

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

OMB No 1545-0052

2009

| | Depa Intern | rtme ral R | nt of th | ne Treasury Service | | Note: The for | undation | may be able | to use a copy | y of th | is return to satisfy | state re | porti | ing requireme | nts | | | | |
|---------|----------------|----------------|-------------|--|-------|-----------------------------|-----------|-----------------|---|---------|----------------------|-------------|----------|--|------------------|-------------|--|-----------------|-------------|
| | For | cale | enda | r year 2009, or | tax | year beginnin | ıg | | | 2009 | , and ending | | | | , | | | | |
| | G | Che | ck al | I that apply. | | Initial return | In | ıtıal Returr | of a form | er p | ublic charity | | | | | Fır | nal return | | |
| | | | | | | Amended retu | urn | | Addr | ess | change | Nar | ne (| change | | | | | _ |
| | | se th | ie | Name of foundation | | | | | | | | | Α | Employe | dentifi | cation ni | ımber | | |
| | | S lab erwi | | LEWIS FOUR Number and street (| ND. | ATION | | -1 d-1 d'1 | | | In | | <u> </u> | 74-2 | | | | | |
| | 1 | print | : 1 | | | | maii is n | ot delivered ti | o street addre | ess) | Room/suite | | В | | | • | e instructions) | | |
| | 10 002 | typ: | e. | 39 ELKINS City or town | L. | AKE | | | | State | ZIP code | | _ | (936 | | | | | |
| | Instr | | I | HUNTSVILLI | | | | | - | TX | 77340 | | C | 1 Foreign o | • • • | | s pending, che | ск пеге | |
| | н | Ci | | type of organiz | _ | n. Sec | tion 50 | 01(c)(3) ex | | | | | ľ | • | J | • | eting the 85% | test cha | erk |
| | •• | | | ction 4947(a)(1) | | | | | | | private founda | tion | | here and | attach c | omputat | ion | tost, on | ~~ [|
| | T | Fa | ır mar | ket value of all ass | ets | at end of year | | counting r | | | | rual | E | | | | is was termina (), check here | ted | ▶ [|
| | | (fi | rom Pa | art II, column (c), lin | ie 1 | 6) | | Other (spe | ofy) | | | | F | | | | 0, check here 0-month termi | nation | · |
| | | > \$ | | 2,098 | | | (Part | I, column | (d) must b | e or | n cash basis.) | | | | | |), check here | | > |
| | Par | <u>t I</u> | | nalysis of R | | | | | evenue an | | (b) Net inve | estme | nt | (c) Ac | ljusted | net | (d) Disb | ursem | ents |
| | | | | xpenses (The olumns (b), (c), | | | | expens | es per bo | oks | incon | ne | | | icome | | | naritab | |
| | | | sa | rily equal the a | mo | unts ın columi | n (a) | | | | | | | | | | (cash b | poses asis o | |
| | | | 1 | ee the instruction Contributions, gifts | | | (att sch) | + | | | | | | + | | | <u> </u> | | |
| | | | 2 | | | ndn is not req to at | | | *************************************** | | | | | | | | | | |
| | | | 3 | Interest on sa | vin | gs and tempor | | | | | | | | | | | | | |
| | | | | cash investme | | | | <u> </u> | | | | 4 02 | | | | | <u> </u> | | |
| | | | 4 5 a | Dividends and into Gross rents . | eres | t from securities | | | | | | 4,02 | .4. | | | | | | |
| | | | | Net rental income or (loss) | | • | | | ······································ | | - | | | | | | | | _ |
| | R | | | Net gain/(loss) from | | | line 10 | | | | A · a | | | . 22 | <u> </u> | RE | CEIVE | D | |
| | E | ; | t | Gross sales price tassets on line 6a | or a | ·11 | | | á | | . 🤏 🌣 | | | \$ \$.X | 1 | | | | 181 |
| | E | : | 7 | Capital gain net in | | • | ne 2) | | · \$ | | | | | | Jal | | 0.00 | 10 | 101 |
| | N U | | 8 9 | Net short-term Income modifi | | . • | | | | ······ | ļ | | | | ड्ड | AU | h 6 3 vc | 110 | S |
| | Ē | | _ | Gross sales less returns and | Çat | ions | | | | | ~ | | | | 107 | | | : 1-7 | |
| | | | | allowances | L | | | | | | . 4 | | | .× | | _0 | DEN. | <u>UT.</u> | <u></u> |
| | | | Ŀ | Less Cost of goods sold | | | | | , side | | | | بد (ب | | | . 9 | · · | | |
| | | | | Gross profit/(loss | | • | | | | | <i>'</i> | | | | | | ` | | |
| | | | 11 | Other income | (at | tach schedule) |) | | | | | | | | | | | | |
| | | | 12 | Total. Add line | ۱ کو | through 11 | | + | | | | 4,02 | 1 | | | | ļ | | |
| 3 | | | 13 | Compensation of o | | | ees, etc | | | | · | 1,02 | | † | | | | | |
| 3 | | | 14 | Other employee sa | aları | es and wages | | | | | | | | | | | | | |
| 50 | | | | Pension plans | • | , , | | | | | | | | | | | | | |
| | | A | | Legal fees (attach | | | Stmt | : | 92 | 25. | | | | <u> </u> | | | ļ | | |
| AUG | | M | | Accounting fees (a | | | | <u> </u> | | | | | | <u> </u> | | | - | | |
| QC. | 0 | N | 17 | Other prof fees (a Interest | itaci | n scn) | | | | | | | | | | | <u> </u> | | |
| \circ | E | S | 18 | Taxes (attach schedule) | see i | nstr) | | | | | | | | | | | | | |
| Til. | E R A | R A T | 19 | Depreciation (| atta | ach | | ļ | | | | | | † | | | | | |
| Z | Ţ | 1 | 20 | sch) and deple | etio | n | | ļ | | | | | | ļ | | | <u> </u> | | 1 |
| SCANNED | Ğ | Ĕ | 20 21 | Occupancy Travel, conference | enc | es, and meeti | nas | | | | | | | - | | | | | |
| | A | E | 22 | Printing and p | | • | go | | | | | | | | | | | | |
| S | Ď | EXP | 23 | Other expense | s (| attach schedu | le) | | | | | | | | | | | | |
| - | | E N S | | | | | | | | | | | | | | | | | |
| | | Ę | 24 | Total operatin expenses. Add | | | | | 92 | 25. | | | | | | | | | |
| | | ٦ | 25 | Contributions, gifts | | | | | 130,00 | | | | | | | | | 130, | 000. |
| | | | | Total expense | s a | nd disbursem | ents. | - | | | | | | | | | | | |
| | | \dashv | 27 | Add lines 24 a Subtract line 2 | _ | | | | 130,92 | 25. | | | | <u> </u> | | | ļ | 130, | 000. |
| | | | | Excess of reve | | | ses | | | | | | | | | | | | |
| | | | | and disbursen | ner | its . | | | ·130,92 | 25. | whole the second | | ~200 E | | | | | | |
| | | - 1 | h | Net investment inc | - m | n (if nogative, enter | r -0-1 | 1 | | | 1 4 | 4.02 | Λ | 1 | | | 1 | | |

C Adjusted net income (if negative, enter -0-)



Page 2

| Part | : 11 | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | or year |
|--------------------------------------|------|---|-------------------------------|---------------------------------------|-----------------------|
| | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | , | 00.007 | 0 000 005 | 0.006.065 |
| | 2 | | 99,097. | 2,036,365 | 2,036,365. |
| | 3 | | | · · · · · · · · · · · · · · · · · · · | |
| | ہ ا | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable Less: allowance for doubtful accounts | | | |
| | _ ا | | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | 7 | | | | |
| A | | Less: allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | | | |
| A S E T | 9 | Prepaid expenses and deferred charges . | | | |
| Ś | 10: | a Investments – U.S. and state government obligations (attach schedule) | | | |
| | | b Investments — corporate stock (attach schedule) | | | |
| | , | c Investments — corporate bonds (attach schedule) | | | |
| | 11 | Investments – land, buildings, and equipment: basis | | ¥ | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments - other (attach schedule) L-13 Stmt | 2,141,489. | 74,124 | . 61,705. |
| | 14 | Land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | | Other assets (describe) Total assets (to be completed by all filers — see instructions. Also, see page 1, item I) | 2,240,586. | 2,110,489 | 2,098,070. |
| Ļ | 17 | | | · · | |
| Ā | 18 | Grants payable . | | | |
| B | 19 | Deferred revenue | | | |
| Ľ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | . * * *** |
| I T | 21 | Mortgages and other notes payable (attach schedule) | | | * * ' * * |
| ı | 22 | Other liabilities (describe | | · · · · · · · · · · · · · · · · · · · | * * * * |
| E S | 23 | Total liabilities (add lines 17 through 22) | | | ž. |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | | - |
| ΝĒ | 24 | Unrestricted | | | * ;** *** |
| N F E U T N | 25 | Temporarily restricted | | | |
| D | 26 | <u> </u> | | | _ ` ` * 1 |
| A S S A E L T A | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | | | |
| E L T A | 27 | Capital stock, trust principal, or current funds | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and equipment fund | | | * |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | 2,240,586. | 2,110,489 | |
| RS | 30 | Total net assets or fund balances (see the instructions) | 2,240,586. | 2,110,489 | <u>.</u> |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 2,240,586. | 2,110,489 | , , |
| Part | | Analysis of Changes in Net Assets or Fund Balance | es | - | |
| 1 | Tota | I net assets or fund balances at beginning of year – Part II, colum | n (a), line 30 (must agre | | 0.040.506 |
| _ | | of-year figure reported on prior year's return) | | . 1 | |
| | | r amount from Part I, line 27a | | 2 | |
| | | increases not included in line 2 (itemize) See Other Increases St | <u>mt</u> | | |
| | | lines 1, 2, and 3 | ***** | 4 | |
| 5 | | ases not included in line 2 (itemize) . See Other Decreases S | | 30 5 | |
| <u>6</u> | Tota | I net assets or fund balances at end of year (line 4 minus line 5) – | - i art ii, columin (b), line | 1 0 | 2,110,403. |

| (a) List and descri | be the kind(s) of property sold (e.g., reuse; or common stock, 200 shares MLC | al estate, (b | How acquired — Purchase | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|---|---|-------------------------|--|-------------------------------------|
| | <u> </u> | · · · · · · · · · · · · · · · · · · · | O — Donation | | |
| b | | | | | |
| c | ··· · · · · · · · · · · · · · · · · · | · - - · · · · · · | | | |
| d | | | _ | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (e) plus (f) m | |
| a | | | | | |
| b | | | | | |
| с | | | | | |
| d | | | | | _ . |
| e | <u> </u> | | | | ., |
| | wing gain in column (h) and owned by t | | — | (I) Gains (Colu | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (ı) over column (ı), ıf any | | jain minus column (k an -0-) or Losses (fr | |
| a | | | | | |
| b | 1 | | | | |
| <u>c</u> | <u> </u> | | | | <u> </u> |
| d | | | | | • |
| 2 Capital gain net income or (no | et capital loss). If gain, also e | enter in Part I, line 7 | | . | |
| 3 Net short-term capital gain or | (loss) as defined in sections 1222(5) a | ' | 2 | | |
| ın Part I, line 8 | ne 8, column (c) (see the instructions) | <u>`. </u> | 3 | | |
| Part V Qualification Unde | er Section 4940(e) for Reduced | Tax on Net Investment | Income | | <u></u> |
| If 'Yes,' the foundation does not qua | ction 4942 tax on the distributable amo alify under section 4940(e). Do not com in each column for each year; see the | plete this part. | | Yes | X No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (col | (d) Distribution umn (b) divided | |
| 2008 | 120,000. | 2,295, | 361. | | 0.052279 |
| 2007 | 73,000. | 2,416, | | | 0.030204 |
| 2006 | 74,257. | 1,624, | | | 0.045709 |
| 2005 | 54,346. | 1,391, | 629. | | 0.039052 |
| 2004 | 50,615. | 1,194, | 525. | | 0.042372 |
| 2 Total of line 1, column (d) | | | 2 | | 0.209616 |
| 3 Average distribution ratio for t number of years the foundation | he 5-year base period – divide the total on has been in existence if less than 5 y | on line 2 by 5, or by the vears | 3 | | 0.041923 |
| 4 Enter the net value of noncha | ritable-use assets for 2009 from Part X, | Ine 5 | 4 | 2 | 2,172,678. |
| 5 Multiply line 4 by line 3 | | | 5 | | 91,085. |
| 6 Enter 1% of net investment in | come (1% of Part I, line 27b) | | 6 | | 40. |
| 7 Add lines 5 and 6 | | | 7 | | 91,125. |
| 8 Enter qualifying distributions f | rom Part XII line 4 | | 8 | | 130,000. |
| If line 8 is equal to or greater | than line 7, check the box in Part VI, lin | ne 1b, and complete that part | | tax rate. See the | |
| Part VI instructions BAA | | | | Form | n 990-PF (2009) |

| Form | | | <u> 2936</u> | | | | ² age 4 |
|------------|---|----------|--------------|----------|------|----------|--|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se | e t | he ins | tructio | ns) | | |
| ٦a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1. | - 1 | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instr.) | | - 1 | | | | |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, | ļ | 1 | | | | 40. |
| | check here ► X and enter 1% of Part I, line 27b | - 1 | | | | | |
| • | : All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b) . | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | ļ | | | | |
| | foundations only Others enter -0-) | | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | - | 3 | | | | <u>40.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | ŀ | 4 | | | _ | <u>0.</u> |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | ┟ | 5 | | | | 40. |
| 6 | Credits/Payments: | | | | | | |
| | 2009 estimated tax pmts and 2008 overpayment credited to 2009 | \dashv | | | | | |
| | Exempt foreign organizations — tax withheld at source | \dashv | | | | | |
| | : Tax paid with application for extension of time to file (Form 8868) | 4 | | | | | |
| _ (| Backup withholding erroneously withheld . 6d | \dashv | _ | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | ŀ | 7 | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | ŀ | 8 | | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed . | 7 | 9 | | | | 40. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 7 | 10 | | | | 0. |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax . Property Refunded t VII-A Statements Regarding Activities | _ | 11 | | | | |
| Far | t VII-A Statements Regarding Activities | | | —т | | Yes | l Na |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | - | 1 a | 162 | No |
| | participate or intervene in any political campaign? | | | - | ı a | | X |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | | L | 1 b | | х |
| | If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials puor distributed by the foundation in connection with the activities | ıblıs | shed | | | ` | |
| c | : Did the foundation file Form 1120-POL for this year? | | | | 1 c | | Х |
| C | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | | | * | | |
| _ | (1) On the foundation \$ (2) On foundation managers \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | |
| • | foundation managers | OH | | | Ì | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | į | 2 | | X |
| | If 'Yes,' attach a detailed description of the activities | | | | | | Ť |
| 9 | | _ | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 5 | | | 3 | | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | 4a | | х |
| t | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | | | | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | | Х |
| | If 'Yes,' attach the statement required by General Instruction T. | | | | | | í |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | 4 | | ر ا |
| | ● By language in the governing instrument, or | | | | * | | ľ |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that c | onf | lict | | | | |
| | with the state law remain in the governing instrument? | | | L | 6 | | X |
| | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | | L | 7 | X | <u> </u> |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | — | - | | | |
| b | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | - - | 0. | | |
| | (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | | | 8ь | <u> </u> | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complet | 49 2 | 142(j)(| (5) - | 9 | | X |
| . - | | | | ' | - | | |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their rand addresses | am | ies | } . | 10 | | х |
| BAA | | | | Forr | n 99 | 0-PF | (2009) |

TEEA0304 07/06/09

the tax year beginning in 2009?

| Form 990-PF (2009) LEWIS FOUNDATION | | | 74-29 | 36403 | Page 6 |
|---|--|--|--|--|------------------------|
| Part VII-B Statements Regarding Activit | ies for Which Forn | 1 4720 May Be Req | uired (continued) | | |
| 5a During the year did the foundation pay or incur | • | | | , | |
| (1) Carry on propaganda, or otherwise attemp | t to influence legislation | (section 4945(e))? | . Yes X | No | |
| (2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra | ic election (see section tion drive? | 4955); or to carry | | No | |
| (3) Provide a grant to an individual for travel, | study, or other similar p | ourposes? | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | ian a charitable, etc, ord 4940(d)(2)? (see instru | ganization described ctions) | Yes X | No | |
| (5) Provide for any purpose other than religiou educational purposes, or for the prevention | us, charitable, scientific, n of cruelty to children o | literary, or r animals? | . Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53 4945 or in (see instructions)? | he transactions fail to q a current notice regard | ualify under the exception | ons | 5b | |
| Organizations relying on a current notice regains | rding disaster assistanc | e check here | ▶ |] | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | he foundation claim exe | mption from the | Yes | No | |
| If 'Yes,' attach the statement required by Regu | lations section 53.4945 | -5(d) | | · | |
| 6a Did the foundation, during the year, receive an on a personal benefit contract? | y funds, directly or indir | ectly, to pay premiums | Yes X |] No | |
| b Did the foundation, during the year, pay premi | ums, directly or indirect | ly, on a personal benefit | contract? | . <u>6b</u> | X |
| If 'Yes' to 6b, file Form 8870. | | | | 1 | |
| 7a At any time during the tax year, was the found | · - | | | No | |
| b If yes, did the foundation receive any proceeds Part VIII Information About Officers, D | | | | | <u> </u> |
| and Contractors | | | | | |
| 1 List all officers, directors, trustees, foundation | | | ıctions). | <u></u> | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expens other all | se account, owances |
| ROY LEWIS | | | | | |
| 527 CHERRY HILL | MANAGER | | | | |
| HUNTSVILLE TX 77340 | 2.00 | 0. | 0. | ļ | 0. |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees | s (other than those incl | uded on line 1 – see ins | tructions). If none, ent | er 'NONE.' | - |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expens other allo | e account, owances |
| NONE | | | | | |
| 0 | | | | | |
| | | | | | |
| 0 | | | | | |
| | | | | | |
| 0 | | | | | |
| | | | | | |
| 0 | | | | | |
| | <u> </u> | | | ļ | |
| Total number of other employees paid over \$50,000 | · | | | Form 900 | None |
| BAA | TEEA0306 0 | 7/06/09 | | רסווח ששו | 0-PF (2009) |

BAA Form **990-PF** (2009)

Total. Add lines 1 through 3

| <u> Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)</u> | reign | foundations, |
|---|-----------|--------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities | 1 a | 51,741. |
| b Average of monthly cash balances | 1 b | 2,154,023. |
| c Fair market value of all other assets (see instructions) | 1 c | 0. |
| d Total (add lines 1a, b, and c) | 1 d | 2,205,764. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) . 1e | | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 2,205,764. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 33,086. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,172,678. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 108,634. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this pa | ating f | foundations |
| 1 Minimum investment return from Part X, line 6 | 1 | 108,634. |
| 2a Tax on investment income for 2009 from Part VI, line 5 2a 40. | | <u> </u> |
| b Income tax for 2009. (This does not include the tax from Part VI.) | | |
| c Add lines 2a and 2b | 2 c | 40. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 108,594. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 108,594. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 108,594. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | 130,000. |
| b Program-related investments — total from Part IX-B | 1b | 200,0001 |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) | 3 a | |
| b Cash distribution test (attach the required schedule) | 3b | · · · · · |
| 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 130,000. |
| 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 (see instructions) | 5 | 40. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 129,960. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years | er the fo | oundation |

BAA

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

| | | Cc | (a) orpus | ; | | Ye | ars p | (b) | to 20 | 800 | | | (c) 2008 | 3 | | | | (d) 2009 | |
|--|----------|--------|--------------|-----|--------|------|-------|-----|----------|------|------------|-------------|--------------------|---------|------------|----------|----|--------------------|-----------------|
| Distributable amount for 2009 from Part XI, line 7 | | | | | | | | | | | | | | | | | | 108 | 594. |
| 2 Undistributed income, if any, as of the end of 2009 | - | | | | | | | | | | | | | | | | | 100, | 334. |
| a Enter amount for 2008 only | | | | | | | | | | | | | 10 | 8,4 | 38. | 1 | | | |
| b Total for prior years: 20 , 20 , 20 | | | | | | | | | | | | | | | | | | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | | | | | | | | | | | | | | | | |
| a From 2004 0. | _ | | | | | | | | | | | | | | | | | | |
| b From 2005 0. |] | | | | | | | | | | | | | | | | | | |
| c From 2006 0. | | | | | | | | | | | | | | | | | | | |
| d From 2007 0. | | | | | | | | | | | | | | | | | | | |
| e From 2008 0 . | | | | | | | | | | | | | | | | | | | |
| f Total of lines 3a through e | | | | | 0. | | | | | | | | <u></u> | | | ļ | | | |
| 4 Qualifying distributions for 2009 from Part | | | | | | | | | | | | | | | | ~ | | | * |
| XII, line 4. • \$ 130,000. | | | | | | | | | | | | | | | | | | | < |
| a Applied to 2008, but not more than line 2a | | | | | | | | | | | ļ | | 10 | 8,4 | <u>38.</u> | <u> </u> | | | |
| b Applied to undistributed income of prior years (Election required – see instructions) . | | _ | | | | | | | | | | | | | | | | | |
| c Treated as distributions out of corpus (Election required — see instructions) | | | | | | | | | | | | | | | | | | | |
| d Applied to 2009 distributable amount | | | à | | | | | | | | | | | | | | | 21, | 562. |
| e Remaining amount distributed out of corpus | | | | | 0. | | | | | | | | | | | <u> </u> | | | |
| 5 Excess distributions carryover applied to 2009 . | | | | | | | | | | | | | | | | | | | |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | * | * | | | *; | ٠, | 4ge | | | | | | | | | | |
| Same amount must be shown in column (a) | - | ۵ | 140. | **2 | ۰, | , se | ą. | ** | \$ | | | š | | 3. | | | | | |
| 6 Enter the net total of each column as | ľ | z e | | .h | ga. | | ». | | , i | | | | | | | | | | |
| indicated below: | <u> </u> | * | * | *** | * | 1000 | 3.7% | *** | * | ##); | S | 200 | | | | | | | |
| a Corpus. Add lines 3f, 4c, and 4e Subtract line 5 | | | | | 0. | , | Min | 497 | x,\$ | ₩»,> | \$7 | | | | | <u> </u> | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | | | | | | | 0. | * | ¥3 | Ą | • | | 4 | | 4 | |
| c Enter the amount of prior years' undistribut- | | | | | | | | | | | 1 | 4, | 4 | \$ | , | | | | |
| ed income for which a notice of deficiency has been issued, or on which the section | W. | à | š. | we | . š. | | | | | | | * | | | | | | | |
| 4942(a) tax has been previously assessed | | ** | ~ | ** | *** | | | | | | | | | | | | | | |
| d Subtract line 6c from line 6b Taxable | * | * | | * | 4 | | | | | | | | | | | | | | |
| amount - see instructions | | | | | | | | | | 0. | ŝ | <i>\$</i> / | , | 3 0 | 44 | | ł | | |
| e Undistributed income for 2008 Subtract line 4a from | | , | *** | | | * | < | | | | 1 | | | | | | | | |
| line 2a Taxable amount — see instructions | | | - 13 | | | | | | | | | | | | 0. | | | | |
| f Undestributed income for 2000. Subtract lines | | *** | * | 14 | | ٠ | 7 | | | | | | | | | | | | |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be | * | à. | | , | | | 1 | 500 | * | | | 4 | ") | OS. | | | | | |
| distributed in 2010 | <u></u> | | | | | | | | | | | * | | | | | | <u>87,</u> | 032. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed | | | | | | * | - \$ | * | * | | ŕ | * | | | | | * | | ` |
| by section 170(b)(1)(F) or 4942(g)(3) | | | | | | | ~ | | ٠ | | | | | | | 1 | * | * | 4 |
| (see instructions) | | | | | | | -46 | | ò. | | * | ۸. | | ~ | | - | | | |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions) | | | | | ο. | | | | | | | | | | | | | 1 | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | | | | | 0. | | | | | | | | | | ž. | | | | |
| 10 Analysis of line 9. | | | | | | | | | | | | | | | | | | | |
| a Excess from 2005 0. | | | | | | | | | | | | | | , | | | | | |
| b Excess from 2006 . 0 . | | | | | | | | | | | | | | | | | | | |
| c Excess from 2007 0. | | | | | | | | | | | * | | | | | > | | | |
| d Excess from 2008 0. |], | | | | | | | | | | | | | | | | | | |
| e Excess from 2009 0. | m === | 10/100 | | | ,,. ~e | | - m-1 | ٠~. | min. 107 | | - J-Opport | 7000 | | -7722 | | ***kDs | 4* | <u>-</u> | |

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

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

N/A

N/A

c Any submission deadlines:

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | | If recipient is an individual, show any relationship to any foundation manager or | Foundation status of | Purpose of grant or contribution | Amount |
|--------------------------------------|-------|---|----------------------|----------------------------------|--------------------|
| Name and address (home or business | s) | substantial contributor | recipient | | |
| a Paid during the year | | | | | |
| HUNTSVILLE CHURCH OF CHRIST | r | | | | |
| | | | | | |
| | 77340 | | Сноксн | DONATION | 44,000. |
| EASTERN HILLS CHURCH OF CHE | RIST | | | | |
| EASTERN HILLS TX | | | CHIIDCH | DONATION | 5,000. |
| CITY RESCUE MISSION | | | Choken | DONATION | 3,000. |
| CITE RESCUE MISSION | | | | | |
| OK | | | TAX EXEMPT | DONATION | 10,000. |
| TWIN CITY MISSION | | | | | 10,000. |
| 1,111, 0111 1120101 | | | | | |
| BRYAN TX | | | TAX-EXEMPT | DONATION | 10,000. |
| GOOD SHEPHERD MISSION | | | | | |
| | | | | | |
| HUNTSVILLE TX 7 | 77340 | | TAX-EXEMPT | DONATION | 15,000. |
| HEALTH FOR ALL, INC. | | | | | |
| PO BOX 5913 | | | | | |
| | 77805 | | TAX-EXEMPT | DONATION | 5,000. |
| M.D. ANDERSON CANCER CLINIC | | | | | |
| | | | | | |
| TX | | | TAX-EXEMPT | DONATION | 12,000. |
| WESTVIEW BOYS' HOME | | | | | |
| TX | | | | DONATION | 10 000 |
| LONE STAR CEMETARY | | | TAX-EXEMPT | DONATION | 10,000. |
| LONE STAR CEMETART | | | | | |
| TX | | | TAX-EXEMPT | DONATION | 500. |
| See Line 3a statement | | | | | |
| | | | | | |
| | | | | | 18,500. |
| | | | | | |
| | | | | | |
| | | | <u></u> | | |
| Total | | | 1 | <u>▶ 3a</u> | 130,000. |
| b Approved for future payment | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ļ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | ► 3b | |
| 244 | | | | | Form 000 BE (2000) |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherv | vise indicated | Unrelate | d business income | Excluded by | section 512, 513, or 514 | |
|--|---|-------------------------|-------------------|--|--|--|
| 1 Program service revenue | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (see the instructions) |
| a | | | | | | |
| b | | | | - | | |
| d | | | | | | |
| e | | | | | · | |
| f | ' | | · | | | |
| g Fees and contracts from gove | ernment agencies | | | | | |
| 2 Membership dues and assess | sments | | | | | |
| 3 Interest on savings and temporary ca | | | | | | |
| 4 Dividends and interest from s | | | | <u> </u> | ······································ | |
| 5 Net rental income or (loss) fr | om real estate | | | - | | |
| a Debt-financed property | • | | | | | |
| b Not debt-financed property6 Net rental income or (loss) from pers | anal proporty | | | | | |
| 7 Other investment income | ional property | | | | | |
| 8 Gain or (loss) from sales of assets of | her than inventory | | | | | |
| 9 Net income or (loss) from sp | - | | | | | |
| 10 Gross profit or (loss) from sa | | | | | | |
| 11 Other revenue. | · | 4 | | | | |
| a | | | | | | |
| b | | | | | | ··- |
| c | | | | ļ | | |
| d | | | | | | |
| e Subtotal Add columns (b), (c | t) and (a) | | | | | - 1 |
| 12 Subtotal Add Coldinis (b). (t | i), and (e) | | | <u></u> | | |
| | h) (d) and (e) | - | | | 13 | · |
| 13 Total. Add line 12, columns (| | culations) | | | 13 | |
| 13 Total. Add line 12, columns (See worksheet in the instructions | for line 13 to verify cal | | | at Purpose | ' | |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | / to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | / to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | / to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | / to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |
| 13 Total. Add line 12, columns (See worksheet in the instructions Part XVI-B Relationship o | for line 13 to verify cal f Activities to the | Accompli | shment of Exemp | - | es . | y to the e instructions) |

74-2936403 Page 13

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

| Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c) of organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions: (3) Sales of assets to a noncharitable exempt organization (3) Sales of assets to an ancharitable exempt organization (4) Renthul of facilities, equipment, or other assets (5) Performance of services or membership or fundrasing solicitations (6) Renthul of facilities, equipment, making lists, other assets, or pad employees (6) Performance of services or membership or fundrasing solicitations (6) Renthul of facilities, equipment, making lists, other assets, or pad employees (6) Loans or loan guarantees (7) Sales of above as "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the less of market value of the goods, other assets, or services given by the fair market value of the goods, other assets, or services given by the code (either flam section 50 (c) 6) or in section 50? Different particles assets to a market value of the goods of the code (either flam section 50 (c) 6) or in section 50? Different particles assets to a market value of the goods of the code of the g | | | | _ | | | | - | 1 | | |
|--|----|-----------------|--|---|--|--|--|---|----------------------|--------------|----------|
| (i) Cash (2) Other assets b Other transactions (i) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Eleans or loan guarantees (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services given by the reporting fundation, if the foundation received less than fair market value of the goods, other assets, or services received (9) International moved (9) Performance of services given by the reporting fundation, if the foundation received less than fair market value of any origination and promote the following schedule. (9) Performance of services given by the reporting fundation, if the foundation received less than fair market value in any transaction and services of the goods, other assets, or services received of the goods of the Code (other than section 501(c)) of the Code (other than section 50 | | descr | ibed in section 501(c) o | f the Code (otl | ngage in any of the fo her than section 501(| ollowing with an c)(3) organizat | y other organization on section 5 | n 527, | | Yes | No |
| (2) Purchases of assets for an anoncharitable exempt organization (3) Sental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sental of facilities, equipment, maining lists, other assets, or paid employees (8) It is newer to any of the above is "res," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than fair market value in any farinascition or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than fair market value in any farinascition or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any farinascition or sharing arrangement, show in column (d) the value of the goods, other assets, or services grown in column (d) the value of the goods, other assets, or services grown in column (d) the value of the goods, other assets, or services grown and present of the services of the property of the Code (other than section 501(c)(3)) or in section 527? Vest No No No No No No No N | | a Trans | fers from the reporting | foundation to a | a noncharitable exem | ıpt organızatıon | of· | | | | |
| b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) It is answer to any of the above is "ves," complete the following solicitations (8) It is answer to any of the above is "ves," complete the following solicitations any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received (a) Line risk (b) Amount micked (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations of described in section 951(c) of the Code (other than section 951(c)(3)) or in section 52?? (a) Name of organization (b) Amount micked (c) Name of noncharitable exempt organization (b) Type of organization (c) Description of transfers, transactions, and sharing arrangements (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Name of organization (e) Type of organization (f) Description of relationship (g) Name of organization (h) Type of or | | (1) C | ash | | | | | | 1 a (1) | | <u> </u> |
| (2) Purchases of assets to a noncharitable exempt organization . 1 | | (2) 0 | ther assets | | | | | • | 1a (2) | | X |
| (2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Coarse or loan guarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Example of facilities, equipment, mailing lists, other assets, or paid employees (1) It (1) X (1) It (2) X (1) It (3) X (2) Ranging of facilities, equipment, mailing lists, other assets, or paid employees (1) It (2) X (3) Renard facilities, equipment, mailing lists, other assets, or paid employees (4) It (4) It (4) It (4) It (5) It (4) It (6) It (7) | | b Other | transactions: | | | | | | | | |
| (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Earn of load facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b) If "ves," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Vest No | | (1) S | ales of assets to a nonc | charitable exer | npt organization | | • | | 1 b (1) | _ | _X |
| (d) Reimbursement arrangements (5) Loans or loan guaranties (6) Performance of services or membership or fundraising solicitations (7) Experimental properties and the properties of fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Loans or loan guaranties (10) Loan g | | (2) P | urchases of assets from | a noncharital | ble exempt organizat | ion . | | | 1 b (2) | | X |
| (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Enformance of services or membership or fundraising solicitations (9) Loans or fundraising solicitations (10) Amount move to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, or services speen by the reporting foundation. If the foundation received the stem of the foundation received the stem of the second of the school received the stem of the foundation of the foundation received the stem of the foundation of the foundation received the stem of the foundation of the foundation of the stem of the foundation of the foundation of the foundation of the stem of the foundation of the foundat | | (3) R | tental of facilities, equip | ment, or other | assets | | | | 1b (3) | | X |
| (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, maining lists, other assets, or paid employees diff the assets, equipment, maining lists, other assets, or paid employees diff the assets, or services given by the reporting foundation. If the foundation received less than fair market value of any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line to (b) Amount moved (b) Amount moved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Line to (b) Amount moved (f) Description of transfers, transactions, and sharing arrangements (g) Line to (h) Amount moved (g) Line to (h) Amount moved (g) Name of noncharitable exempt organization (g) Description of transfers, transactions, and sharing arrangements (g) Line to (h) Amount moved (g) Name of organization (g) Name of organization (h) Type of organization (g) Description of relationship (h) Type of organization (g) Description of relationship (h) Type of organization (g) Name of organization (h) Type of organization (h) | | (4) R | leimbursement arranger | nents | | | | • | 1 b (4) | | _X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees diff the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation, if the foundation received less than fair market value of any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and thaning arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501 (c) of the Code (other than section 501(c)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship Tide Tide Tide Propager's Singulative deficies or intuities No. Negative in the section of the propager has any knowledge and belief, it is true, correct, and conspilent because of the thin the payer or folicity) is based on all information of which preparer has any knowledge and belief, it is true, correct, and conspilent because of the thin the payer or folicity) is based on all information of which preparer has any knowledge and belief, it is true, correct, and conspilent because of the thin the payer or folicity) is based on all information of which preparer has any knowledge and belief, it is true, correct, and conspilent because or thin the payer or folicity) is based on all information of which preparer has any knowledge and belief, it is true, correct, and conspilent because or thin the payer or folicity) is based on all information of which preparer has any knowledge and belief, it is true, correct, and conspilent because or thin the payer of folicity) is based on all information of which preparer has any knowledge. Tide Propager's Singularies of the propager's Singularies of the propager's because or the pa | | (5) L | oans or loan guarantees | 5. | • | | | | 1 b (5) | | <u>X</u> |
| d if the answer to any of the above is Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 501(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Code (other than section 507(c)) and in section 507(c) of the Cod | | (6) P | erformance of services | or membershi | p or fundraising solic | itations | | | 1 b (6) | | Χ |
| the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 3 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 4 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations 4 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations 5 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations 6 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (b) Type of organizations (c) Description of relationship 4 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (b) Type of organizations (c) Description of relationship (c) Description of relationship 4 in the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations (e) Description of relationship or market value in any tax-exempt organizations (b) Type of organization (c) Description of relationship organizations (e) Description of transfers, transactions and trans | | c Sharii | ng of facilities, equipme | nt, mailing lis | ts, other assets, or pa | aid employees | | | 1 c | | X |
| (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2 a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No b if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjuty, it declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and better, it is true, correct, and complete Declaration of preparer (other than baspayer or indicately) is based on all information of which preparer has any knowledge Paid Preparer's identifying number (Cee Signature of Instance | | the ac | oods, other assets, or se | ervices aiven l | ov the reporting found | lation. If the for | undation received le | ess than fair marke | et value in | of | |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No bif Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fluciciary) is based on all information of which preparer has any knowledge Vesting the content of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fluciciary) is based on all information of which preparer has any knowledge Vesting the content of the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer foliations of which preparer has any knowledge Vesting the penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the penalties of penjury in the p | - | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | (; | a) Line no | (b) Amount involved | (c) Name (| of noncharitable exempt or | ganization | (d) Description of tra | ansters, transactions, a | nd sharing arran | gement | <u>s</u> |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Date Trustee | _ | | | ļ | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | · | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | _ | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | | | | | , | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | · | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | | | | | | | | | | | — |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | _ | | | | • | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | - | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b f Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Paid Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's Prepa | - | | | | | | | | | . | |
| (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge V B/3/2010 V B/3/2010 V Trusfee Title Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours if self-employed) Only Neuwirth Slaughter & Associates, L.L.P. EIN > 20-3593711 Po Box 8488 Huntsville TX 77340 Phone no > (936) 291-8500 | | 2a Is the descr | foundation directly or in tibed in section 501(c) o | ndirectly affilia f the Code (otl | ited with, or related to her than section 501(| o, one or more c)(3)) or in sec | tax-exempt organiz tion 527? | ations | Yes | X | No |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge V J J J J J | | b If 'Ye | s,' complete the followin | ig schedule. | | | | | | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | | | (a) Name of organization | on | (b) Type of o | organization | | (c) Description of | relationship | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | | | | | | | | | | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | | | | | | | | | | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | _ | | | | | | | | | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | | <u> </u> | | | | | | | | | |
| Paid Preparer's signature of the parer's Signature of the parer's Use Only Preparer's Neuwirth Slaughter & Associates, L.L.P. Neuwirth Slaughter & Associates, L.L.P. Po Box 8488 Huntsville Trustee Title Check if self-employed > Proparer's Identifying number (See Signature in the instrs) Preparer's Identifying number (See Signature in the instrs) Proparer's Signature Proparer's Identifying number (See Signature in the instrs) Po Box 8488 Huntsville TX 77340 Phone no (936) 291-8500 | _ | I | No. of contrast to the second | | | | | | 11.1.2.3.4 | | |
| Paid Preparer's signature Preparer's Signature Preparer's Use Only Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Preparer's Signature Preparer's Pre | | complete | aities of perjury, I declare that I Declaration of preparer (other th | nave examined th han taxpayer or fid | is return, including accompa luciary) is based on all infor | anying schedules an mation of which pre | id statements, and to the parer has any knowledge | best of my knowledge a | na bellet, it is tru | e, corre | et, and |
| Paid Preparer's signature Preparer's Signature Preparer's Use Only Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Preparer's Signature Preparer's Pre | | _ | DDD | • | | | | , | , | | |
| Paid Preparer's signature Preparer's Signature Preparer's Use Only Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Preparer's Signature Preparer's Pre | ; | ~ | Ky L. Lem | ~ | | | 18/3/2010 | ► V Tryst | ee | | |
| Paid Preparer's Use Only Poly Pre-parer's Use Only Poly | | Signa | ature of officer or trustee | | | | Date | | | | |
| Paid Preparer's Use Only Poly Pre-parer's Use Only Poly | | | Proporaria 2 | | | | | Check if P | reparer's Identify | ing num | ber |
| parer's Use Only Firm's name (or yours if self-employed), address, and ZIP code Neuwirth Slaughter & Associates, L.L.P. PO Box 8488 Huntsville TX 77340 Phone no ► (936) 291-8500 | | | signature S | -Ar | - CA | | 7-28-6010 | I self- | _ | | -, |
| Use Only yours if self-employed), address, and ZIP code FO Box 8488 Huntsville TX 77340 Phone no ► (936) 291-8500 | | | Firm's name (or No.1147) | irth Slau | ghter & Assoc | ciates I | L.P. | , , , , , , , , , , , , , , , , , , , | | | |
| address, and ZIP code Huntsville TX 77340 Phone no ► (936) 291-8500 | | Üse | yours if self- | | STEET & NOSO | -ucco, 1 | | | | | |
| | | Unly | address and | | | тx | 77340 | Phone no P | 936) 291 | -850 | 0 |
| | 3/ | AA | 12. Code Haires | | | | | 1. 1010 10 | | | |

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| NEUWIRTH SLAUGHTER | TAX PREPARATION | 925. | | | |

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

Continued

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|--|
| otal | | 925. | | | | |

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

| Line 13 - Investments - Other: | End of Year | |
|--------------------------------|---------------|----------------------|
| | Book Value | Fair Market Value |
| VANGUARD 500 INDEX FD | 24,708. | 20,149. |
| VANGUARD MID CAP INDEX FD | 24,708. | 20,966. |
| VANGUARD TOTAL STOCK MKT INDEX | 24,708. | 20,590. |
| Total | 74,124. | 61,705. |