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Form **990-PF**

Return of Private Foundation

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

2009

OMB No. 1545-0052

| | | the Treasury | A 1_A | | | ivate Foundation | | 2009 |
|-------------|--------------------|--|---|------------|--|---|--|---|
| | | ue Service | · · · · · · · · · · · · · · · · · · · | | on may be able to use a copy | of this return to satisfy state r 2009, and en | | , 20 |
| | | | or tax year beginning | | Imited return | of a former public charity | | |
| G | heck all | that apply: | Initial return Amended re | | | · _ / | ne change | |
| | the IRS | | undation NROE FOUND | ΣТ | TON INC. | | A Employer Identification 75-2365852 | cation number |
| | herwise, | | | | er if mail is not delivered to st | eet address) Room/suite | B Telephone numbe | r (see instructions) |
| | print | P.O. B | · | 3111 DC | 11 1112113 1101 001110103 13 31 | 100 | (432)682-0 | |
| | r type. Specifi | | n, state, and ZIP cod | e . | | | | is pending, check here |
| | | - | D TX 79702 | | | | D 1. Foreign organiz | · · · |
| | | pe of organizat | | 01/0 | c)(3) exempt private four | ndation | | ons meeting the 85% |
| | | | exempt charitable tru | | Other taxable priva | | E If private foundation | n status was |
| | | | ssets at end of | | Accounting method: X | | terminated under s 507(b)(1)(A), chec | section k here |
| | | Part II, col (c) | | Ĭ | Other (specify) | | F If the foundation is | in a 60-month |
| ▶ \$ | • | a | 50,935 | (Pa | irt I, column (d) must be | on cash basis.) | termination under 507(b)(1)(B), chec | |
| | | alvsis of Rev | enue and Expenses | | | | | (d) Disbursements |
| E | (Th (c), am | ne total of amor , & (d) may not nounts in colum | unts in columns (b), t necessarily equal th nn (a) (see instructions) | ie | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 Co | ntributions, gifts | , grants, etc., received | | 48,630 | | | |
| | | , lifthe | foundation is not requi | red | | | | |
| | | - 🗀 .0 a.u | ach Sch. B and temp. cash investme | nts | 24 | | | |
| | ľ | = | nterest from securities | | | | | |
| | 5 a Gr | ross rents | | | | | | |
| _ | | et rental come or (loss) | | | | | | |
| R | _ | — | sale of assets not on line | 10 | | | | |
| E | | oss sales price fo assets on line 6a | | | | | | |
| Ē | | | ome (from Part IV, line 2) | _ | | 0 | | |
| N | 8 Ne | et short-term c | apital gain | | | | 0 | |
| U E | 9 Inc | come modifica | itions | | | | 0 | |
| _ | | oss sales less ns. & allowances | | 0 | | | | |
| | b Le | ss Costof odssold · · · | | | | | | |
| | c Gi | ross profit or (I | loss) (attach schedule | e) | | | | |
| | 11 01 | ther income (a | ttach schedule) | | | | | |
| | | | 1 through 11 | | 48,654 | 0 | 0 | |
| O P | | ompensation of ot rectors, trustees, | | . 1 | 0 | | | |
| E | 14 01 | ther employee | salaries and wages. | | | | | |
| R | 15 Pe | ension plans, e | employee benefits | | | | | |
| T | ı | | h schedule) | | | | | |
| M | 1 | • | (attach schedule) | | | | | |
| N G | 1 | · • | nal fees (attach schedu | | | REC | EIVED | |
| & | 1 | | | · <u>·</u> | | | | |
| A | 1 | | edule) (see instructions) | | | 8 | 1 \$ 2010 O | |
| D | | | tach sch) and depletion | n | | | | |
| M | | ccupancy | | | | FTI | S | |
| Ň | | • | ices, and meetings | | | LOGD | | |
| E | | _ | olications | _ | | | <u> </u> | |
| X | 1 | · · | (attach schedule). #. | | 650 | | | · |
| E | l l | | and administrative | | | | _ | |
| N S | | - | lines 13 through 23 | | 650 | 0 | 0 | 0 |
| E | ł | | ifts, grants paid | | 48,200 | | | 48,200 |
| <u>s</u> | | | sements. Add lines 24 and | d 25 | 48,850 | 0 | 0_ | 48,200 |
| | a Ex | nd disburseme | nue over expenses ents | | -196 | | ···· | |
| | | | Income (if neg., enter | | | 0 | | |
| | I cA | dlusted net in | come (if neg , enter -0- | -) | 1 | 1 | 0 | Ī |

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

Form **990-PF** (2009)

| D | ert`ll | Attached schedules and amounts in the Balance Sheets description column should be for | Beginning of year | End o | f year |
|-------------|-----------------|---|---|---|-----------------------|
| | 18 E HE | end-of-year amounts only. (See inst.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ` | 1 | Cash non-interest-bearing | 54,131 | 50,935 | 50,935 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable▶ | | ·, , ;;; ;; ; | |
| | | Less: allowance for doubtful accts. ▶ | Ì | | |
| | 4 | Pledges receivable ▶ | | · · · · · · · · · · · · · · · · · · · | |
| | | Less: allowance for doubtful accts. ▶ | İ | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| A S | 7 | Other notes and loans | | ······································ | |
| | | receivable (attach schedule) ▶ Less allowance for doubtful accounts ——————————————————————————————————— | 1 | | |
| Š | 8 | Inventories for sale or use | | | |
| S E T | 9 | Prepaid expenses and deferred charges | | | |
| Ś | 10a | Investments U.S. and state govt. obligations (attach sch) | | | |
| | | Investments corporate stock (attach schedule) | | | , |
| | ŀ | · · · · · · · · · · · · · · · · · · · | | | • |
| | 11 ^C | Investments corporate bonds (attach schedule) | | | |
| | | Less accumulated depreciation (attach schedule) | | · · · · · <u> ·</u> · · · · · · · · · · · · · · · · · | |
| | 12 | Investments mortgage loans | | | · |
| | 13 | Investments other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis > | | | |
| | | Less accumulated depreciation (attach schedule) |] | | |
| | 15 | Other assets (describe ▶) | | | |
| | 16 | Total assets (to be completed by all filers see the | | | |
| | | ınstructions Also, see page 1, item l) | 54,131 | 50,935 | 50,935 |
| Ļ | 17 | Accounts payable and accrued expenses | 6,000 | 3,000 | |
| Å | 18 | Grants payable | | | |
| A B | 19 | Deferred revenue | | | |
| Ļ | 20 | Loans from officers, directors, trustees, and other disqualified persons . | | | |
| Ŧ | 21 | Mortgages and other notes payable (attach schedule) | | | |
| 1 | 22 | Other liabilities (describe ▶) | | | |
| E S | 23 | Total liabilities (add lines 17 through 22) | 6,000 | 3,000 | |
| _ | | Foundations that follow SFAS 117, check here | | | |
| _ | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| N F | 24 | Unrestricted | | | |
| ΤN | 25 | Temporarily restricted | | | |
| ĎΔ | 26 | Permanently restricted | | | |
| · ASSETS OR | | Foundations that do not follow SFAS 117, ck. here | | | |
| SA | | and complete lines 27 through 31. | | | |
| TA | 27 | Capital stock, trust principal, or current funds | 1,000 | 1,000 | |
| SM | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 1,000 | 1,000 | |
| ΘĒ | 29 | Retained earnings, accumulated income, endowment, or other funds | 47,131 | 46,935 | |
| H S | 30 | Total net assets or fund balances (see the instructions) | 48,131 | 47,935 | |
| | 31 | Total liabilities and net assets/fund balances (see the institutions) | | · · · · · · · · · · · · · · · · · · · | |
| Da | | | 54,131 | 50,935 | |
| | | Analysis of Changes in Net Assets or Fund Bal | | n weth | |
| 1 | | I net assets or fund balances at beginning of year Part II, colum | | i | 40 121 |
| _ | | -of-year figure reported on prior year's return) | | | 48,131 |
| 2 | | r amount from Part I, line 27a | | | -196 |
| 3 | | | | 3 | 45 035 |
| 4 | | lines 1, 2, and 3 | • | | 47,935 |
| 5 | | reases not included in line 2 (itemize) | D.All sale (1) | 5 | 45.005 |
| 6 | ıota | I net assets or fund balances at end of year (line 4 minus line 5) | - raπ II, column (b), line | 30 6 | 47,935 |

| Page | 3 |
|------|---|
|------|---|

| Form 990-PF (2009)THE MON | | 75-2365852 | | · · · · · · · · · · · · · · · · · · · | Page |
|---|---|--|---------------------------------------|---------------------------------------|--|
| | and Losses for Tax on Inv | | <u>e</u> | | |
| ` . | the kind(s) of property sold (e.g., re- ouse; or common stock, 200 shs. M | | (b) How acquired P Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| | | | D Donation | (*****) | (,,, ,, |
| <u>1a</u> | | | | | |
| <u>b</u> | | | | | |
| d | | | | | |
| | | | | | |
| е | | | | | 1 |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or o | | · , | n or (loss) f) minus (g) |
| а | | | | | |
| ь | | | | | |
| C | | | | | |
| d | | - | | | |
| е | | J | | | |
| Complete only for assets she | owing gain in column (h) and owne | d by the foundation | on 12/31/69 | (I) Gains (Col | . (h) gain minus |
| (I) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess over col. (| • • • | ` '' | less than -0-) or om col. (h)) |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| е | | | | · <u>-</u> | |
| 2 Capital gain net income or (r | net capital loss) | also enter in Part I, lir enter -0- in Part I, li | ne 7 | 2 | 0 |
| 3 Net short-term capital gain of | or (loss) as defined in sections 1222 | | _ | | |
| · · · · · · · · · · · · · · · · · · · | ne 8, column (c) (see the instruction | | \neg | | |
| If (loss), enter -0- in Part I, li | | | | 3 | 0 |
| | Under Section 4940(e) for | Reduced Tax or | Net Investr | nent Income | |
| | ve this part blank. section 4942 tax on the distributable to qualify under section 4940(e). Do r | | | od? | Yes No |
| 1 Enter the appropriate amou | nt in each column for each year, se | e the instructions bef | ore making any e | entries. | |
| (a) | (b) | | (c) | | (d) |
| Base period years Calendar year (or tax year beg. in | Adjusted qualifying distribu | | Net value of aritable-use assets | | tribution ratio divided by col (c)) |
| 2008 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 150: 157 | 200 27 20. (0)/ |
| 2007 | | | · · · · · · · · · · · · · · · · · · · | | |
| 2006 | | · · | | | |
| 2005 | | | | | |
| 2004 | | | | | |
| 2004 | | | | | |
| 2 Total of line 1, column (d) | | | | . 2 | |
| | | | | | |
| <u> </u> | or the 5-year base period divide | - | - | | |
| or years the loundation has | been in existence if less than 5 year | ırs , , , , , | | . 3 | |
| 4 Enter the net value of nonc | haritable-use assets for 2009 from I | Part X, line 5 | | 4 | |
| 5 Multiply line 4 by line 3 | | | | 5 | |
| 6 Enter 1% of net investment | ıncome (1% of Part I, line 27b) | | | 6 | |
| 7 Add lines 5 and 6 | | | | 7 | |
| 8 Enter qualifying distribution: | s from Part XII, line 4 | | | . 8 | |
| | er than line 7, check the box in Part | | | · · · · · · · · · · · · · · · · · · · | e the Part VI |

| Form | 990-PF (2009) THE MONROE FOUNDATION INC. 75-2365852 | _ | | | Pa | age 4 |
|------|---|---------------------|---|---------------|----------|--------------|
| Pa | T.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 s | see the | e Instru | ctio | ns) | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1 | | | | | |
| • | Date of ruling or determination letter: (attach copy of ruling letter if necessary see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | | 0 |
| | here ▶ X and enter 1% of Part I, line 27b | | *************************************** | | <i>y</i> | ************ |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | | | 1 | | |
| _ | of Part I, line 12, col. (b) | | | , | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | | 0 |
| 3 | Add lines 1 and 2 | 3 | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0 |
| 5 | Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0 | 5 | | | | 0 |
| 6 | Credits/Payments: | | ······ | | | <u>-</u> |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | | | |
| h | Exempt foreign organizations — tax withheld at source 6b | | | | | |
| • | Tax paid with application for extension of time to file (Form 8868) | | | | | |
| d | Backup withholding erroneously withheld | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | 0 |
| | | 8 | - | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 9 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | | |
| 10 | Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | — | | |
| 11 | Enter amount of line 10 to be. Credited to 2010 estimated tax ► Refunded ► | 11 | | | | |
| | T VII-A Statements Regarding Activities | | | \neg | Van | No |
| ıa | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip | Jal e of | | | Yes | |
| _ | Intervene in any political campaign? | na far | · - | a | Y / 53 | |
| Đ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction | ns ior | . ا | | A\n | |
| | definition)? | ، ، ، استخاصا | · - | ₽∦ | N/A | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public | snea | | | 1 | |
| | or distributed by the foundation in connection with the activities | | | . , | A\r | : |
| | Did the foundation file Form 1120-POL for this year? | • • • • | · - | 纤 | N/A | |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | , | | | | |
| | (1) On the foundation > \$ 0 (2) On foundation managers > \$ | | _ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | 1 | |
| _ | on foundation managers \$ 0 | | | | | v |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | • • • • | · - | 2 | | X |
| _ | If "Yes," attach a detailed description of the activities. | | | | | : |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | i | | _ | T / T | : |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | • • • • • | _ | | A/V | |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | '` ⊢ | - | A/V | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | • • • | . · ⊢-` | | 1/A | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | ·· ├-¹ | 5 [| A/N | |
| _ | 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 either: | | | | 1 | |
| | By language in the governing instrument, or By state logislation that offsetively amond the research transfer in the manufacture discretization that | | | | - | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | _ | | i I |
| _ | conflict with the state law remain in the governing instrument? | | _ | $\overline{}$ | 1/A | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & I | rart XV | ′ | 7 | Х | |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | | | | |
| | NONE | | _ | | 1 | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or | | | | ,, | |
| | designate) of each state as required by General Instruction G? If "No," attach explanation | • • • • | 8 | b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | | - | |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co | omplet | i | | _ , _ | |
| | Part XIV | | · _' | 9 [| A/N | |
| 10 | Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names | | | | _ , _ | |
| | and addresses | <u></u> | | | 1/A | |
| JVA | 09 990PF4 TWF 33162 Copyright Forms (Software Only) - 2009 TW | F | orm 9 9 | ∂0-l | PF (| 2009) |

| 'Form | 990-PF(2009) THE MONROE FOUNDATION INC. 75-2365852 | _ | Pa | age 5 |
|-------|---|----|-----|--------------|
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| • | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | | |
| | Website address ►N/A | | | |
| 14 | The books are in care of ▶See attachment #2 Telephone no. ▶ | | | |
| | Located at ► ZIP+4 ► | | • | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here | | | ▶ X |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | ĺ |
| | a disqualified person? | | | • |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | ĺ |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period | | | |
| | after termination of government service, if terminating within 90 days.) | | - | |
| ь | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | ĺ |
| | Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | 1b | | х |
| | Organizations relying on a current notice regarding disaster assistance check here | 1 | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | ĺ |
| | that were not corrected before the first day of the tax year beginning in 2009? | 1c | | х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d | | | ĺ |
| | and 6e, Part XIII) for tax year(s) beginning before 2009? | | 1 | ĺ |
| | If "Yes," list the years ▶ 20 , 20 , 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | | | ĺ |
| | to all years listed, answer "No" and attach statement see the instructions.) | 2b | | х |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶ 20 , 20 , 20 , 20 | | | ĺ |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | İ |
| | enterprise at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation | | | ĺ |
| | or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved | | | İ |
| | by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) | | | İ |
| | the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine | | | ĺ |
| | If the foundation had excess business holdings in 2009.) | 3ь | | х |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable | | | |
| | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 46 | | x |

| Par | V | B Statements Regarding Active | vities for Which | Form 4720 May Be | Required (continu | ed) | | | |
|------|--|---|--|-----------------------------|--|--------------|----------|-------------|--|
| 5 a | Dur | ing the year did the foundation pay or incui | r any amount to | | | . ! | | 1 | |
| • | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | | | | | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry | | | | | | | | |
| | on, directly or indirectly, any voter registration drive? | | | | | | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No | | | | | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described | | | | | | | | |
| | (7) | - | | - | Yes X | No | | 1 | |
| | In section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) | | | | | | | 1 | |
| | educational purposes, or for the prevention of cruelty to children or animals? | | | | | | | 1 | |
| _ | 15 - | | • | | | 110 | | - | |
| Ь | | ny answer is "Yes" to 5a(1)-(5), did any of the | | | | ./, | | Ŧ | |
| | | gulations section 53 4945 or in a current not | | | | '.₩. F | 5b | | |
| | | anizations relying on a current notice regar | | | | ▶ ∐ | | 1 | |
| C | | e answer is "Yes" to question 5a(4), does t | | | > ₹/> □ □ | , | - 1 | ŧ | |
| | | ause it maintained expenditure responsibili | | | .N/A ∐Yes ∐ | No | - 1 | ł | |
| | | res," attach the statement required by Regu | | | | | | | |
| 6a | | the foundation, during the year, receive an | | | | , [| | ł | |
| | on | a personal benefit contract? | | | Yes X | No | | | |
| þ | Dıd | the foundation, during the year, pay premi | ums, directly or indirec | ctly, on a personal benefit | contract? | Ĺ | 6b | X | |
| | If " | es" to 6b, file Form 8870. | | | _ | _ | | 1 | |
| 7a | At a | any time during the tax year, was the found | ation a party to a prohi | ibited tax shelter transact | on? Yes X | No | | ł | |
| b | If y | es, did the foundation receive any proceeds | s or have any net incor | me attributable to the trar | saction? | · | 7b | _ X | |
| Pa | rt V | III Information About Officers, | Directors, Truste | es, Foundation Ma | nagers, Highly F | Paid Em | ploy | ees, | |
| | | and Contractors | | | | | | | |
| 1 | Lis | t all officers, directors, trustees, foundati | on managers and the | elr compensation (see the | ne Instructions). | | | | |
| | | | (b) Title, and avg. | (c) Compensation | (d) Contributions to | (e) Ex | pense | account, | |
| | | (a) Name and address | (b) Title, and avg. hours per week devoted to position | (If not paid, enter -0-) | employee benefit plan and deferred comp | | | wances | |
| See | e a | ittachment #3 | | | | | | | |
| | | • | | | | _ <i>'</i> | | | |
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| 2 | | mpensation of five highest-paid employe | ees (other than those | Included on line 1 se | ee the instructions). | | | | |
| | IT N | one, enter "NONE." | T | | (d) Cantula stance to | · · · · · · | | | |
| (a | n Na | ame and address of each employee paid | (b) Title, and avg | | (d) Contributions to employee benefit | | pense | account, | |
| ,- | , | more than \$50,000 | hours per week | (c) Compensation | plans and deferred | | | wances | |
| | | | devoted to position | | compensation | | | | |
| NOI | ΝE | | | 1 | | | | | |
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| | | | | | | | | | |
| Tota | Low | mbor of other employees made over \$50,000 | <u>l</u> | | | | | | |
| rota | riul | mber of other employees paid over \$50,000 | · | | | ·· | <u> </u> | DE (2000) | |

75-2365852

Form 990-PF (2009)THE MONROE FOUNDATION INC.

Page 6

| | 75-2365852 | Page 7 |
|---|------------------------------------|--|
| Part VIII Information About Officers, Directors, Trustees, Fo | oundation Managers, High | ly Paid Employees, |
| and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services (see | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
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| | | |
| Total number of others receiving over \$50,000 for professional services | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant si of organizations and other beneficiaries served, conferences convened, research papers produce | | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| 3 | | ··· |
| 5 | | |
| | | |
| 4 | | |
| | | |
| m . ov m Common of Donner - Doland Lorent - | | |
| Part IX-B Summary of Program-Related Investments (see the | | Amount |
| Describe the two largest program-related investments made by the foundation du | ring the tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| 2 | | |
| | | |
| | | ······································ |
| All other program-related investments. See the instructions | | |

Form **990-PF** (2009)

Total. Add lines 1 through 3

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| Pag | е | 8 |
|-----|---|---|
| | | |

| • | Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes. | 1 | |
|---|--|----|--------|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 48,200 |
| b | Program-related investments total from Part IX-B | 1b | |
| 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: | | |
| а | 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 | 48,200 |
| 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 the instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 48,200 |

| Par | t-Aiii Undistributed income (see | | | | |
|-----|--|---------|---------------------|------|-------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2009 from Part XI, | Corpus | Years prior to 2008 | 2008 | 2009 |
| | line 7 | | | | 126 |
| 2 | Undistributed income, if any, as of the end of 2009. | | | | |
| | Enter amount for 2008 only | | | | |
| | | | | | <u> </u> |
| | Total for prior years 20, 20, 20 | | ····· | | |
| 3 | Excess distributions carryover, if any, to 2009 | | | | |
| а | From 2004 3,635 | | | | |
| b | From 2005 | | | | |
| С | From 2006 46, 182 | | | | |
| d | From 2007 42, 783 | | | | |
| | From 2008 . 68, 621 | | | | |
| | Total of lines 3a through e | 163,372 | | | |
| | <u>-</u> | 103,372 | | | |
| 4 | Qualifying distributions for 2009 from Part XII, | | | | |
| | line 4 ▶ \$ 48,200 | | | | |
| а | Applied to 2008, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required see the instructions) | | | | |
| C | Treated as distributions out of corpus | | | | |
| | (Election required see the instructions) | | | | |
| ч | Applied to 2009 distributable amount . | | | | |
| | ' ' | 40 074 | | | |
| | Remaining amount distributed out of corpus, | 48,074 | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | Indicated below: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e Subtract line 5 | 211,446 | | | |
| | Prior years' undistributed income. Subtract | , | | | |
| _ | • | | | | |
| _ | line 4b from line 2b | | | | |
| С | 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 | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount see the instructions | | | | |
| е | Undistributed income for 2008. Subtract | | | | |
| | line 4a from line 2a. Taxable amount | | | | |
| | | | | | |
| | see the instructions | | | | |
| 1 | Undistributed income for 2009. Subtract | | | | |
| | lines 4d and 5 from line 1. This amount | | | | |
| | must be distributed in 2010 | | | | 126 |
| 7 | Amounts treated as distributions out of | | | | |
| | corpus to satisfy requirements imposed | | | | |
| | by section 170(b)(1)(F) or 4942(g)(3) (see | | | | |
| | the instructions) | | | | |
| 8 | Excess distributions carryover from 2004 | | | | |
| • | - | | | | |
| | not applied on line 5 or line 7 (see the | | | | |
| _ | instructions) | | | | |
| 9 | Excess distributions carryover to 2010. | | | | |
| | Subtract lines 7 and 8 from line 6a | 211,446 | | | |
| 10 | Analysis of line 9. | | | | |
| а | Excess from 2005 2 , 151 | | | | |
| | Excess from 2006 . 46, 182 | | | | |
| | Excess from 2007 42,783 | | | | |
| | Excess from 2008 . 68,621 | | | | |
| | | | | | |
| _ ਦ | Excess from 2009 48,074 | | | } | 1 |

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

| Fait XV Supplementary information | (continued) | | | |
|--------------------------------------|--|--|---------------------|-----------|
| 3 Grants and Contributions Paid Du | ring the Year or Ap | proved f | or Future Payment | |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| necibietit | show any relationship to | status of | contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| a Paid during the year | 5. 5255 (4.11.01.00) | | | |
| See attachment #4 | | İ | | |
| see attachment #4 | | | | |
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| Total | | · · · · · · · · · · · · · · · · · · · | <u> </u> | 3a 48,200 |
| | <u> </u> | | | 40,200 |
| b Approved for future payment | | | | |
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| Total | | | | D I |

'Form 990-PF (2009) THE MONROE FOUNDATION INC. 75-2365852

| inter gross amounts unless otherwise indicated | Unrelated business income | | Excluded | by section 512, 513, or 514 | (e) |
|--|---------------------------|------------------|----------|-----------------------------|-----------------------------------|
| | (a) | (b) | (c) | (d) | Related or exempt function income |
| | Business | Amount | Excl. | Amount | (See the |
| 1 Program service revenue: | code | | code | | instructions.) |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| е | | | | | |
| 1 | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | 24 | 14 | | |
| 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 | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 24 | | 0 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 24 |
| See worksheet in line 13 instructions to verify calcula | | | | | - |
| Part XVI-B Relationship of Activities | | mplishment of Ex | cempt | Purposes | |
| Line No. Explain below how each activity for w | | | | | antly to the |

Form **990–PF** (2009)

| P | irt XV | Information F Exempt Orga | | ansfers To and T | ransactions ar | nd Relationships With N | oncharit | able | - |
|--------|--------------|---|---|---|---|--|-----------------------|--------------|----------|
| • 1 | Did th | | | age in any of the follow | ing with any other o | organization described in section | 1 | Yes | No |
| • | | - | | - | - | ig to political organizations? | | | |
| а | • | • | • | noncharitable exempt o | | g to perment organization | | | |
| | | , , | | • | - | | 1a(1) | 1 | х |
| | | | | | | | | | X |
| | | transactions | | | | | 10(2) | | |
| | | | obaritable even | nt organization | | | 16/1 | | х |
| | | | | | | | | + | X |
| | • • | | | | | | | | X |
| | | | | | | | | +- | X |
| | | | | | | | 1b(4) | - | X |
| | | | | | | | | 1 | X |
| | | | • | _ | | | <u> </u> | - | |
| 0 | | | _ | | |) should always show the fair m | | | X |
| (2) | or sha | aring arrangement, sho | w in column (d) | the value of the goods, | other assets, or se | | | | |
| (a) (| ine no | (b) Amount involved | (c) Name of no | ncharitable exempt org | anization (a) Descr | ription of transfers, transactions, and s | haring arran | gements | 1 |
| | section | on 501(c) of the Code (cs," complete the follow | other than sectio | n 501(c)(3)) or in sectio | n 527? | 1 | <u>\</u> Ye | |] No |
| | | (a) Name of organizat | tion | (b) Type of or | ganization | (c) Description of re | elationship | · | |
| | | | | | | | · · · | | |
| | true, co | enaities of perjury, I declare rrect, and complete. Declar | e tnat I have examın atıon of preparer (ot | ed this return, including acc her than taxpayer or fiducia | ompanying schedules a ry) is based on all infori | and statements, and to the best of my mation of which preparer has any know | knowledge a vledge | nd belie | 1, IT IS |
| S | _ | Doll Duch | ~ | | 18/12 | SECRETARY | /TREA | SUR | ER |
| Ğ | Sig | nature of officer or trust | tee | | Date | Title | | | |
| N | Chook if | | | | er's identif | - | | | |
| | Pald | | | | | Check if self-employed ▶☐ number | r (see Sig | nature | ın |
| H | Pre- par- | Preparer's | t1. | CAA | ۔ رور | l thouse | tructions) | | |
| E R | er's | signature Pa | 1 rotus | my Soll | 2-12-10 | | | | |
| Ë | Use | Firm's name (or your | <u> </u> | | 0 | EIN ► | | | |
| | Only | if self-employed), | PO BO | | | Phone no | | | |
| _ | | address, and ZIP cod | de Midla | nd, TX 79702 | ? | (432)682-0 | 963 | | |
| JVA | 09 | 990PF13 TWF 3315 | 59 Copyright F | orms (Software Only) - 2009 | TW | F | orm 990 - | -PF (| 2009) |

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer Identification number

| THE MONROE FOUND | ATION INC. | 75-2365852 | | | | | |
|---|--|--|--|--|--|--|--|
| Organization type (check one): | | | | | | | |
| Filers of: | llers 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 | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| General Rule X For an organization filing F from any one contributor | Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (i Complete Parts I and II | n money or property) | | | | | |
| Special Rules | | | | | | | |
| under sections 509(a)(1) a | panization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rend 170(b)(1)(A)(vi), and received from any one contributor, during the year, a the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Com | contribution of the greater | | | | | |
| during the year, aggregate |), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, poses, or the prevention of cruelty to children or animals. Complete Parts I, II, | scientific, | | | | | |
| the year, contributions for to more than \$1,000 If this religious, charitable, etc., p | o, or (10) organization filing Form 990 or 990-EZ that received from any one couse exclusively for religious, chantable, etc., purposes, but these contributions so box is checked, enter here the total contributions that were received during the purpose. Do not complete any of the parts unless the General Rule applies to religious, charitable, etc., contributions of \$5,000 or more during the year | did not aggregate he year for an exclusively this organization because | | | | | |
| or 990-PF), but it must answer " | not covered by the General Rule and/or the Special Rules does not file Schedi No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 99 es not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990- | 90-EZ, or on line 2 of its | | | | | |

| Schedule | B (Form 990, 990-EZ, or 990-PF) (2009)THE MONROE FC | OUNDATION INC. 75-2 | Page 1 of of Part I |
|------------|---|-----------------------------|--|
| | organization | | loyer Identification number |
| | ONROE FOUNDATION INC. | | 2365852 |
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 110. | EUGENE R. MONROE | Aggregate contributions | Type of contribution |
| 1 | 218 W. ILLINOIS, STE 100 MIDLAND, TX 79701 | \$ 48,630 | 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 |
| | | \$ | 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 |
| <u> </u> | | | 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.) |

OTHER EXPENSES SCHEDULE

Attachment 1: page 1 990-PF Page 1, Part I, Line 23 Open to Public For calendar year 2009, or tax period beginning , and ending Inspection **Employer Identification Number** Name of Organization THE MONROE FOUNDATION INC. 75-2365852 Revenue and Net investment Adjusted Disbursements for Description of Activity Expenses Income Net Income Charity INVESTMENT FEES 150 MISCELLANEOUS EXPENSE 500 650 Total

BOOKS ARE IN CARE OF

| Attachment 2 - 990-PF Page 5, Part VII-A, Line 14 | | | | | | |
|---|---|---------------------|----------------------------|--|--|--|
| Open to Public | | | | | | |
| Inspection | For calendar year 2009, or tax period beginning | , and ending | • | | | |
| Name of Organization THE MONROE | FOINDATION INC | | oyer Identification Number | | | |
| Part VII-A - Line 14 | <u>:</u> | | | | | |
| Individual Name . or Business Name | | BOB W. DUTTON | · | | | |
| Street Address , , | | 218 WEST ILLINOIS ‡ | <u></u> ‡100 | | | |
| U.S. Address: | | | | | | |
| Zip code or Foreign Address | 79701 City MIDLAND | State TX | 2 | | | |
| City . | · · · · · · · · · · · · · · · · · · · | | | | | |
| Province or | State | | | | | |
| Country . | | | <u> </u> | | | |
| Postal code | | | · | | | |
| Phone Num | ber | | (432)682-0963 | | | |
| Fax Numbe | r | | (432) 570-8808 | | | |

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-PF Page 6, Part VIII Open to Public Inspection For calendar year 2009, or tax period beginning and ending Employer Identification Number Name of Organization THE MONROE FOUNDATION INC. 75-2365852 (A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont to Employee (E) Expense Account not paid, enter 0) Ben Plans & Def Comp. & Other Allowances Hrs. per Week E.R. MONROE PRESIDENT 218 WEST ILLINOIS SUITE 100 MIDLAND, TX 79701 0 0 0 H. KATHLEEN MONROE VICE 218 WEST ILLINOIS SUITE PRESIDENT 100 MIDLAND, TX 79701 0 0 0 BOB W. DUTTON 218 WEST ILLINOIS SUITE SECRE/TREASUR 100 MIDLAND, TX 79701 0 0 0

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Attachment 4: page 1 990-PF Page 11, Part XV Line 3a

Open to Pu

Inspection For calendar year 2009, or tax period beginning , and ending

Name of Organization
THE MONROE FOUNDATION INC.

Employer Identification Number 75-2365852

| THE MONROE FOUNDATION INC. | _ | | 75-236 | 5852 |
|---|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| HOSPICE OF THE VALLEY | | 501C3 | GENERAL FUND | |
| 5801 E. MAYO BLVD | | | | |
| PHOENIX, AZ 85054 | | | | 200 |
| BOWIE HISH SCHOOL ALUMNI | | 501C3 | GENERAL FUND | |
| ASSOCIATIO | | | | |
| 901 SPEARS | | | | |
| BOWIE, TX 87230 | | | | 250 |
| COMMUNITY SENIOR SERVICES | | 501C3 | GENERAL FUND | |
| 3301 SINCLAIR AVE | | | | 1 500 |
| MIDLAND, TX 79707 | | E 0 1 G 2 | CENEDAL DIND | 1,500 |
| ST. MARY'S/WESTSIDE FOOD | | 501C3 | GENERAL FUND | |
| BANK ALLIA | | | | |
| 2831 N. 31ST AVE. | | | | 1,000 |
| PHOENIX, AZ 85009 HOSPICE OF MIDLAND | | 501C3 | GENERAL FUND | 1,000 |
| ENDOWMENT | | 50163 | GENERAL FUND | |
| PO BOX 2621 | | | | |
| MIDLAND, TX 79702 | | | | 10,000 |
| HOME FOR OUR TROOPS, INC. | | 50103 | GENERAL FUND | 10,000 |
| 37 MAIN ST. | | 50103 | | |
| TAUTON, MA 02780 | 1 | | | 15,000 |
| ST. JUDE CHILDREN'S | | 501C3 | GENERAL FUND | , |
| RESEARCH HOSPIT | | | | |
| PO BOX 50 | | | | |
| MEMPHIS, TN 38101 | | | | 5,000 |
| MEALS ON WHEELS | | 501C3 | GENERAL FUND | |
| 3301 SINCLAIR AVE. | | | | |
| MIDLAND, TX 7970 | | | | 15,000 |
| SCOTTSDALE CHARITIES | | 501C3 | GENERAL FUND | |
| 7320 N SCOTTSDALE RD STE | | | | |
| 110 | | | | |
| SCOTTSDALE, AZ 85255 | | | | 250 |
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| | · | | | 48,200 |

BOOKS ARE IN CARE OF

| Attachment | 1 - 990-PF Page 5, Part VII- | A, Line 14 | |
|---|---|---------------------|------------------------------------|
| Open to Public | | | |
| Inspection | For calendar year 2009, or tax period beginning | , and ending | · |
| Name of Organization THE MONROE | on FOUNDATION INC. | 75-2 | oyer Identification Number 2365852 |
| Part VII-A - Line 14 | | | |
| Individual Name or Business Name: | | BOB W. DUTTON | |
| Street Address | | 218 WEST ILLINOIS # | 100 |
| U.S Address: | | | |
| Zip code or Foreign Address | 79701 City MIDLAND | State T> | <u> </u> |
| City | | | |
| | State | | |
| Country | | | · ····· <u> </u> |
| Postal code | | | |
| Phone Numb | per | | (432) 682-0963 |
| Fax Number | | | (432)570-8808 |

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

| Internal Revenu | e Service | ▶ Fi | le a separate application for | each return. | _ | 1 | |
|--|--|-----------------------------------|---------------------------------|--------------------------|---------|-----------|---------------------------------------|
| If you are | • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | | |
| • If you are | e filing for an | Additional (Not Automatic) 3- | Month Extension, complete | only Part II (on page 2 | of this | form). | |
| = | | unless you have already been | | | | | 868 |
| | | c 3-Month Extension of | | | | | |
| A corporation Part I only | n required to | file Form 990-T and requesting | an automatic 6-month extens | ion – check this box and | d com | olete | ▶ 🗍 |
| All other cor tax returns. | rporations (in | cluding 1120-C filers), partnersh | nips, REMICs, and trusts must | use Form 7004 to reque | est an | extension | n of time to file income |
| 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 returns 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 additional (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 Charities & Nonprofits. | | | | | | | |
| Type or | Name of Ex | empt Organization | | | Em | plover ic | ientification number |
| print | | NROE FOUNDATION | TNC | | | -2365 | |
| • | | eet, and room or suite no. If a F | | | | 2000 | 7032 |
| File by the due date for | 1 | | .O. DOX, See insuductions. | | | | |
| filing your | P.O. B | | . C | | | | |
| return See | | r post office, state, and ZIP cod | e. For a foreign address, see | instructions. | | | |
| instructions. | | D TX 79702- | | | | | |
| Check type | of return to | be filed (file a separate applica | | | | | |
| ☐ Form 990 | 0 | | Form 990-T (corporation) | | | | ☐ Form 4720 |
| Form 990 | 0-BL | | Form 990-T (sec. 401(a) of | | | | Form 5227 |
| Form 990 | 0-EZ | | Form 990-T (trust other the | an above) | | | Form 6069 |
| X Form 990 |)-PF | | Form 1041-A | | | | Form 8870 |
| The boo | oks are in the | care of ▶ <u>See attach</u> | ment #1 | | | | · · · · · · · · · · · · · · · · · · · |
| Telepho | ne No. ▶ | | FAX No. | > | | | |
| If the or | ganization do | es not have an office or place of | of business in the United State | s, check this box | | | ······ ▶ □ |
| If this is | for a Group I | Return, enter the organization's | four digit Group Exemption No | umber (GEN) | | | . If this is |
| | • | k this box | <u>~</u> · · · | | | | ▶ and attach |
| | | EINs of all members the extens | | 3 , | • • • • | | • 🗀 |
| | | c 3-month (6 months for a corp | | Q(LT) extension of time | | | |
| • | | , 20 10, to file the exem | • | • | o The | avtenci | on ie |
| - | organization's | | prorganization return for the t | ngamzaton named abor | | CALCITOR | ж |
| _ | • | | | | | | |
| | alendar year | | 00 | | | 00 | |
| ▶ ∐ ն | ax year begir | ning | , 20 , and ending _ | | ' | 20 | |
| 2 If this ta | x year is for I | ess than 12 months, check reas | son: Initial return | Final return | Ch: | ange in a | ccounting period |
| 3a If this ar | polication is fo | or Form 990-BL, 990-PF, 990-T | . 4720, or 6069, enter the tent | ative tax, | | | |
| • | • | ole credits. See instructions. | ,, | - ·· • | 3a | \$ | 0 |
| | | or Form 990-PF or 990-T, enter | any refundable credits and es | timated tax | | | <u>_</u> |
| • | • | · | • | | 3b | \$ | 0 |
| | | | | | | | |
| Balance Due. Subject line 30 from the 3a. Include your payment with this form, or, in required, | | | | | | | |
| | | | I FO (Electronic Federal Tax F | ayınıcın | 32 (g) | | |
| | . See instruc | | | | 3c | \$ | 0 |
| | Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO | | | | | | |
| for payment | instructions. | | | | | | 9969 (5. 4.0000) |