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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public inspection

Form 990-EZ (2008)

	A F	For the 2008 calendar year, or tax year beginning JUL 1, 2008	i	and ending	JUN 3	30,	2009
	Bc	Check if Please C Name of organization			D Em	ployer	identification number
		Address use IRS label or label or					
		Name print or YAGA'S CHILDREN'S FUND					694903
		Initial return See Number and street (or P O box, if mail is not delivered to street address	ss)	Roc	li i	•	number
		Termin- Specific 2314 STRAND				109/	762-6676
		Amended tions City or town, state or country, and ZIP + 4				oup Exe	
		Application GALVESTON, TX 77550				ımber 🕨	
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must atta	ch a comp	leted G	Accounting i		X Cash Accrual
		Schedule A (Form 990 or 990-EZ).			Other (speci		
		Website: ► WWW.YAGASCHILDRENSFUND.ORG			ł Check 🕨		the organization is not
		Organization type (check only one)— 🗶 501(c) (3) ◀ (Insert no) 🔲 4947(a					dule B (Form 990, 990-EZ, or 990-PF)
		Check If the organization is not a section 509(a)(3) supporting organization and its	gross rec	eipts are noi	rmally not more	than \$2	25,000 A return is not
		equired, but if the organization chooses to file a return, be sure to file a complete return					101 017
		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file For	m 990 ins	tead of Form	1 990-EZ	<u>▶ \$</u>	
	Pa	art I Revenue, Expenses, and Changes in Net Assets or Fur	id Bala	nces (See	the instruction	s for Pa	
		1 Contributions, gifts, grants, and similar amounts received				1	47,325.
		2 Program service revenue including government fees and contracts				2	
	l	3 Membership dues and assessments				3	
		4 Investment income	1 _ 1			4	
	ł	5a Gross amount from sale of assets other than inventory	5a			-	
		b Less cost or other basis and sales expenses	5b			┨╻	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-	•		5c	
	Revenue	6 Special events and activities (complete applicable parts of Schedule G). If any amoun	t is from g	j aming , chec	ck nere 🖊 📖		
	eve	a Gross revenue (not including \$ of contributions	00		72 802		
	Œ	reported on line 1)	6a 6b		73,892 29,413	'	
		b Less direct expenses other than fundraising expenses		-	23,413	7	44,479.
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1 1			6c	44,473.
		7a Gross sales of inventory, less returns and allowances	7a 7b			- i	
		b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	[/U]		•	7 _C	
		© Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►			1	8	
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			··············/	9	91,804.
	\neg	10 Grants and similar amounts paid (attach schedule)	STMT	г 2		10	67,200.
		11 Benefits paid to or for members				11	3.72331
		12 Salaries, other compensation, and employee benefits				12	
	enses	13 Professional fees and other payments to independent contractors				13	1,250.
	ē	14 Occupancy, rent, utilities, and maintenance				14	
	Exp	15 Printing, publications, postage, and shipping				15	54.
		1	SEE S	STATEM	ENT 1)	16	1,282.
		नियु म्हण्यम् expenses, Add lines 10 through 16				17	69,786.
. (_	18 Excess of (hefter) for the year (Subtract line 17 from line 9)				18	22,018.
	efikk Bets	Net assets or fund datances at beginning of year (from line 27, column (A))					
Č	33	WAYmust agree Withleng Stylear figure reported on prior year's return)				19	60,844.
1	ध ्रु ।	20 Other changes in net seets or fund balances (attach explanation)				20	
	4	20 Other changes in net disets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20				21	82,862.
	Pa	Balande Sheets. If Total assets on line 25, column (B) are \$2,500,000 or	r more, file	Form 990 ir	nstead of Form	990-EZ	
		(See the instructions for Part II)			ginning of year		(B) End of year
	22	Cash, savings, and investments			60,844	1 . 22	82,862.
	23	Land and buildings				23	
	24	Other assets (describe -)			24	
-	25	Total assets			60,844		82,862.
-	26	· · · · · · · · · · · · · · · · · · ·)			26	
	27	Net assets or fund balances (line 27 of column (8) must agree with line 21)			60,844	1 . 27	82,862.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

For	m 990-EZ (2008) YAGA'S CHILDREN'S FUND			<u> 76-</u>	-06949	03 Page 2
P	art Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)		Ex	penses
	at is the organization's primary exempt purpose? SEE STATEMENT					for 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services			ganizations and trusts, optional
	vided, the number of persons benefited, or other relevant information for each pr		for others			
<u> </u>	GRANT TO GULF COAST BIG BROTHERS AN		, INC,			<u> </u>
20	WHICH ENRICHES THE COMMUNITY BY MAT					
	BIG SISTERS WITH CHILDREN FROM SING					
				_		9 200
	(Grants \$ 8,200.) If this amount includes foreign of	rants, check here			28a	8,200.
29	SEE STATEMENT 4					
		 	· · · · · · · · · · · · · · · · · · ·			
				_		
	(Grants \$ 7,000 •) If this amount includes foreign of				29a	7,000.
30	GRANT TO ADVOCACY CENTER FOR CHILDR					
	WHICH PROVIDES A COMPREHENSIVE COLL	ABORATIVE APP	ROACH TO			
	PROVIDING SUPPORT TO THE CHILD VICT	IM.				
	(Grants \$ 6,000.) If this amount includes foreign of	rants, check here	•		30a	6,000.
31	Other program services (attach schedule) SEE STATEMENT	6	-			
٠.	(Grants \$ 46,000 •) If this amount includes foreign g		•		31a	46,000.
32	Total program service expenses (add lines 28a through 31a)	irants, check here		$\overline{}$	32	67,200.
	art IV List of Officers, Directors, Trustees, and Key E	mployees list and an a	on if not componented	/Coo th		
L.E.	are 14 List of Officers, Directors, Trustees, and Ney L	improyees: List each one ex	ren ii not compensated	T	ontributions	O Partiv)
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not pald, enter		efit plans &	account and
		position	-0)		deferred	other allowances
_				com	npensation	
		PRESIDENT	_		_	
	514 BELUCHE, GALVESTON, TX 77551	5.00	0.	<u> </u>	0.	0.
CI		VICE PRESIDEN	T	1		
24	4 CEDAR LAWN N., GALVESTON, TX 77551	1.00	0.		0.	0.
M	IKE TRAMONTE	TREASURER				
77	758 CHANTILLY , GALVESTON, TX 77551	1.00	0.		0.	0.
		SECRETARY		T		
	ALVESTON, TX 77554	1.00	0.		0.	0.
		DIRECTOR				
	109 DENVER , GALVESTON, TX 77551	1.00	0.		0.	0.
_		DIRECTOR	•	 		··
_	727 CADUCEUS, GALVESTON, TX 77550	1.00	0.		0.	0.
				 		<u></u>
		DIRECTOR	_	1	^	_
	113 CHURCH, GALVESTON, TX 77550	1.00	0.		0.	0.
KI		DIRECTOR			_	
	321 37TH STREET, GALVESTON, TX 77550		0.	Ь—	0.	0.
		DIRECTOR				
	005 MARINE, GALVESTON, TX 77550	1.00	0.		0.	0.
		DIRECTOR				
6	CEDAR LAWN S., GALVESTON, TX 77550	1.00	0.		0.	0.
		DIRECTOR				
	ANE, GALVESTON, TX 77551	1.00	0.		0.	0.
_		DIRECTOR				
	326 AVENUE R, GALVESTON, TX 77550	1.00	0.	1	0.	0.
		DIRECTOR				
	007 BALL ST, GALVESTON, TX 77550	1.00	0.		0.	0.
		DIRECTOR		 		
			0.		0.	
	1815, LEAGUE CITY, TX 77568	1.00		 	<u> </u>	0.
		DIRECTOR	_	1	^	
GZ	ALVESTON, TX 77550	1.00	0.	 	0.	0.
_						
_				├ —		
_						

Form **990-EZ** (2008)

832172 12-17-08

FE	TEN CHIEF INTOTTIALION (Note the statement requirements in the instructions for Fart VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 .			
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b		Х
Ç	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed NONE			
42 a	The books are in care of ► RICHARD GARZA Telephone no ► 409/76			
	Located at ► 2200 MARKET STREET, GALVESTON, TX ZIP+4 ► 7	7755	0	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		<u> </u>
	If "Yes," enter the name of the foreign country		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / B		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			V I	
			Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
45	Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			Х
	completed instead of Form 990-EZ	45 Form 0	00 57	
		Form 9	An-ET (4000)

office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 b If "Yes," was the related organization(s) a section 527 organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization If there is none, enter "None" (b) Title and average hours per week devoted to (c) Compensation (D) Contributions to employee benefit plans & according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee according to employee benefit plans & according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee benefit plans & according to employee accor	s No X X X X
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Ibid the organization make any transfers to an exempt non-charitable related organization? 49 If "Yes," was the related organization(s) a section 527 organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$0 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position. (c) Compensation (d) Compensation (d) Compensation (e) Compensation (f) Compensation (f) Compensation (f) Compensation (g) Compensati	X X X X O0,000
office? If "Yes," complete Schedule C, Part II 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 If "Yes," was the related organization make any transfers to an exempt non-charitable related organization? 50 If "Yes," was the related organization(s) a section 527 organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (f) Compensation (f) Compensation (g) Contributions to employee benefit plans & deferred compensation Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 NONE NONE	X X X X O0,000
47 Did the organization engage in lobbyling activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (g) Contributions to employee benefit plans & deferred compensation (e) Compensation (f) Compensation (g) Compensation (g) Contributions to employee benefit plans & deferred compensation (g) Compensa	X X X 00,000
148 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 149 Indite organization make any transfers to an exempt non-charitable related organization? 150 If "Yes," was the related organization(s) a section 527 organization? 150 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization of them is \$ of compensation from the organization of them \$ 100,000	X X 00,000
49a 19b 1f "Yes," was the related organization (s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 position (b) Title and average hours per week devoted to position (c) Compensation (b) Title and average hours to employee benefit plans & deferred compensation NONE (c) Compensation (d) Contributions to employee benefit plans & deferred compensation (e) Compensation (f) Compensation (g) Contributions to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours per week devoted to position (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours (h) Title and average hours to employee benefit plans & deferred compensation (h) Title and average hours (h)	X 00,000 pense
b If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation (e) Compensation (f) Compensation (h) Compensation (ii) Compensation (iii) Contributions to employee benefit plans & deferred compensation (iii) Comp	00,000 pense
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$ of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (g) Compensation (h) Title and average hours per week devoted to position (g) Compensation (h) Title and average hours to employee benefit plans & deferred compensation (g) Compensation (h) Title and average hours for employee paid over \$100,000 (h) Title and average hours for employee paid over \$100,000 (h) Title and average hours for employees paid over \$100,000 (h) Tit	pense nt and
of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation to employee benefit plans & deferred compensation NONE (E) E. account of the employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number is none, enter "None" NONE	pense nt and
(a) Name and address of each employee paid more than \$100,000 NONE (b) Title and average hours per week devoted to position (c) Compensation (d) Compensation (e) Compensation (f) Compensation (f) E E account of the remployee benefit plans & deferred compensation (f) Title and average hours per week devoted to position (f) Title and average hours per week devoted to position (f) Compensation (f)	nt and
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is none, enter "None" NONE	
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is none, enter "None" NONE	
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is none, enter "None" NONE	
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is none, enter "None" NONE	
IS none, enter "None " NONE	
	1 If there
(a) Type of device (a) Type of d	ation
	411011
Total number of other independent contractors each receiving over \$100,000 Under penalties of polityr, I declar that I have exaggined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than difficer) is based on all information of which preparer has any knowledge Signature of officer Date Type or print name and title	
Paid Preparer's signature Hamp Malwell L Date Check if self-employed Preparer's Identifying Number (See	str)
Use Only Ham's name (or yours HEAD, MAXWELL & MCKENNA, P.C.	
if self-employed), address, and ZIP+4 GALVESTON, TX 77550 2200 MARKET STREET, SUITE 401 Phone ► 100 (409) 763-	

(409) 763-6479 ► X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Name	of the	organi	zation

YAGA'S CHILDREN'S FUND

Employer identification number 76-0694903

Pa	art I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)			
The	organ	ization is not a	a private foundation	because it is: (Please ch	eck only o	ne organi	zation.)					
1		A church, co.	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)									
4		A medical res	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	a governi	mental uni	t describ	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectic	n 170(b)(1)(A)(v).				
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	ibutions, n	nembershi	p fees, a	nd gross receipts from	
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment	
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30, 1975.	
		See section	509(a)(2). (Complete	the Part III.)								
10		An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectic	on 509(a)(4	1). (see ins	tructions)	
11		An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or	
		more publicly	supported organiza	ations described in secti	on 509(a)([·]	1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	eck the box that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.				_	
		a Type I	ı b ∟	J Type II c	Тур	e III - Fund	tionally in	tegrated		d	Type III · Other	
е		By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons other than	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting or	rganization, check th	nis box								
9	1	Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described i	ın (ıı) and (iıı) below,		
		the gove	erning body of the si	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
				person described in (i) of							11g(iii)	
h	ŀ	Provide the fe	ollowing information	about the organizations	the organ	ızatıon su	oports.					
				(III) Tunn of	l		Г. : <u> </u>					
(i)		of supported	(ii) EIN	(IIi) Type of organization		irganization sted in your		•	(vi) Is organizatio	on in col. I	(vii) Amount of	
	orga	ınızatıon		(described on lines 1-9	1 ''	document?		ion in col r support?	(I) organiz U S	ed in the	support	
				above or IRC section	Yes	No	Yes	No	Yes	No		
				(see instructions))	163	140	163		1 63	140	· · · · · · · · · · · · · · · · · · ·	
			<u> </u>		-							
					-			 				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 YAGA'S CHILDREN'S FUND 76-0694903 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,000.	72,789.	62,258.	78,805.		266,852.
2	Tax revenues levied for the organ-				_		
	ization's benefit and either paid to						
	or expended on its behalf		_				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 · 3	53,000.	72,789.	62,258.	78,805.		266,852.
5	The portion of total contributions			•	·····		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4					•	266,852.
	ction B. Total Support	<u> </u>	.			.1	1 2007032.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	53,000.	72,789.	62,258.	78,805.	(e) 2000	266,852.
8	Gross income from interest,	00,000	- 12/1030	02,2301	,0,000.	 -	200,0321
·	dividends, payments received on						
	securities loans, rents, royalties					,	
	and income from similar sources			81.	24.		105.
9				- 01.	2.1.	·	103.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			İ			
	assets (Explain in Part IV.)						266 057
	Total support. Add lines 7 through 10	L	1	<u>.</u>		 	266,957.
12		· ·	•			12	200,131.
13	, , , , , , , , , , , , , , , , , , , ,	=	s first, second, third	d, fourth, or fifth ta	x year as a section	on 501(c)(3)	. —
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	roomtogo	<u> </u>			<u>▶</u>
					 	T T	00 06
	Public support percentage for 2008 (I		-	olumn (f))		14	99.96 %
	Public support percentage from 2007					15	100.00 %
16a	33 1/3% support test - 2008. If the c			line 13, and line 1	4 is 33 1/3% or r	nore, check this l	
	stop here. The organization qualifies		-		-		ightharpoons X
b	33 1/3% support test - 2007. If the c				line 15 is 33 1/39	6 or more, check	this box
	and stop here. The organization qual	• •	• •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the *fac	ts-and-circumstant	ces" test, check th	is box and stop he	e re. Explain in Pa	rt IV how the org	anization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶
b	10% -facts-and-circumstances tes	t - 2007. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 i	s 10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	top here. Explan	n in Part IV how t	he
	organization meets the "facts-and-circ			•			▶ 🛄
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	ons 🕨 🗌
					Sch	edule A (Form 99	90 or 990-EZ) 2008

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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				 	 	-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		*	-1			
Calendar 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						
c 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, and 12)			***			
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here		, , , , , , , , , , , , , , , , , , ,	· · ·	·		▶ □
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2008 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	9
16 Public support percentage from 2007		-			16	
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2008. If the				e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2007. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						▶
					hedule A (Form 99	0 or 990-EZ) 200

FORM 990-EZ OTHER EXPENSES	STATEMENT	1	
DESCRIPTION		AMOUNT	
INSURANCE BANK CHARGES		1,15 13	
TOTAL TO FORM 990-EZ, LINE 16	1,28	2.	
FORM 990-EZ CASH GRANTS AND ALLOCAT	rions	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	1
FEEDING THOSE IN NEED LIGHTHOUSE CHARITY TEAM 3502 F.M. 528 FRIENDSWOOD, TX 77546	NONE	5,00	0.
PROVIDING BOOKS FOR CHILDREN ROSENBERG LIBRARY 2310 SEALY ST. GALVESTON, TX 77550	NONE	1,30	0.
ENHANCING THE POTENTIAL GROWTH OF INDIVI THE FAMILY SERVICE CENTER OF GALVESTON COUNTY 2200 MARKET SUITE 600 GALVESTON, TX 77550	NONE	2,00	0.
PROVIDING A CHILDRENS PARADE CITY OF GLAVESTON FIREMAN'S UNION 4627 AVENUE O GALVESTON, TX 77551	NONE	3,40	0.
HEALTH CARE SERVICES FOR TERMINALLY ILL HOSPICE CARE TEAM, INC. 1708 AMBURN RD. TEXAS CITY, TX 77591	NONE	2,00	0.
SERVING CHILDREN RESOURCE AND CRISIS CENTER OF GALVESTON P. O. BOX 1545 GALVESTON, TX 77553	NONE	3,50	0.

, YAGA'S CHILDREN'S FUND		76-0694903
FEEDING THE HUNGRY GLEANINGS FROM THE HARVEST 903 53RD STREET GALVESTON, TX 77551	NONE	2,700.
SERVING CHILDREN THE CHILDREN'S CENTER INC 2902 BROADWAY GALVESTON, TX 77550	NONE	2,700.
SERVING CHILDREN GULF COAST CENTER SHEARN MOODY PLAZA, SUITE 6 GALVESTON, TX 77550	NONE	2,000.
EDUCATING CHILDREN IN MATH AND SCIENCE ADVENTURES IN SCIENCE, TEXAS A&M UNIVERSITY, P.O. BOX 1675 GALVESTON, TX 77553	NONE	1,300.
SERVING CHILDREN GISD FOUNDATION 3904 AVENUE T GALVESTON, TX 77550	NONE	2,000.
SERVING CHILDREN GULF COAST BIG BROS AND BIG SISTERS 1413 TREMONT GALVESTON, TX 77550	NONE	8,200.
SERVING CHILDREN RONALD MCDONALD HOUSE OF GALVESTON 301 14TH STREET GALVESTON, TX 77550	NONE	3,500.
SERVING AT RISK YOUTH SEABORNE CHALLENGE CORPS P. O. BOX 16929 GALVESTON, TX 77552	NONE	7,000.
PROMOTING AND FACILITATING SELF SUFFICIE CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALV 6811 STEWART RD GALVESTON, TX 77551	NONE	2,000.
SERVING CHILDREN GALVESTON FAMILY YMCA 3920 AVENUE L GALVESTON, TX 77550	NONE	2,000.

YAGA'S CHILDREN'S FUND		76-0694903
SERVING CHILDREN GALVESTON COUNTY ADOPTION DAY P. O. BOX 3488 GALVESTON, TX 77552	NONE	2,700.
TEACHING YOUNG PEOPLE BALLET GALVESTON BALLET 2301 MARKET ST. GALVESTON, TX 77550	NONE	1,300.
YOUTH LEADERSHIP DEVELOPMENT NIA CULTURAL CENTER 2627 AVENUE O 1/2 GALVESTON, TX 77550	NONE	1,300.
PROVIDING BOOKS FOR CHILDREN AND THEIR F DEVELOPMENTAL MOMENTUM, INC P. O. BOX 2445 GALVESTON, TX 77553	NONE	1,300.
SERVING MENTALLY RETARDED CHILDREN THE HOPE FOUNDATION FOR RETARDED CHILDREN 15403 HOPE VILLAGE ROAD FRIENDSWOOD, TX 77546	NONE	4,000.
SERVING CHILDREN ADVOCACY CENTER FOR CHILDREN OF GALVESTON COU 5710 AVENUE S 1/2 GALVESTON, TX 77551	NONE	6,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		67,200.

FORM 990-1	Z INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEN	3	
DIRECT	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, Y OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[] YES	[X]	мо
	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, Y OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES	[X]	NO

990-EZ PG 2 STATEMENT 4

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.

990-EZ PG 2

STATEMENT

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

FORM 990-EZ OTHER PROGRAM SERVICES DESCRIPTION	STATEMENT 6	
	GRANTS	EXPENSES
LIGHTHOUSE CHARITY TEAM	5,000.	5,000.
ROSENBERG LIBRARY	1,300.	1,300.
THE FAMILY SERVICE CENTER OF GALVESTON COUNTY	2,000.	2,000.
CITY OF GALVESTON FIREMAN'S UNION	3,400.	3,400.
HOSPICE CARE TEAM, INC.	2,000.	2,000.
RESOURCE AND CRISIS CENTER OF GALVESTON	3,500.	3,500.
GLEANINGS FROM THE HARVEST	2,700.	2,700.
THE CHILDREN'S CENTER INC.	2,700.	2,700.
GULF COAST CENTER	2,000.	2,000.
ADVENTURES IN SCIENCE, TEXAS A&M UNIVERSITY GALVESTON	1,300.	1,300.
GISD FOUNDATION	2,000.	2,000.
RONALD MCDONALD HOUSE OF GALVESTON	3,500.	3,500.
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON	2,000.	2,000.
GALVESTON FAMILY YMCA	2,000.	2,000.
GALVESTON COUNTY ADOPTION DAY	2,700.	2,700.
GALVESTON BALLET	1,300.	1,300.
NIA CULTURAL CENTER	1,300.	1,300.
DEVELOPMENTAL MOMENTUM, INC.	1,300.	1,300.
THE HOPE FOUNDATION FOR RETARDED CHILDREN	4,000.	4,000.
TOTAL TO FORM 990-EZ, LINE 31	46,000.	46,000.