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' Form

Department of the Treasury Internal Revenue Service

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 2008 Open to Public Inspection

	For the 200	8 calendar y	ear, or tax year beginning , and ending			
	Check if applica	ible Please	C Name of organization	D	Empk	oyer identification number
X	Address change	use IRS label or	FRANCES E MADDOX FOUNDATION			
$\overline{\sqcap}_{i}$	Name change	print or	Doing Business As		<u> 75-</u>	<u>-2859064</u>
吕	•	type.	Number and street (or P O box if mail is not delivered to street address) Room/suit			none number
\equiv	Initial return	See Specific	320 S POLK ST 1000	2	<u>806</u>	5-324-0324
\square	Termination	Instruc-	City or town, state or country, and ZIP + 4	G	Gross rece	eipts \$ 3,327,769
\bigsqcup_{i}	Amended return	n tions.	AMARILLO TX 79101			
	Application pen	iulliu i	e and address of principal officer	н	I(a) Is this	a group return for
		I	BERT TEMPLETON		affiliate (b) Are ali	laffiliates 🖂 🖂
			2 S POLK ST SUITE 1000		include	ed? Yes No
			ARILLO TX 79101		If "No,"	* attach a list. (see instructions)
_	Tax-exempt		501(c) (3) ◀ (insert no) 4947(a)(1) or 527	──┤		
	Website:					exemption number ► M State of legal domicile TX
******	Type of organi			ition ZU	95	M State of legal domicile TX
	art I	Summa			-	<u> </u>
			the organization's mission or most significant activities FFORDABLE HOUSING COMMUNITY, DEVELOPMENT AND EDUCAT:	TON		
93	, F	OSTER A	FFORDABLE HOUSING COMMONITY, DEVELOPMENT AND EDUCAT	LOIN.		
ڪةٍ ع						
	0 050	ماد خالم المداد	If the organization discontinued its operations or disposed of more than 25% of it	te accete		
38	1		g members of the governing body (Part VI, line 1a)	.5 055615	3	7
~ან — ად	1		pendent voting members of the governing body (Part VI, line 1b)		4	. 7
DEC 0 % 7010 Activities & Governance	1	•	employees (Part V, line 2a)		5	0
년흥	1		volunteers (estimate if necessary)		6	0
			lated business revenue from Part_VIII, line_12, column_(C)		7a	-
3			Isiness taxable income from Form 990-Thine 34 FIVFD		7b	0
	D NO.	umciated be		Prior Year		Current Year
5 60	8 Con	tributions an	d grants (Part VIII, line 1h) revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, and 7d)	19 _	,465	
Revenue	9 Prog	gram service	revenue (Part VIII, line 2g)			
8 8	10 inve	stment inco	me (Part VIII, column (A), lines 3 4, and 7d)			1,268
œ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1(e)			40,806
	12 Tota	il revenue—	add lines 8 through 11 (must equal-Part-VIII column (A), line 12)	<u> </u>	,465	42,074
			ar amounts paid (Part IX, column (A), lines 1-3)			
		•	or for members (Part IX, column (A), line 4)		\longrightarrow	
es			ompensation, employee benefits (Part IX, column (A), lines 5–10)		\longrightarrow	
enses	1		draising fees (Part IX, column (A), line 11e)			
Exp			g expenses (Part IX, column (D), line 25)			44 700
ш	'' '''		(Part IX, column (A), lines 11a-11d, 11f-24f)		\longrightarrow	44,792 44,792
	1	•	Add lines 13-17 (must equal Part IX, column (A), line 25)	10	, 465	-2,718
<u> </u>	19 Rev	enue less ex	xpenses Subtract line 18 from line 12	ginning of Y		End of Year
Net Assets or	20 Tota	al assets (Pa		,567		13,621,432
Ass	21 Tota	•		,547		13,604,150
Ž	22 Net		nd balances Subtract line 21 from line 20		,000	17,282
	art II		re Block			
_		Linder pena	thes of person. I declare that I have examined this return, including accompanying schedules and state	ments, and	to the be	est of my knowledge
		and belief, i	t is true, correct, and complete Declaration of preparer (other than officer) is based on all information of	f which pre		
Sig	gn		Samme Julia			- 11-2010
He	re	Signati	ure of officer		Date	
		10	amme Aurely, PRESIDENT			
_		Туре о	r print name and title			-1
_		Preparer's	Date 11/05/10	Check if self-	_	Preparer's identifying number (see instructions)
Pa		signature	ı ▶ L	P00172216		
	eparer's	Firm's name	JOHNSON & SHELDON, P.C.		EIN	▶ 75-2569269
US	e Only	If self-emplo	byed), PO BOX 509		Phone	
		address, ar			no 🕨	806-371-7661
Ma	v the IRS o	iscuss this r	return with the preparer shown above? (see instructions)			Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses 🕨

including grants of \$

44,792

Form	990 (2008) FRANCES E MADDOX FOUNDATION 7.	5-2859064		Page 3
	rt IV Checklist of Required Schedules			
	` .		Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private found	ation)? If "Yes,"		
	complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	 	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of o	l .		
	candidates for public office? If "Yes," complete Schedule C, Part I	<u>3</u>	+	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Ye			1,
	Schedule C, Part II	4	+	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to t	· · · · · · · · · · · · · · · · · · ·		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	+	-
6	Did the organization maintain any donor advised funds or any accounts where donors have		1	İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If			x
_	Schedule D, Part I	6	+	12
7	Did the organization receive or hold a conservation easement, including easements to pre			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D Did the organization maintain collections of works of art, historical treasures, or other similar		+	
8		8		x
_	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts		+	+**
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation service			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," com			X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," comp			1
• •	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is com			
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School			X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	148		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from gra	antmaking, fundraising,		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F,		<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or as			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Pa			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate g	grants or assistance		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," of	complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes,"		1	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Sci	hedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	_	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," com			X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 if "Yes," com		-	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," con			.,
	Schedule J	23	+-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes	ŀ		
	24b-24d and complete Schedule K If "No," go to question 25	24	┪~─	X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period		'	
С	Did the organization maintain an escrow account other than a refunding escrow at any time	l		
	to defease any tax-exempt bonds?	ng the year?	\neg	+
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess		+	
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25		x
L	with a disqualified person during the year / if Yes, complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction v		1	+
b	person from a prior year? If "Yes," complete Schedule L, Part I	with a disqualified 25		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly con		\top	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," com			x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key		+	 -
	Did the differences bioties a Signification appropriate to an emperit managed may	· · · · · · · · · · · · · · · · · · ·		1

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV _	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	ļ		
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	•		- · · -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of) I				
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rej	ortabl	e			
	gaming (gambling) winnings to prize winners?			_1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		_2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty			Ì
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancıal		į		
	account)?			4a	<u></u>	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_ <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		_5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			_5c		
6a	Did the organization solicit any contributions that were not tax deductible?			_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			_6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			1	
_	\$75?			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_		_ <u>7b</u> _		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		_		₹.
	required to file Form 8282?	ایہا		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ı	70		х
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act2		7e 7f		X
1	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	301		7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	28		' <u>'</u>		- 22
••	required?	, u.s		7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	ion		- · · · ·		
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon					
	organization, have excess business holdings at any time during the year?			8	ħ	x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		х
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				L
					000	

Form 990 (2008) FRANCES E MADDOX FOUNDATION 75-2859064

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the				,
	circumstances, processes, or changes in Schedule O. See instructions				
1a		7			
b	Enter the number of voting members that are independent	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 with	as filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		""		
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	s			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_	11		X
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n			
а	The organization's CEO, Executive Director, or top management official?		15a		X
b	Other officers or key employees of the organization?		15b		$\overline{\mathbf{x}}$
	Describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MCK				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	•		
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	nterest			
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the			
	organization ▶ TAMME AURELI 320 S POLK, STE 1				
A	MARILLO TX 79	101	806-32	4-0	324

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	Average					that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tile	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT TEMPI	ETON									
PRESIDENT	2	x		X				0	0	0
STEVE STERQU										
SECRETARY	2	Х		X	[0	0	0
JANIE WILLIA	MS									
DIRECTOR	2	X	L					0	0	0
EVERETT ROBE										
DIRECTOR	2	X	ŀ					0	0	0
DENNIS DOUGH	ERTY									.,
DIRECTOR	2	X					<u></u>	0	0	0
NICHOLAS ROL	Y									
DIRECTOR	2	X					L	0	0	0
LINDA CUNYUS										
DIRECTOR	2	X					L	0	0	0
					1					
			<u> </u>	<u> </u>		_	<u> </u>			
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Form	990 (2008)	FRAN	ices e made	OX F	OU	ND.	AT:	ON	<u> </u>	<u>75-285</u>		Page 8			
	t VII s	ection A	. Officers, Directors	, Truste	es, l	Cey E	mpl	oyee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and to	tle .	(B) Average hours per		_	(che	$\overline{}$	_	_	(D) Reportable compensation	(E) Reportable compensation	Est	(F) timated ount of		
	. •		week	or director	Individual trustee	Officer	Key employee	employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the inization related nizations		
												_			
					_				ļ						
	, _					_	-	\perp	-						
		_			+		<u> </u>	-							
		_			+	-	+	-						<u>·</u>	
					+	-	+	-	+						
		_			+	-	-	+	<u> </u>						
							-								
							\dagger								
1b	Total								>						
2	Total numb		ividuals (including the	ose in 1a) wh	o red	eive	d mo	re th	an \$100,000 in reportable	compensation from the				
3	Did the org	anızatıor	list any former offic	er, dırect	or o	r trus	tee,	key e	emplo	oyee, or highest compensa	ted	Γ.	Yes		
4	For any inc	lividual li	a? If "Yes," complete sted on line 1a, is the d related organization	sum of	repo	rtabl	e co	mper	satio	on and other compensation es," complete Schedule J fo	from or such	3	<u> </u>	X	
5	Individual Did any pe	rson liste	ed on line 1a receive to the organization? If	or accrue	e coi	mper	satio	on fro	m ar	ny unrelated organization for	or	4		X	
Sec			Contractors	100, 0	<u> </u>	10.0	<u> </u>		0 101	oddii porodii					
1	Complete	this table	for your five highest the organization	compens	sate	d ınd	eper	dent	cont	tractors that received more					
			(A) Name and business addi	ress					+	Descri	(B) otton of services		(C) Compens	sation	
			<u></u>												
			·						-						
									\dagger						
2			ependent contractors the organization	s (ıncludı	ng ti	nose	ın 1)	who	rece	eived more than \$100,000 i	n		0		
DAA												F	orm 99	0 (2008)	

Pa	rt V	II Statement of Revenu	16					
		^ .			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated campaigns 1a	<u> </u>			Tevenue		312, 313, 01 314
ran	b	Membership dues 1b						,
ള	6	Fundraising events 1c	+					
if a	٦		elated organizations 1d					
oin Gi	u	-	 					
Sig	e	, ,	+					
PE E	T	All other contributions, gifts, grants, and similar amounts not included above						
世世			<u> </u>					
Sel	g	Noncash contributions included in lines 1a-1f	\$					
Program Service Revenue Contributions, gifts, grants and other similar amounts	n	Total. Add lines 1a-1f		Busn. Code				
20	2-			Busn. Code				
Š	2a							•
9	b				· · · · · · · · · · · · · · · · · · ·			
ž	С.							
Š	d							
Jran	e	A.D. 41		-			· · · · · · · · · · · · · · · ·	
ည်	t	All other program service revenue	•					
_	_ 3	Total. Add lines 2a–2f					:	
	3	Investment income (including divi	denas, intere	est, and	1 260	1 260		
	_	other similar amounts)			1,268	1,268		
	4	Income from investment of tax-ex	empt bond p	proceeds >				
	5	5 Royalties (i) Real (ii) Per 6a Gross Rents 2,510,304						
	_							
	6a							
	b	Less rental exps 3,285,69						
	С	Rental inc or (loss) -775, 3	91		555 204	775 204		
	d 73	70 Course amount from			-775,391	-775,391	······	
	, .	sales of assets (i) Securities) Other					
		other than inventory						
	b	b Less cost or other			:			
		basis & sales exps			,			
		Gain or (loss)						
		Net gain or (loss)		<u> </u>	· ··· · · · · · · · · · · · · · · · ·			
	8a	Gross income from fundraising events						
ã.		(not including \$						
ě		of contributions reported on line 1c)						
8		See Part IV, line 18	a	-				
Other Revenue		Less direct expenses	b					
ō		Net income or (loss) from fundrai	sing events					
	9a	Gross income from gaming activities						
		See Part IV, line 19	a					
		Less: direct expenses	b[
	ı	Net income or (loss) from gaming	ac <u>tivities</u>					
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	ı	Less cost of goods sold	b					
	_ <u>c</u>	Net income or (loss) from sales of	f inventory	<u> </u>				
	<u> </u>	Miscellaneous Revenue		Busn. Code	ł			
	11a	FORGIVENESS OF ACCOUNTS	PAYAB	<u> </u>	652,049			
	b	OTHER OPERATING REVENUE	3		164,148	164,148		
	C				-			
	d	All other revenue			***			
	e	Total. Add lines 11a-11d	•	816,197		:		
	12	Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d,	7d, 8c,				
	<u> </u>	9c, 10c, and 11e		<u> </u>	42,074	42,074	0	0

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All Other Organizations must				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			····	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		· ·		
8	Pension plan contributions (include section 401(k)	1	ļ		
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	, ,				1
е	Professional fundraising services See Part IV, line 17		44 702		
f	investment management fees	44,792	44,792		
g	Other				1
12	Advertising and promotion				
13	Office expenses				_
14	Information technology				
15	Royalties				
16 17	Occupancy Travel			-	
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	Ē			
а					
b					
C					
d					
e	All other expenses			<u> </u>	
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	44,792	44,792		
25 26	Joint Costs. Check here Inf following				
_0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	<u> </u>			

_ <u>Pi</u>	K ITE	Balance Sneet				
				(A) Beginning of year		(B) End of year
_	_			40,297	1	294,906
	1	Cash—non-interest bearing	-	79,029		40,623
	2	Savings and temporary cash investments	19,029	2	40,023	
	3	Pledges and grants receivable, net	11,889	3	19,005	
	4	Accounts receivable, net		11,009	4	19,003
	5	Receivables from current and former officers, directors, t			_	
		employees, or other related parties. Complete Part II of S	i i	- 	5	
	6	Receivables from other disqualified persons (as defined				
		4958(f)(1)) and persons described in section 4958(c)(3)(i	3) Complete			
		Part II of Schedule L	-		6	
Assets	7	Notes and loans receivable, net	}		7	-
SS(8	Inventories for sale or use	}	40 524	8	FO 101
Ä	9	Prepaid expenses and deferred charges	14 076 E76	49,534	9	59,191
		Land, buildings, and equipment cost basis	10a 14,976,576			
	b	Less accumulated depreciation Complete	1 000 000	12 250 000		10 002 712
		Part VI of Schedule D	10b 1,982,863	13,350,000		12,993,713
	11	Investments—publicly traded securities	ŀ		11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		26 204	13	012 004
	14	Intangible assets	-	36,294	14	213,994
	15	Other assets See Part IV, line 11		12 567 042	15	12 (01 420
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,567,043	16	13,621,432
	17	Accounts payable and accrued expenses	306,955		171,704	
	18	Grants payable		18	257	
	19	Deferred revenue	}		19	357
(A)	20	Tax-exempt bond liabilities		-	20	
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			21	
Ē	22	Payables to current and former officers, directors, trustee	i i			
jat	ŀ	employees, highest compensated employees, and disqu	alified		-	
_	l	persons Complete Part II of Schedule L	11,533,485	22	11 0/1 OF1	
	23	Secured mortgages and notes payable to unrelated third	11,555,465	23	11,041,851	
	24	Unsecured notes and loans payable	1,706,603	24	2 200 220	
	25	Other liabilities Complete Part X of Schedule D	}	13,547,043		2,390,238 13,604,150
_	26	Total liabilities. Add lines 17 through 25	1	13,347,043	26	13,604,130
ces		Organizations that follow SFAS 117, check here	and			
ğ		complete lines 27 through 29, and lines 33 and 34.		20,000	27	17,282
Balan	27	Unrestricted net assets		20,000		11,202
В	28	Temporarily restricted net assets	1		28	
Fund	29	Permanently restricted net assets	. . m	——————————————————————————————————————	29	
Ē		Organizations that do not follow SFAS 117, check her				
9	200	and complete lines 30 through 34.			30	
Assets	30	Capital stock or trust principal, or current funds	fund		31	
SS	31	Paid-in or capital surplus, or land, building, or equipment			32	
Ä	32	Retained earnings, endowment, accumulated income, or	other lunus	20,000	33	17,282
Net	33	Total net assets or fund balances Total liabilities and net assets/fund balances		13,567,043		13,621,432
	34 art)			13,307,043	34	13,021,432
<u>E</u>	all /	tr I mancial Statements and Reporting	T	· · · · · · · · · · · · · · · · · · ·		Yes No
1	Ac	counting method used to prepare the Form 990 C	ash 🗓 Accrual 🗍 Ot	ther		
2		ere the organization's financial statements compiled or rev				2a X
		ere the organization's financial statements audited by an ir				2b X
		Yes" to lines 2a or 2b, does the organization have a comm		for oversight of		
		e audit, review, or compilation of its financial statements a				2c
3		a result of a federal award, was the organization required			•	
-		Single Audit Act and OMB Circular A-133?	<u> </u>			3a X
		Yes," did the organization undergo the required audit or a	udits?			3b _
						- 000

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

interi	iai ite	ACURE OCIAIOS								T	7770	acorio.	<u></u>
Nam	e of t	he organization		DDOX FOUNDATION							loyer identific -28590 (umbe
Ď:	art I	Reas		Status (All organizations		complet	e this	nart)	(see ir			, _	
				e it is (Please check only one				puit.	(000 11	1011 00	101107		
	Olgai		-	ociation of churches described			I V A V i V						
1	Н		cribed in section 170(b)(1)(iii Sectioi	, 17ο(μ)(· /(^/,(·/.						
2	Н		, ,, ,,	ce organization described in sec	ction 170	/6\/4\/ <i>6</i> \/	iii\ /AHa	ch Sch	adula H	`			
3	Н			in conjunction with a hospital							enital'e name		
4	ш		_	I III Conjunction with a nospital	described	iii Secuo	ט)טיו ווי	<u>д і де</u> ді	ii). Liile	i tile ilo	spitai s naint	7,	
_		city, and state		of a college or university owned	or operat	od by o a	ovornmo	ntal uni	t donor	had in			
5				of a college or university owned	or operat	eu by a y	Overmine	intal ulli	i u c scii	Jeu III			
		•	b)(1)(A)(iv). (Complete Part	•	ootion 17	O(5)(4)(A	V.A						
6	뉙	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	_											
	\Box	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Н	_				contribut	ione me	mbomb	un foos	and are			
9	Ш	-) more than 33 1/3 % of its sup opt functions—subject to certain							J55		
			=	id unrelated business taxable in				t) HOIII L	Jusilies	65			
40		-	-	0, 1975 See section 509(a)(2). exclusively to test for public safe				/coo in	etruction	ie)			
10	H	•	•	exclusively to test for public same exclusively for the benefit of, to	•			•		•			
11	Ш	_	=	ed organizations described in s									
				he type of supporting organizati									
		a Type		c Type III-Function			d	_	e III–Ot	her			
_				anization is not controlled direc									
е	ப	-		and other than one or more pul							1		
			section 509(a)(2)		, capp		,						
f		` ' ' '		rmination from the IRS that it is	a Type I	Type II.	or Type	III supp	ortina				
٠		•	check this box		, p ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,		g				
~		-		tion accepted any gift or contrib	ution from	anv of th	ne						ب
g		following per		decepted any gint or comme									
				entrols, either alone or together	with nerse	ons desci	ibed in (m)				Yes	No
				f the supported organization?				,			11g(i)	+	
		٠,	member of a person describ	• • •							11g(ii		
		• •	ontrolled entity of a person of	• •							11g(ii		
h		• •	•	he organizations the organization	าก รมถุดดา	ts					[· · · · ·	71	
					T		6404		1 6.0		(-,II) A		
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		rou notify nization in	(vi) l organizat		(vii) An sup	port	
	Ψ.			above or IRC section		document?	col (i)	of your	(i) organı	zed in the	·	•	
				(see instructions))	<u></u>	1 41-		oort?		3?			
					Yes	No	Yes	No	Yes	No			
						 	 	<u> </u>	 				
								ŀ	1				
								<u> </u>	┼				
		<u> </u>	,, , , , , , , , , , , , , , , , , , ,			1	 		 	 			
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					-	ļ	ļ		ļ			_	-
						I		I					

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	•	L
Schedule A (Form 990 or	r 990-EZ) 2	008

Da	~~ '

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

800	tion A. Public Support	Crea me box	On line a OFF	art 1. <i>j</i>			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Car	endar year (or fiscar year beginning iii)	(a) 2004	(6) 2005	(0) 2000	(d) 2007	(e) 2000	(i) i otai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						····
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
٠	line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		ļ	ļ	-		
	and 12)	<u> </u>	<u> </u>	1	<u> </u>	1	<u> </u>
14	First five years. If the Form 990 is for the		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	. Г
<u></u>	organization, check this box and stop her ction C. Computation of Public Su		tage				
	Public support percentage for 2008 (line 8			ma (fl)		15	9,
15				1111 (1))		16	9/
16 Soc	Public support percentage from 2007 Schetion D. Computation of Investme						7
	Investment income percentage for 2008 (I			3 column (ft)		17	9/
17 18	Investment income percentage for 2000 (investment income percentage from 2007			-,		18	9,
19a	33 1/3 % support tests—2008. If the orga			ne 14, and line 15 i	s more than 33 1/3		·
	17 is not more than 33 1/3 %, check this b						▶ [
b	33 1/3 % support tests—2007. If the orga						_
_	line 18 is not more than 33 1/3 %, check t						▶ [
20	Private foundation If the organization du						▶ [

Schedule A (Form 990 or 990-EZ) 2008 FRANCES E MADE	OX FOUN	DATION 75-2859064	Page
Part IV Supplemental Information. Complete this			
Part II, line 17a or 17b; or Part III, line 12.	Provide any	other additional information. (see instruc	tions)
PART II, LINE 10 - OTHER INCOME DI	ETAIL		
FORGIVENESS OF ACCOUNTS PAYABLE	\$	652,049	
OTHER OPERATING REVENUE	\$	164,148	
RENTAL INCOME	\$	-775,391	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

F	RANCES E MADDOX FOUNDATION		75-2859064
,. ,	organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,	nds or Other Similar Funds o Part IV, line 6.	r Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	lusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor of	r donor advisor or other	
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically	important land area
	Protection of natural habitat	Preservation of certified histor	nc structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation	contribution in the form of a conservati	on easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	/06	2d
3			ization during
	the taxable year		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor		_
	enforcement of the conservation easements it holds?	-	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	ng easements during the year 🕨	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easer	nents in its revenue and expense stater	ment, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	at describes
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Othe	er Similar Assets.
_	Complete if the organization answered fres to	Form 990, Part IV, line 6.	
1a	If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition		e of public service,
	provide, in Part XIV, the text of the footnote to its financial statements	that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in	ts revenue statement and balance she	et works of art,
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	public service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical treasures, o	r other sımılar assets for financıal gain.	
-	following amounts required to be reported under SFAS 116 relating to	-	•
2	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$
_	, and a second s		

Sche	dule D (Form 990) 2008 FRANCES E	MADDOX FO	OUNDA!	rion	•	75-28	<u>5906</u>	4		Page 2
Pa	rt III Organizations Maintaining	Collections of	f Art, His	torical Treas	sures, or	Other	Simila	r Assets	(contin	ued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the follo	owing that are a	significant	use of its	collectio	n		
	Public exhibition	a 🗀	Loop or ov	change progran	ne					
a	Scholarly research	ůН	Other	cciange program	15					
b		e	Other _							
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explai	n how they	further the orga	nization's e	exempt pu	irpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations be maintained as j	of art, histo part of the	orical treasures, organization's co	or other sin	nılar			Yes	☐ No
Pa	rt IV Trust, Escrow and Custod	ial Arrangemei	nts. Con	plete if orga	nization	answer	ed "Ye	s" to For	m 990,	
	Part IV, line 9, or reported a	an amount on F	orm 990), Part X, line	21.					
1a	Is the organization an agent, trustee, custodia					not				_
	included on Form 990, Part X?								Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ole						
		·	•						Amoun	t
c	Beginning balance							1c		
	Additions during the year							1d		
	Distributions during the year						—	1e		
•	Ending balance							1f		
30	•	om 000 Bod V line	. 212					'' ,		T
	Did the organization include an amount on Fo	7111 990, Part A, IIIR	3211					نــا	Yes	∐ No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Comp	loto if organizat	tion ana	vered "Vee" t	o Form (on Pa	rt IV/ li	no 10		
.F.S	it v Endowment Funds. Comp				(c) Two ye			e years back	(a) Fau	r years back
_	<u> </u>	(a) Current yea	' 	(b) Prior year	(C) TWO ye	als back	(u) me	e years back	(e) Pou	years back
1a	Beginning of year balance	··· 							 	
þ	Contributions									
С	Investment earnings or losses		f						 	
	Grants or scholarships									
е	Other expenditures for facilities								1	
	and programs								<u> </u>	
f	Administrative expenses									
g	End of year balance				:				<u></u>	
2	Provide the estimated percentage of the year	end balance held a	as							
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
	Are there endowment funds not in the posses	ssion of the organiz	ation that a	re held and adm	ninistered fo	or the				
	organization by	•							1	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedu	le R?					3b	
	Describe in Part XIV the intended uses of the									
	art V! Investments—Land, Build				n Part X	line 1	<u>n</u>			
FΦ	Description of investment	(a) Cost or other		(b) Cost or oth			preciation		(d) Book	value
	Description of investment	(investment	1	basis (other)		(0, 50)	producer		(4) 5001	value
	Load	_ 	,000		- 				7	80,000
	Land	14,099				1	982,	063		16,254
	Buildings	14,099	, 11/			<u> </u>	30Z ,	563	14,1.	10,234
	Leasehold improvements		AFO							07 450
	Equipment	97	,459							97,459
	Other	.L	<u> </u>						10 0	<u> </u>
Tota	I. Add lines 1a-1e (Column (d) should equal F	orm 990, Part X, co	olumn (B),	line 10(c))				<u> </u>	12,9	93,713

Schedule D (Form 990) 2008 FRANCES E MADDOX FOUNT	DATION	75-2859064	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
			· · · · · · · · · · · · · · · · · · ·
		·····	
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		·	
Part VIII Investments—Program Related. See Form 990	0, Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
(-),	','	Cost or end-of-year	
		·	
		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		······	
Part IX Other Assets. See Form 990, Part X, line 15.	1		
(a) Description			(b) Book value
(-) 2500 (ptb)			1-, 311 1-12
	· · ·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	5		L
(a) Description of liability	(b) Amount		
Federal income taxes	(=)		
MANAGER ADVANCE PAYABLE	1,200,000		
ACCRUED INTEREST	554,161		
LEASED EMPLOYEES PAYABLE	467,781		
MANAGEMENT FEES PAYABLE	90,100		
SECURITY DEPOSITS	54,897		
OPERATING ADVANCE PAYABLE	23,299		
	23,299		
OTHER PAYABLES	 		
	<u> </u>		
	2 200 020		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,390,238		
In Part XIV, provide the text of the footnote to the organization's financial state	tements that reports the org	anization's liability for	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 FRANCES E MADDOX FOUNDATION		75-285906	<u> </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			_8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			_1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	Nith Expenses per F	₹etur	'n
1	Total expenses and losses per audited financial statements		-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			_3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a	and 4b)		
_					
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Schedule D (Fo	orm 990) 200	08 FR	ANCES	EM	ADDOX	FOU	MDA	TIO	N			75-	285	906	4	 		F	age 5
Part XIV	Supplen	nental Ir	format	t ion (con	tinued)														
	• •																		
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Inspection

Name of the organization

FRANCES E MADDOX FOUNDATION

Employer identification number

75-2859064

FORM 990, PART III, LINE 2

CD VALLEY OAKS, LLC WAS ADDED TO THE 990 REPORTING IN 2008. THIS IS AN APARTMENT COMPLEX FOR LOW INCOME FAMILIES.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE 990 WAS REVIEWED BY THE PRESIDENT OF THE FOUNDATION, THE SECRETARY OF
THE BOARD OF DIRECTORS, AND THE FOUNDATION'S LAWYER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST IN OUR OFFICE.

SCHEDULE R (Form 990)	Related Organ	nizations and U	Related Organizations and Unrelated Partnerships	rships	
Department of the Treasury Internal Revenue Service	 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. 	organizations that answered "Yes ▶ See separate instructions.	rered "Yes" to Form 990 tructions.), Part IV, line 33, 34, 35,	36, or 37.
1_	FRANCES E MADDOX FOUNDATION				
Part I Identification	Sre				
Name, a	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	End-of-y
CD VALLEY OAK, LLC	O				
		HOUSING	ТX	17,215	13
Part II Identificatio	Identification of Related Tax-Exempt Organizations				
Name, ac	(A) Name, address, and EIN of related organization	(B) Prmary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public ch (if section
-					
·					
For Privacy Act and Paperworl	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			

(F)
Direct controlling
entity

(E)
Public charity status
(if section 501(c)(3))

Open to Public Inspection

Employer identification number 75–2859064

OMB No 1545-0047 2008 (F)
Direct controlling
entity

(E) End-of-year assets

N/A

13,621,365

Schedule R (Form 990) 2008

75-2859064

Schedule R (Form 990) 2008 FRANCES E MADDOX FOUNDATION

Identification of Related Organizations Taxable as a Partnership

Part III	Identification of Related Organizations Taxable as a	ons Taxable as	a Part	Partnership					`	
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate alloc?	• (I) • Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
			country)					Yes No		Yes No
Part IV	Identification of Related Organizations Taxable as a	ons Taxable as		Corporation or Trust	rust					
Z	(A) Name, address, and EIN of related organization	(B) Primary activity	[J 30	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets		(H) Percentage ownership
DAA									Schedule R (Form 990) 2008	n 990) 2008

Part V Transactions With Related Organizations

Schedule R (Form 990) 2008 FRANCES E MADDOX FOUNDATION

A STATE OF THE STA				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			****	
a Receipt of (i) interest (ii) annurties (iii) rovatties (iv) rent from a controlled entity		1a		
		+		
b Gill, glant, of capital continuous to other organization (s)				
c Gift, grant, or capital contribution from other organization(s)		၁၂	1	
d Loans or loan guarantees to or for other organization(s)		19	,	
e Loans or loan quarantees by other organization(s)		1 e		
f Sale of assets to other organization(s)		1€	_	
or Durchase of assets from other organization(s)		٩		
		÷		
i Lease of facilities, equipment, or other assets to other organization(s)		=	ľ	

j Lease of facilities, equipment, or other assets from other organization(s)		=		
k Performance of services or membership or fundraising solicitations for other organization(s)		*		İ
I Performance of services or membership or fundraising solicitations by other organization(s)		=		
m Sharing of facilities, equipment, mailing lists, or other assets		1		
n Sharing of paid employees		두		

o Rembursement paid to other organization for expenses		10		
p Reimbursement paid by other organization for expenses		1		
q Other transfer of cash or property to other organization(s)		19		
		11		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ion thresholds			
(4)	(8)	9		
Name of other consultation(s)	Transaction	Amount involved	olved	
	type (a-r)			
(1)				
(2)				
(3)				ŀ
(4)				
(c)				
(9)				
	Schei	Schedule R (Form 990) 2008	m 990)	2008

75-2859064

Schedule R (Form 990) 2008 FRANCES E MADDOX FOUNDATION

Unrelated Organizations Taxable as a Partnership

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(H)	managing partner?	No	,						90) 2008
Ge		Yes				 		 	e mo
(G) Code V—UBI	amount in box 20 of Schedule K-1 (Form 1065)								Schedule R (Form 990) 2008
tionate	ons?	8	-	 					
(F) Disproporti	allocations?	Yes							
(E) Share of	end-of-year assets								
) artners	on (3)	ş					 		-
(D) Are all partners	section 501(c)(3) organizations?	Yes							
(C)	(state or foreign country)								
(B)									
(A) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	ואמווס, מסטסט, מוס בוא ט סווניץ								

3011 1	1/05/2010 9 39 AM						
	Mortgages and Ot			her Notes Payable		2008	
L		For calendar year 2008	, or tax year beginning	, and ending		antification Museline	
Nam	e . •				Employer ide	entification Number	
_ F	RANCES E MAI	DOX FOUNDATIO	N		75-285	9064	
E-7	ממ ממח	RT X, LINE 23	- ADDITTOMAL	TNEODMATTON			
	ORM 990, PAR	CI A, DINE 25	- ADDITIONAL	INFORMATION		-	
		Name of lender		Relationship to disqualified person			
(1)	HARRY BOOKE		EDEANCE II.O	NONE			
(2) (3)		COMMERCAIL ACC DAKS PARTNERS,		NONE			
(4)		E LOAN MORTGA		NONE			
(5)							
<u>(6)</u>							
(7) (8)							
(9)							
(10)							
*********			T		······································	·····	
	Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate	
<u>(1)</u>	1,733,4		10/01/16	INTEREST ONLY		7.850	
(2)	7,400,0		1/01/09	INTEREST MONTHLY		8.400	
<u>(3)</u>	3,000,0		1/01/09	PRINC-INTEREST MONTHLY \$56,569 PER MONTH		7.250	
(<u>4)</u> (<u>5)</u>	9,310,0	00 10/01/08	10/01/15	\$36,369 PER MONTH	<u> </u>	6.110	
(6)						-	
(7)							
<u>(8)</u>							
<u>(9)</u> (10)							
1.07			<u> </u>				
_							
(1)		ecurity provided by borrowe LIMITED PTRSHP		Purpose of loan ACQUISITION FINANCING			
(1) (2)		IST & GUARANTY		ROGOTOTION PINANC	1110		
(3)	PLEDGE & SE	CURITY AGREEM	ENT				
<u>(4)</u>	MULTIFAMILY	DEED OF TRUS	T	FINANCING		·	
(<u>5)</u> (<u>6)</u>							
(7)							
(8)							
<u>(9)</u>							
(10)	·····						
				Balance due at	Rai	ance due at	
		ration furnished by lender		beginning of year	end of year		
(1)	CONVEYANCE	OF INT IN RE	PTRSHP	1,733,485	1	,733,485	
(2) (3)				7,400,000 2,400,000	 		
(4)					9,308,366		
<u>(5)</u>					1		
<u>(6)</u>					 		
(7) (8)					 		
(9)							
(10)				11 500 405			
_Tot	tals	 		11,533,485	11	11,041,851	