDING BOOKS FOR CHILDREN ROSENBERG LIBRARY 2310 SEALY ST. GALVESTON, TX 77550	4,500.
SERVING AT RISK YOUTH SEABORNE CHALLENGE CORPS P. O. BOX 16929 GALVESTON, TX 77552	6,000.
SERVING YOUTH IN THE COMMUNITY SKATE GRINDLINE PARKS 4056 23RD AVENUE SW SEATTLE, WA 98106	9,263.
FEEDING THE HUNGRY GLEANINGS FROM THE HARVEST 903 53RD STREET GALVESTON, TX 77551	3,000.
PROVIDING BOOKS FOR CHILDREN AND THEIR FAMILIES DEVELOPMENTAL MOMENTUM, INC. 6901 AVENUE P GALVESTON, TX 77551	3,000.
PROVIDING SCHOOL UNIFORMS FOR CHILDREN GISD FOUNDATION 3904 AVENUE T GALVESTON, TX 77550	2,000.

· YAGA'S CHILDREN'S FUND	76-0694903
PROVIDE HEALTH SERVICES AT NO COST TO GALVESTON COUNTY YOUTH TEEN HEALTH CENTER INC 4428 AVENUE M GALVESTON, TX 77550	5,000.
SERVING CHILDREN WITH ASTHMA CAMP RAD 301 UNIVERSITY BLVD GALVESTON, TX 77550	1,200.
PROVIDING A CHILDRENS PARADE CITY OF GALVESTON FIREMAN'S UNION 4627 AVENUE O GALVESTON, TX 77551	2,000.
PROVIDE SCHOLARSHIPS TO HIGH SCHOOL GRADUATES EDDIE TAMEZ SCHOLARSHIP FUND C/O HOMETOWN BANK 1801 45TH STREET GALVESTON, TX 77551	1,300.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	92,763.
FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 3

EXPLANATION

SEEKING TO ENRICH THE COMMUNITY THROUGH ACTIVITIES PROMOTING SUCH PROVISION INCLUDING RAISING FUNDS FOR CHARITABLE ORGANIZATIONS THAT SERVE CHILDREN.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT		
DESCRIPTION OF OTHER PROGRAM	SERVICES	GRANTS AND ALLOCATIONS	EXPENSES	
LIGHTHOUSE CHARITY TEAM		5,000.	5,000.	
GALVESTON FAMILY YMCA		2,000.	2,000.	
HOPE FOUNDATION FOR RETARDED	CHILDREN	5,000.	5,000.	
RESOURCE & CRISIS CENTER, INC		5,000.	5,000.	
FRIENDS OF LA MARQUE PUBLIC I	LIBRARY	3,000.	3,000.	
GALVESTON ISLAND HUMANE SOCIE	ETY	1,500.	1,500.	

YAGA'S CHILDREN'S FUND			7	6-0694903
ROSENBERG LIBRARY			4,500.	4,500.
THE CHILDRENS CENTER INC			4,500.	4,500.
SKATE GRINDLINE PARKS			9,263.	9,263.
GLEANINGS FROM THE HARVEST			3,000.	3,000.
DEVELOPMENTAL MOMENTUM, INC.			3,000.	3,000.
GISD FOUNDATION			2,000.	2,000.
TEEN HEALTH CENTER INC			5,000.	5,000.
CAMP RAD			1,200.	1,200.
EDDIE TAMEZ SCHOLARSHIP FUND			1,300.	1,300.
CITY OF GALVESTON FIREMAN'S UN	ION		2,000.	2,000.
TOTAL TO FORM 990, PART III, L	INE E		57,263.	57,263.
	TITLE AND	COMPEN-	EMPLOYEE BEN PLAN	
NAME AND ADDRESS MATT MIGNEREY 6 CEDAR LAWN S. GALVESTON, TX 77551	PRESIDENT 1.00	SATION 0.	0.	ACCOUNT 0.
CLAY CONRAD 24 CEDAR LAWN N. GALVESTON, TX 77551	VICE PRESIDENT 1.00	0.	0.	0.
MARTHA NORRIS 9308 JAMAICA BEACH GALVESTON, TX 77554	SECRETARY 1.00	0.	0.	0.
RICHARD GARZA 2614 BELUCHE GALVESTON, TX 77551	TREASURER 1.00	0.	0.	0.
KRISTEN LEPO 2321 37TH STREET GALVESTON, TX 77550	DIRECTOR 1.00	0.	0.	0.

YAGA'S CHILDREN'S FUND			76-06	694903
JOHN KOZA ' 4727 CADUCEUS GALVESTON, TX 77551	DIRECTOR 1.00	0.	0.	0.
BRANDI LISTI 1005 MARINE GALVESTON, TX 77550	DIRECTOR 1.00	0.	0.	0.
ELISE OTT 2516 46TH STREET GALVESTON, TX 77551	DIRECTOR 1.00	0.	0.	0.
DAVID COLOMBO 5109 DENVER GALVESTON, TX 77551	DIRECTOR 1.00	0.	0.	0.
ROBERT RODRIGUEZ 2019 POSTOFFICE #2 GALVESTON, TX 77550	DIRECTOR 1.00	0.	0.	0.
LIZ ROGERS 1007 BALL ST. GALVESTON, TX 77550	DIRECTOR 1.00	0.	0.	0.
DEAN SOLOMON 2525 ST. CHRISTOPHER #1815 LEAGUE CITY, TX 77568	DIRECTOR 1.00	0.	0.	0.
SCOTT MIXON 14 COLONY PARK CIRCLE GALVESTON, TX 77551	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PA	ART V-A	0.	0.	0.