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Department of the Treasury

Return of Private Foundation

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

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

Inten	nal Re	venue Service N	ote. The fou	indation may l	be able to use a copy of this	return to satisfy state repo	rting requirements		
For	caler	ndar year 2009, or tax yea	r beginning			, and ending			
G (Check	call that apply	Initial retur	n	Initial return of a fo	ormer public charity	Final return		
Amended return					Address chang	ge 🔲	Name change		
Use	the	IRS Name of foundation					A Employer identification number		
label.									
Oth	erwi	se, A GLIMMER	OF HO	PE FOU	NDATION AUST	IN	20-0733502		
	print				•	Room/sulte	B Telephone number		
	r typ:	DO00 110 Q1	PITAL	OF TX	HWY, BLDG.	B, STE330	512-328-99	44	
	Spe ructi	one City of town, State, ar					C If exemption application is pe	ending, check here	
	10011	AUSTIN, TX					D 1. Foreign organizations	, check here	
H_(heck	k type of organization	X Section	n 501(c) <u>(3) e</u> x	empt private foundation		Foreign organizations med check here and attach cor	eting the 85% test, pulling the 85% test, pulling the 85% test.	
	Se	ection 4947(a)(1) nonexem	pt charitable	trust	Other taxable private founda	ation	E If private foundation stat	us was terminated	
l Fa	air ma	arket value of all assets at e	nd of year	J Account	ng method. X Cash	Accrual	under section 507(b)(1)	(A), check here	
		Part II, col. (c), line 16)			her (specify)		F If the foundation is in a 6	0-month termination	
	\$				mn (d) must be on cash t	basis.)	under section 507(b)(1)	(B), check here▶	
P	art l	Analysis of Revenue and (The total of amounts in colur	d Expenses	d (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
		necessarily equal the amount	ts in column (a	a))	expenses per books	income	income	(cash basis only)	
	1	Contributions, gifts, grant			824,485。				
	2	Check I if the foundation		o attach Sch B		2.2.		ֈֈՠֈֈֈՠֈֈֈֈֈ	
	3	Interest on savings and tempo cash investments	rary		185.	185.		STATEMENT 1	
	4	Dividends and interest fro	m securities	3				······································	
	5a	Gross rents					<u> </u>		
	þ	Net rental income or (loss)				* ************************************	L PECE	1\/ 	
ō	6a	Net gain or (loss) from sale of a Gross sales price for all	assets not on	line 10				***************************************	
ē	b	assets on line 6a					[[<u></u>	<u> </u>	
Revenue	7	Capital gain net income (from I	Part IV, line 2)			0.	8 40V 2	<u> 2010 Y </u>	
_	8	Net short-term capital gair	n		444444444444444444444444444444444444444	········		9	
	9	Income modifications Gross sales less returns					- OCDE		
	10a	and allowances			·····	····	Brazilia (2000) - 2000		
⇒		Less Cost of goods sold							
0107 	l	Gross profit or (loss)							
) D	11	Other income			024 670	105			
<u></u>	12	Total. Add lines 1 through			824,670.	185.	0.	0.	
>	13	Compensation of officers, dire		s, etc	0.	0.	<u> </u>	<u>U •</u>	
2	14	Other employee salaries a	•		<u> </u>				
es -	15	Pension plans, employee	Denetits				<u></u>		
	162	Legal fees				-	<u></u>		
e Expens	0	Accounting fees							
2 W		Other professional fees							
5 ≩	17	Interest							
and Administrative	18	Taxes	•						
Ę	19	Depreciation and depletion	II				-		
Ę	20 21	Occupancy Travel, conferences, and r	maatin = *		3,700.	0.	0.	3,700.	
Þ			neetings		3,700.	· · · · · · · · · · · · · · · · · · ·	0.	3,700.	
y ar	22 23	Printing and publications	СШ	'МТ 2	15,558.	270.	0.	15,288.	
Operating	23	Other expenses		111 Z	10,000	270.	· ·	13,200.	
e a	44	Total operating and admit expenses. Add lines 13 th			19,258.	270.	0.	18,988.	
ô	25	Contributions, gifts, grant	-		429,657.	210.	· ·	429,657.	
	26	Total expenses and disbu			127,037.			42710376	
	20	Add lines 24 and 25	4186HIBNI\$.		448,915.	270.	0.	448,645.	
	27	Subtract line 26 from line	12		440,910,	210.	- · · · · · ·	440,040	
	!				375,755.				
	ı	Excess of revenue over expens Net investment income (if			3,3,133.	0.			
	l	Adjusted net income (if ne	-			J •	0.		
9235					Act Notice see the instruct	<u> </u>		1 (90rm 000-PE (2000)	

1

		Rolance Shoots Attached schedules and amounts in the description	Beginning of year	End of	year
H	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing .			
	2	Savings and temporary cash investments	249,167.	614,433.	614,433.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶	200,000.		
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers)	449,167.	614,433.	614,433.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe STATEMENT 3)	10,489.	0.	
	23	Total liabilities (add lines 17 through 22)	10,489.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
בַ		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
80	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	438,678.	614,433.	
Net Assets or Fund Balances	30	Total net assets or fund balances	438,678.	614,433.	
_	31	Total liabilities and net assets/fund balances	449,167.	614,433.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	••	1	438,678.
2	•	r amount from Part I, line 27a		2	375,755.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	814,433.
		eases not included in line 2 (Itemize) ACCRUAL TO CASI	H ADJUSTMENT	5	200,000.
		I not accepts or fund halances at end of year /line 4 minus line 5) - Part II co			614,433.

Page	3

Part IV Capital Gains a	and Lo	sses for Tax <u>on In</u>	vestment	Income				_			
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)				, b.	low acqi - Purcha - Donati	ase '	c) Date acquired (mo , day, yr)		(d) Date sold (mo , day, yr)		
1a											
b NOI	NE				 						
<u>C</u>											
<u>d</u>					<u> </u>						
8	40.5		(=) 0	A a sa abbasa baasa	! -			(b) Co		<u> </u>	
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale					_		in or (loss (f) minus			
<u>a</u>											
<u>b</u>				·							
<u>C</u>	· · · · -							-			
<u>d</u>					\dashv						
Complete only for assets showin	a asin in a	column (h) and owned by t	he foundation	on 12/31/69			(1) (Paine /C/	ol (h) gain	minue	
Complete only for assets shown		j) Adjusted basis		cess of col (i)			còl (k), but n	ot less tha	n -0-) or	
(i) F M V as of 12/31/69	,	as of 12/31/69		col. (j), if any				Losses (from col ((h))	
a					\neg						
b											
C											
d						-					
е										<u> </u>	
		∫ If gain, also enter	in Dart L line	7	7						
2 Capital gain net income or (net ca	pital loss)	A 0	•		 	2					
3 Net short-term capital gain or (los		(()		•							
If gain, also enter in Part I, line 8,			u (u)]						
If (loss), enter -0- in Part I, line 8	·				引	3					
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	: Inv	estme	ent Inco	me			
f section 4940(d)(2) applies, leave the Was the foundation liable for the sect f "Yes," the foundation does not qual	ion 4942 ify under:	tax on the distributable am section 4940(e) Do not co	mplete this pa	rt		_ , ,				Yes X No	
1 Enter the appropriate amount in e	each colur	nn for each year, see instru	uctions before	making any entri						/d\	
(a) Base period years Calendar year (or tax year beginnii	າg ເກ)	(b) Adjusted qualifying dist	1	Net value of no	(c) onchai	ritable-u			(d) Distribution ratio (col (b) divided by col (c))		
2008		83	5,037.				,543.			1.67832	
2007			9,252.				753			2.38510	
2006			6,562.	·			,844.			1.30918	
2005			2,662.				3,182			1.92309	
2004		53	2,730.			269	,005.	·		1.98037	
2 Total of line 1, column (d)								2		9.27607	
3 Average distribution ratio for the the foundation has been in exister	-		on line 2 by 5,	or by the number	r of ye	ars		3		1.85521	
4 Enter the net value of noncharitab	le-use ass	sets for 2009 from Part X, I	line 5					4		389,293	
5 Multiply line 4 by line 3								5		722,222	
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)			•			6		0	
7 Add lines 5 and 6								7		722,222	
8 Enter qualifying distributions from											
	n Part XII,	line 4						8		448,645	

orm	1990-PF (2009) A GLIMMER OF HOPE FOUNDATION A					0733			Page 4
	int VI Excise Tax Based on Investment Income (Section 494)			or 49	948	<u>- see i</u>	nstru	ctior	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and er								
	Date of ruling or determination letter: (attach copy of letter if nec								
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	• 📖	and enter 1%		1.	ļ			0.
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%								^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot	hers er	nter -0-)	+	_2_	 			0.
	Add lines 1 and 2			-	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O	thers e	nter -0-)	}	4	-			0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			-	5	 			0.
	Credits/Payments	1 -	1						
	2009 estimated tax payments and 2008 overpayment credited to 2009	6a							
	Exempt foreign organizations - tax withheld at source	6b	1	00.					
	Tax paid with application for extension of time to file (Form 8868)	66	1	•••					
	Backup withholding erroneously withheld	6d			7	1		1	00.
	Total credits and payments Add lines 6a through 6d			-	7 8	ļ			•••
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attait Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	cnea			9	ļ			
	·				10	-		1	00.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax		100 . Refunde		11	 			0.
	rt VII-A Statements Regarding Activities		100 + Relunue						••
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation o	or did it participate or int	en/ene i	ın			Yes	No
	any political campaign?	iation t	or all it participate or all	01 40110 1			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	ses /se	e instructions for definit	inn\2			1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and				dor		1	'''	, , , , , , , , , , , , , , , , , , ,
	distributed by the foundation in connection with the activities.		50 0, 21, maionao po	J., J., J.	- 0.				
	Did the foundation file Form 1120-POL for this year?						10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear							
	(1) On the foundation > \$ (2) On foundation managers		\	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi								
	managers ▶\$ 0.		,						
	Has the foundation engaged in any activities that have not previously been reported to the If	RS?					2		X
	If "Yes," attach a detailed description of the activities.								
	Has the foundation made any changes, not previously reported to the IRS, in its governing i	nstrum	ent, articles of incorpor	ation, oi	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?					42		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•					5		X
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ther							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandator	y direct	tions that conflict with th	ne state	taw				
	remain in the governing instrument?						6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?						7	X	
	If "Yes," complete Part II, col. (c), and Part XV.								
8a	Enter the states to which the foundation reports or with which it is registered (see instructio ${f TX}$	ns) P							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney	General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation						8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4	942(j)(3) or 4942(j)(5)	for caler	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c	omple	ete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedu	ile listing	their names and addresses				10		Х
						For	m 990	-PF(2009)

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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X

X

3b

4a

Yes X No

N/A

during the year?

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Part VII-B, Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	57	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for		
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations	4-	
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A t	ib
Organizations relying on a current notice regarding disaster assistance check			▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?	N	I/A L Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	ıs X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u></u>	Sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DONNA BERBER	PRESIDENT		00114011022011	
3600 N. CAPITAL OF TX HWY, B-330				
AUSTIN, TX 78746	2.00	0.	0.	0.
PHILIP BERBER	VICE PRESIDEN	īr		
3600 N. CAPITAL OF TX HWY, B-330	1			
AUSTIN, TX 78746	3.00	0.	0.	0.
RYAN BERBER	SEC./TREAS.			
3600 N. CAPITAL OF TX HWY, B-330				
AUSTIN, TX 78746	0.00	0.	0.	0.
]			
		. "11015"		
2 Compensation of five highest-paid employees (other than those in	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE	-			
	1			
	1			
	1			
Total number of other employees paid over \$50,000			<u> </u>	0 000 DE (0000)
			Form \$	990-PF (2009)

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	idations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	<u>0.</u> 395,221.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	395,221.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	395,221.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,928.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	389,293.
6	Minimum investment return. Enter 5% of line 5	6	19,465.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	19,465.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	19,465.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,465.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,465.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	448,645.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
3	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	448,645.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	448,645.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				19,465.
2 Undistributed income, if any, as of the end of 2009	**************************************			
a Enter amount for 2008 only			0.	
b Total for prior years:				
B rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2009	······································			***************************************
a From 2004 0 .				
b From 2005 0 .				
¢ From 2006 0 .				
d From 2007 0 .				
8 From 2008 0 .				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 448,645.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior	***************************************		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<u> </u>	**************************************
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		'• '***** '' '***** '' '***** '' '*******	**************************************	19,465.
e Remaining amount distributed out of corpus	429,180.	······		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	429,180.			
b Prior years' undistributed income. Subtract				······································
line 4b from line 2b		0.		
c Enter the amount of prior years'			***************************************	
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must			•	
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	429,180.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
				Form 990-PF (2009)

3 Grants and Contributions Paid During the	If recipient to an individual	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		-
a Paid during the year SEE STATEMENT A	or śubstantial contributor	recipient		429,657
Total	<u>. L</u>	<u> </u>	► 3a	429,657
b Approved for future payment				
NONE				
Total			▶ 3b	0

923611 02-02-10

Form 990-PF (2009) A GLIMMER OF	HOPE FOUND	ATION AUS	STIN	20-0	733502 Page 12
Part XVI-A Analysis of Income-Prod	lucing Activitie	s			
Enter gross amounts unless otherwise indicated.		usiness income		y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b			+++		
			- - 		
<u> </u>			+		
f	-		 - -		
g Fees and contracts from government agencies	-	 			
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	185.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory 11 Other revenue		·····			
a b	-				
c		<u> </u>			-
d					
8					
12 Subtotal Add columns (b), (d), and (e)		() .	185.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	185
(See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activities	s to the Accom	plishment of	Exempt Po	urposes	
The Mark State of the Control of the		-1 (-) - 6 D - 4 M	0. 4 4		let en est of
Explain below how each activity for which in the foundation's exempt purposes (other the				importantly to the accomp	disnment of
the foundation's exempt purposes (other th	an by providing fullus	i ior addii purpuaea)			
			· -		
					
			-		

▼ :	the foundation 2 exempt burboses (other than by browning tunds for such burboses)	
22224	 	

923621 02-02-10

Form **990-PF** (2009)

orn	n 000-1	F(2009) A GLI	MMER OF HOPE	FOUN	DATTON AUST	ידא	20-07	33502	Pa	ae 13
	art X\		egarding Transfers						_	90 10
1	Did th	e organization directly or indi		following wit	h any other organization	described in sect	ion 501(c) of		Yes	No
		de (other than section 501(c		_			. ,			
а		fers from the reporting found						1		
	(1) 0	ash						1a(1)		X
	(2)	ther assets						1a(2)		X
b	Other	transactions:								
	(1) S	ales of assets to a noncharita	ble exempt organization					1b(1)		X
		urchases of assets from a no	·	ation				1b(2)		X
		ental of facilities, equipment,						1b(3)		X
	(4) F	eimbursement arrangements						1b(4)		X
	(5) L	oans or loan guarantees						1b(5)		X
	(6) P	erformance of services or me	embership or fundraising so	olicitations				1b(6)		X
C	Sharn	ng of facilities, equipment, ma	iling lists, other assets, or i	paid employe	ees			10		X
		answer to any of the above is				ays show the fair r	narket value of the good	ls, other ass	ets,	
	or sei	vices given by the reporting f	oundation. If the foundation	n received le	ss than fair market value	in any transaction	ı or sharıng arrangemer	nt, show in		
	colun	n (d) the value of the goods,	other assets, or services re	ceived						
(a)	ine no	(b) Amount involved	(c) Name of noncl	naritable exe	mpt organization	(d) Description	of transfers, transactions, a	and sharing ar	rangeme	nts
			N	I/A						
					- .					
							·			
						,				
										_
					· ·-	1				
2a		foundation directly or indirec	· ·			ations described			_	_
		tion 501(c) of the Code (othe		r ın section 5	527?			Yes	LX.] No
þ	If "Ye:	complete the following sch								
		(a) Name of org	janization	(b)	Type of organization		(c) Description of relation	onsnip		
		N/A								
			···-							-
-								18 10 40	-4	
		enaities of perjury I de lare that I in the property of property (with					or my knowledge and belief,	IT IS TRUE, COME	κτ,	
		1.1.4	~		1 11 1 -10		mesident			
و	-)			11-4-10	VICE	president			
اق	▼ Si	gnature of officer or trustee	Λ		Date	Title	· · · · · · · · · · · · · · · · · · ·			

Form **990-PF** (2009)

(512)479-6000

FILEULER, KRUGER, SKELTON & PLYLER, LLP

221 WEST SIXTH STREET, SUITE 1200

AUSTIN, TX 78701

Phone no

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization **Employer identification number** 20-0733502 A GLIMMER OF HOPE FOUNDATION AUSTIN Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

Employer identification number

A GLIMMER OF HOPE FOUNDATION AUSTIN

20-0733502

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	A GLIMMER OF HOPE FOUNDATION 3600 N. CAPITAL OF TX HWY, BLDG. B, STE 330 AUSTIN, TX 78746	\$ 812,836.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JACK NEWMAN 7701 RIALTO BLVD #1321 AUSTIN, TX 78735	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

A GLIMMER OF HOPE AUSTIN FOUNDATION GRANTS (2009)

Name	Address	Type of entity	Purpose of grant	Related to Glimmer	Amount donated
	10119 Willfield Drive Austin TX				
African-American Men and Boys Harvest Foundation	78753	501(c)(3)	For "Men and Boys Conferences" For "The Power to the Father	No	\$12,500
Any Baby Can	1121 E 7th Street Austin TX 78702 701 Tillery St , Suite #8 Austin TX	501(c)(3)	Project" For "Handy Helpers Project" and	No	\$6,250
Austin Area Interreligious Ministeries	78702	501(c)(3)	"Hands on Housing"	No	\$27,576
Austin Area Urban League	1033 La Posada Dr , Suite 150 Austin TX 78752	501(c)(3)	For "Intergenerational Fine Arts Academy"	No	\$12,500
Austin CAN Academy	2406 Rosewood Ave Austin, TX 78702	501(c)(3)	For "Athletic Merit Program"	No	\$7,500
Austin Childrens Museum	201 Colorado St Austin, TX 78701	501(c)(3)	For "Family Learning Nights"	No	\$7,500
Austin Voices for Education and Youth	3710 Cedar St, Suite 229 Austin, TX 78705	501(c)(3)	For "Stand Up Student Leadership Program"	No	\$18,750
Ballet East Dance Company	3111 Garwood St Austin, TX 78702		For Bailet Folklorico Program	No	\$5,000
Big Brothers Big Sisters	1400 Tillery Austin, TX 78721	501(c)(3)	For "78744 Minority Male Initiative"	No	\$7,500
BookSpring	2006 Greenbrook Pkwy Austin, TX 78723	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
	303 W Johanna Street		For Camp Glimmer and "Holiday		
Boys & Girls Clubs of the Capital Area	Austin, TX 78704 1603 E 38th 1/2 Street Austin,	501(c)(3)	Wish List 2009" For "Outdoor & Environmental	No	\$20,285
Camp Fire USA	Texas 78722-1505	501(c)(3)	Education Program"	No	\$5,000
Capital Area Food Bank	8201 S Congress Ave Austin, TX 78745	501(c)(3)	For "Kıds Café"	No	\$ 5,000
Center Stage Texas	2826 Real St. Austin, TX 78722	501(c)(3)	For Youth Programs	No	\$10,000
Central Texas Tennis Association	PO Box 151014 Austin, TX 78715	501(c)(3)	For "CTTA East Austin Tennis Program"	No	\$11,910
Family Eldercare	2210 Hancock Dr. Austin, TX 78756		For "Holiday Wish List 2009" and "Aging in the Community"	No	\$19,500
For the Love of Christ	2306 Hancock Dr Austin, TX 78756	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
GENaustin	PO Box 3122 Austin, TX 78764	501(c)(3)	For "Club GEN in East Austin"	No	\$2,000 \$7,500
Girl Scouts of Central Texas	12012 Park Thirty Five Circle Austin, TX 78753	501(c)(3)	For "Self Esteem Building"	No	\$ 5,854
Girlstart	1400 W Anderson Ln Austin, TX 78757	501(c)(3)	For "Girlstart Saturday Technology Camps"	No	\$5,000
	1640-B East 2nd Street Suite 200	301(0)(3)		INO	\$5,000
Helping the Aging, Needy and Disabled, Inc House the Homeless	Austin, TX 78702 P O Box 2312 Austin, TX 78768	501(c)(3) 501(c)(3)	For "Older Adult Programs" For "Holiday Wish List 2009"	No No	\$7,500 \$2,000
Huston-Tillotson University	900 Chicon Street Austin, TX 78702		For "Project Success"	No	\$6,250
	1112 Gazania Dr Pflugerville, TX				
Jacob Fontaine Religious Museum	78660	501(c)(3)	For "East Austin History Program" For "Multimedia Program for Young	No	\$5,000
Latinitas	P O Box 4284 Austin TX 78765	501(c)(3)	Girls"	No	\$12,500
Launch Pad The Center for Hope	Box 5092 Round Rock, TX 78683 442 Neal St Ste A Cookeville, TN	501(c)(3)	For "Blueprint 360"	No	\$18,750
Life Changers, Inc	38501	501(c)(3)	For "Youth Music Project"	No	\$5,000
Mary Lee Foundation	P O Box 3174 Austin, TX 78764	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
Meals on Wheels and More	3227 E 5th St Austin, TX 78702	501(c)(3)	For "Care Calls and the Seventh Meal Program" and "Meals for Kids (MFK)"	No	\$7,500
			For "Mobile Art Program for		
Mobile Art Program	1503 W 30th St Austin, TX 78703	501(c)(3)	Seniors"	No	\$13,750
Outreach Productions	1209 East 11th St. Austin, TX 78702 7650 Ed Bluestein Blvd. Austin TX	501(c)(3)	For "Kids-n-da-hood"	No	\$14,726
Palmer Drug Abuse Program	78723	501(c)(3)	For "PDAP in East Austin"	No	\$12,500
Praine View A&M Research Foundation	Box 667 Prairie View, TX 77446	501(c)(3)	For "Getting Fit & Healthy"	No	\$832
Rosy Health Care Foundation	3724 Airport Blvd Austin, TX 78722	501(c)(3)	For "Skills for Living Project"	No	\$12,500
SafePlace	P O Box 19454 Austin, TX 78760	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
Samantan Center for Counseling	5425-A Burnet Rd Austin TX 78756	501(c)(3)	For "Holiday Wish List 2009"	No	\$27,000
	1 AT&T Center Pkwy San Antonio,		For "AGOH Pass and Score Program" and "AGOH/Austin Toros		
San Antonio Spurs Foundation	TX 78219	501(c)(3)	Pass and Score Program"	No	\$6,551
The Austin Academy	1640-B East 2nd Street Suite 200 Austin, TX 78702	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
The Austin Community Foundation	4315 Guadalupe, Suite 300 Austin TX 78751	501(c)(3)	For "Blastbeat Education"	No	\$12,500
			For "St John's Community School Alliance" and "Family Partnership		,
The Austin Project	5221 Ledesma Rd Austin, TX 78721	501(c)(3)	Program"	No	\$12,500

A GLIMMER OF HOPE AUSTIN FOUNDATION GRANTS (2009)

		Type of	Purpose	Related to	Amount
Name	Address	entity	of grant	Glimmer	donated
	2304 Northland Dr Austin, TX				
The Cipher - Austin's Hip Hop Project	78756	501(c)(3)	For "Youth Hip Hop Project"	No	\$9,375
Theater Action Project	PO Box 6929 Austin, TX 78762	501(c)(3)	For "Holiday Wish List 2009"	No	\$2,000
True Light Daycare Center	1300 Fort Brance Blvd Austin, TX 78702	501(c)(3)	For "True Light Ladies House" and "Beyond Poential" (\$3,250 donation from Amherst Securities)	No	\$8,865
UpLift Austin	2711 East 22nd Street, Austin, TX 78722	501(c)(3)	For Youth Programs	No	\$10,000
Ventana del Soul	1834 E Oltorf St Austin, TX 78741	501(c)(3)	For "Experience-Based Learning Center for Youth"	No	\$7,500
YMCA of Austin	1100 West Ceasar Chavez Austin, TX 78703	501(c)(3)	For swim safe program	No	\$9,433
TOTAL					\$429,657

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1		
SOURCE				AMOUNT		
WELLS FARGO				185		
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A				185.		
FORM 990-PF OTHER EXPENSES				STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
BANK FEES INSURANCE EXPENSE MISCELLANEOUS EXPENSE CONTRACT LABOR MARKETING EXPENSE	270. 3,475. 1,241. 4,496. 6,076.	270. 0. 0. 0.	0 0 0 0	3,475 1,241 4,496		
TO FORM 990-PF, PG 1, LN 23	15,558.	270.	0	. 15,288		
FORM 990-PF	OTHER LIA	BILITIES		STATEMENT :		
DESCRIPTION		во	Y AMOUNT	EOY AMOUNT		
DUE TO GLIMMER FOUNDATION		10,489.				
TOTAL TO FORM 990-PF, PART I		10,489.	0			

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the retunated below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additio (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Type or Name of Exempt Organization Employer identification num	e only Part I and check this box tension, complete only Part II (on page 2 of this form)						
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the retunoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additio (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www is gov/efile and click on e-file for Chanties & Nonprofits Type or Name of Exempt Organization A GLIMMER OF HOPE FOUNDATION AUSTIN Pile by the details on the electronic filing your returns, or a composite or consolidated Form 990-T (Torporation) Number, street, and room or suite no. If a P.O. box, see instructions. 36 00 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 330 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed (file a separate application for each return): Form 990-BL Form 990-BL Form 990-EZ Form 990-T (corporation) Form 990-EZ Form 990-EZ Form 990-FC Form 990-FC	n automatic 3-month extension on a previously filed Form 8868.						
Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the retunoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the addition (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Type or Name of Exempt Organization A GLIMMER OF HOPE FOUNDATION AUSTIN Number, street, and room or suite no. If a P.O. box, see instructions. A GLIMMER OF HOPE FOUNDATION AUSTIN 20-0733502 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-E Form 990-E Form 990-T (trust other than above) Form 6069	Only submit original (no copies needed).						
to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the retunoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the addition (not automatic) 3-month extension or (2) you file Forms 990-BL. Go69, or 8870, group returns, or a composite or consolidated Form 990-T. Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Type or Print A GLIMMER OF HOPE FOUNDATION AUSTIN Employer identification number due date for filing your return See Instructions A GLIMMER OF HOPE FOUNDATION AUSTIN 20 – 0 7 3 3 5 0 2 Number, street, and room or suite no. If a P.O. box, see instructions. 3 6 0 0 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 3 3 0 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-EZ Form 990-T (trust other than above) Form 6069	natic 6-month extension - check this box and complete						
noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additio (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Type or print A GLIMMER OF HOPE FOUNDATION AUSTIN Number, street, and room or suite no. If a P.O. box, see instructions. 15	Cs, and trusts must use Form 7004 to request an extension of time						
Print A GLIMMER OF HOPE FOUNDATION AUSTIN Number, street, and room or suite no. If a P.O. box, see instructions. 3600 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 330 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed(file a separate application for each return): Form 990 Form 990-BL Form 990-EZ Form 990-T (trust other than above) 20-0733502 20-0733502 Form 33502 Form 4720 Form 4720 Form 5227 Form 6069	T). However, you cannot file Form 8868 electronically if (1) you want the additional 169, or 8870, group returns, or a composite or consolidated Form 990-T. Instead,						
A GLIMMER OF HOPE FOUNDATION AUSTIN Number, street, and room or suite no. If a P.O. box, see instructions. 3600 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 330 City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-BL Form 990-EZ Form 990-EZ Form 990-T (trust other than above) 20-0733502 20-0733502 20-0733502 Form 33502 Form 470. STE., NO. 330 Form 4720 Form 4720 Form 5227 Form 6069	Employer identification number						
Number, street, and room or suite no. If a P.O. box, see instructions. 3600 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 330	N AUSTIN 20-0733502						
tiling your return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see Instructions. AUSTIN, TX 78746 Check type of return to be filed(file a separate application for each return): Form 990 Form 990-BL Form 990-EZ Form 990-T (trust other than above) 3600 N. CAPITAL OF TX HWY, BLDG. B, STE., NO. 330 City, town or post office, state, and ZIP code. For a foreign address, see Instructions. AUSTIN, TX 78746 Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (trust other than above) Form 6069	Y						
City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Check type of return to be filed(file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069	ch return):						
	or 408(a) trust)						
CARLA POWER • The books are in the care of ▶ 3600 N. CAPITAL OF TX HWY, B-330 - AUSTIN, TX 78746 Telephone No. ▶ (512) 328-9944 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension will co	FAX No. ► (512) 328-8872 in the United States, check this box Group Exemption Number (GEN) If this is for the whole group, check this						
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension	·						
is for the organization's return for: ▶ X calendar year 2009 or							
tax year beginning, and ending	, and ending						
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting process.	Initial return Final return Change in accounting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	ectronic Federal Tax Payment System).						
See instructions.	30 3 100:						

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8	3868 (Rev. 4-2009)			Page 2			
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	юх		► X			
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file						
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Page II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Туре	Name of Exempt Organization	Emp	loyer ident	ification number			
print	A GLIMMER OF HOPE FOUNDATION AUSTIN	2	0-073	3502			
File by the extended due date for	Number, street, and foom of suite no. If a P.O. box, see instructions.	For II	RS use only	/			
filing the return, S Instruct	Bee City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Chec	k type of return to be filed (File a separate application for each return):						
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
	CARLA POWER						
• Th	e books are in the care of ► 3600 N. CAPITAL OF TX HWY, B-330 - AUS	TTN.	TX 78	8746			
	ephone No. ► (512) 328-9944 FAX No. ► (512) 328-8	872		<u> </u>			
	the organization does not have an office or place of business in the United States, check this box			▶ □			
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If			aroup check this			
box I							
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.		0.0 1110 0.11				
	For calendar year 2009, or other tax year beginning, and ending						
	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period			
	State in detail why you need the extension			•			
•	TAXPAYER NEEDS ADDITIONAL TIME TO COMPILE INFORMATION	NEE	DED TO	PREPARE			
		ŘEQU	ESTED	•			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	8a	\$	100.			
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount pald						
	previously with Form 8868.	Bb	\$	100.			
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	ļ					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	s. 8c	\$	0.			
Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,							
it is tru	e, correct and complete, and that I am authorized to prepare this form.			1 /1n			
Signat	ure VICA III MA	Date		1110			
			For	n 8868 (Rev. 4-2009)			