

# 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



SCANNED MAY 1 3 2010.

**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation may	Treated as a Private be able to use a copy of this		rting requirements	2009
For calendar year 2009, or tax year beginning		, and ending		
G Check all that apply Initial return Amended return	Initial return of a fo	ormer public charity	Final return	
Use the IRS Name of foundation			A Employer identification	number
label.	Λ.Τ.Ο.Ν		75-258703 <b>4</b>	
Otherwise, DAMES N. MCCOY FOUNDA		Room/suite	B Telephone number	<u> </u>
ortype. 5001 DITTO LANE	·		(940)767-4	434
See Specific City or town, state, and ZIP code			C If exemption application is p	
WICHITA FALLS, TX /	5302-3501		D 1. Foreign organizations	s, check here
H Check type of organization X Section 501(c)(3) (a)  Section 4947(a)(1) nonexempt charitable trust	exempt private foundation  Other taxable private founda	ation	Foreign organizations me check here and attach co	
	ting method X Cash	Accrual	E If private foundation sta under section 507(b)(1)	
(from Part II, col. (c), line 16)	Other (specify)		F If the foundation is in a	• • •
▶\$ 17,220,812. (Part I, col	umn (d) must be on cash l	basis.)	under section 507(b)(1)	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,000,000.		N/A	
2 Check If the foundation is not required to attach Sch B Interest on savings and temporary	2,282.	2,282.		STATEMENT 1
cash investments  4 Dividends and interest from securities	339,862.	339,862.		STATEMENT 2
5a Gross rents	003/0020	000/0022		
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 7 1 7 7 1 7 0	<841,253.	>		
D assets on line 6a		0.		· · · · · · · · · · · · · · · · · · ·
7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		0.		
9 Income modifications		antiatala.		••••••••••••••••••••••••••••••••••••••
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				1101 100 100 100 100 100 100 100 100 10
11 Other income 12 Total. Add lines 1 through 11	500,891.	342,144.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits	14.047			14 047
16a Legal fees STMT 3 b Accounting fees STMT 4	14,947. 8,400.	0.		14,947.
b Accounting fees STMT 4  C Other profess balles EIVED	0,400.	<u> </u>		0,400.
9 17 Interdet - O	1,517.	1,517.		0.
18 Taxes & MAY 1 9 2017 M 5 5	<14,097.	> 13,747.		0.
19 Depreciation and depletion				
E 20 Occubandy				-
21 Travel, confe@@@antiffeetings T			-	
23 Other expenses STMT 6	64,781.	64,734.		50.
23 Other expenses STMT 6  24 Total operating and administrative expenses. Add lines 13 through 23				
expenses. Add lines 13 through 23	75,548.	79,998.		23,397. 892,167.
25 Contributions, girts, grants paid	892,167.			092,10/.
26 Total expenses and disbursements. Add lines 24 and 25	967,715.	79,998.		915,564.
27 Subtract line 26 from line 12			-	
Excess of revenue over expenses and disbursements	<466,824.			<u> </u>
b Net investment income (if negative, enter -0-)		262,146.	DT / 2	
c Adjusted net income (if negative, enter -0-)			N/A	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

Page 2

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		<u> </u>	(a) book value	(D) BOOK Value	(c) Fall IvialKet Value
	1	Cash - non-interest-bearing	1,281,734.	1,155,197.	1,155,197.
		Savings and temporary cash investments	1,201,734.	1,133,197.	1,133,137.
	3	Accounts receivable	<b></b>	1	
		Less allowance for doubtful accounts			
	4	Pledges receivable -		1	
	_	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		1	
		Less allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	24 201	0 5 2 7	0 653
•		Investments - U S and state government obligations STMT 7	24,281.	8,527.	8,653. 11,748,932.
	b	Investments - corporate stock STMT 8	14,456,270.	12,964,080.	11,748,932.
	C	Investments - corporate bonds	······	<del>'</del>	
	11	Investments - land, buildings, and equipment basis	-		
		Less. accumulated depreciation			
	12	Investments - mortgage loans		4 001 004	4 200 000
	13	Investments - other STMT 9	3,427,111.	4,831,894.	4,308,030.
	14	Land, buildings, and equipment basis			
		Less. accumulated depreciation			
	15	Other assets (describe			
_	16	Total assets (to be completed by all filers)	19,189,396.	18,959,698.	17,220,812.
	17	,			
	18	Grants payable			
S	19	Deferred revenue	246,202.	483,328.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
_	23	Total liabilitles (add lines 17 through 22)	246,202.	483,328.	
		Foundations that follow SFAS 117, check here			
<b>'</b> A		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
ılan	25	Temporarily restricted			
or Fund Balano	26	Permanently restricted		<del></del>	
ŭ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	17,598,973.	18,598,973.	
sel	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	1,344,221.	<122,603.	>
Ne.	30	Total net assets or fund balances	18,943,194.	18,476,370.	
	31	Total liabilities and net assets/fund balances	19,189,396.	18,959,698.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	18,943,194.
		r amount from Part I, line 27a		2	18,943,194. <466,824.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	18,476,370.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	18,476,370.
			- · · · · ·		Form <b>990-PF</b> (2009)

Part IV Capital Gains and	Losses for Tax on In	vestment	Income						<b>V</b> -	Ξ
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation		(c) Date acquired (mo , day, yr )		(d) Date sold (mo , day, yr )			
1a		_						_		
b SEE ATTACHED ST	<u> </u>			<u> </u>						_
<u>c</u>	·		<u> </u>					•	<del> </del>	_
<u>d</u>				<del> </del>					<del> </del>	_
(e) Gross sales price	(f) Depreciation allowed (or allowable)	137	t or other basis xpense of sale			I		iain or (loss s (f) minus		_
a										_
b										_
С										_
d			2 012 60	-					<041 2E2	_
e 2,172,429. Complete only for assets showing gain	n in column (h) and award by		3,013,68	2.			0-1 10	N-1 (h)	<841,253	<u>•</u>
Complete only for assets showing gar	_ <del></del>							Col (h) gair not less tha		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any					(from col		
<u>a</u>				$\dashv$					•	_
C C										_
d										_
6									<841,253	-
2 Capital gain net income or (net capital)	oss) { If gain, also enter	in Part I, line	7	}	2		··		<841,253	
, , ,	•		•	ا ر						Ť
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colur	• •	a (6)		٦١						
If (loss), enter -0- in Part I, line 8	···· (0)			<u> </u>	3			N/F	1	
Part V Qualification Under	er Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome			
(For optional use by domestic private foun If section 4940(d)(2) applies, leave this pa Was the foundation liable for the section 4	rt blank				∌)				Yes X No	0
If "Yes," the foundation does not qualify un	der section 4940(e) Do not co	mplete this pa	rt .							
1 Enter the appropriate amount in each (	column for each year, see instru	ictions before	making any entri	es						
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dist		Net value of no		rıtable-			Dıstrı (col (b) dı	(d) bution ratio vided by col (c))	
2008		0,779.				3,104			.05328	
2007		8,831.				8,390			.03880	_
2006		7,975.				1,139			.04049	
2005		9,122.				3,406			.04428	
2004		9,492.		12	, 1 1	3,063	•	Į.	.04618	<u> </u>
2 Total of line 1, column (d)							2		.22306	9
3 Average distribution ratio for the 5-yea	•	on line 2 by 5,	or by the number	of ye	ars		_		.04461	1
the foundation has been in existence if	less than 5 years						3		104401	-
4 Enter the net value of noncharitable-us	e assets for 2009 from Part X, I	ıne 5					4	1	3,569,861	•
5 Multiply line 4 by line 3							5		605,406	•
6 Enter 1% of net investment income (19	% of Part I, line 27b)						6		2,621	•
7 Add lines 5 and 6							7		608,027	•
8 Enter qualifying distributions from Part	•						8		915,564	•
If line 8 is equal to or greater than line See the Part VI instructions	7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax	rate				

Form	990-PF (2009) JAMES N. MCCOY FOUNDATION		25870			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	see in	stru	ctior	<u>1S)</u>
1a	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 letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1		<del></del>	2,6	21.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% 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			2,6	
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	ļ		2,6	<u>21.</u>
6	Credits/Payments					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 5,488.					
þ	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					• •
7	Total credits and payments Add lines 6a through 6d	7			5,4	88.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,8	67.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 2,867. Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	_		Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				İ
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?		_	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					į
	(1) On the foundation ► \$ (2) On foundation managers ► \$		1			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ŀ			
	managers ► \$O.					
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 incorporation,	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.,,	4a		Х
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.		ŀ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1			
	By language in the governing instrument, or		1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law	1		17	
	remain in the governing instrument?		-	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	TX					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)				17	1
	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar		_		v
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		

Pa	art VII-A Statements Regarding Activities (continued)			
	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		_X_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	ļ	_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► N/A			
14	The books are in care of ▶ JENNY PRUNER  Telephone no ▶ (940)	767-	433	4
	Located at ► 5001 DITTO LANE, WICHITA FALLS, TX ZIP+4 ►	<u> 76302</u>	<u>-35</u>	01
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. / 5	·
	and enter the amount of tax-exempt interest received or accrued during the year	<u></u>	/A_	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>	1×	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	in 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?  Yes X No			
	(1) = 0.01			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No			
	(4)			
	(1) 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(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.)  Yes X No.	İ		
		İ		
L	or If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations  section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	16		Ì
	\(\frac{1}{2}\)	ր	<del>                                     </del>	
	Organizations relying on a current notice regarding disaster assistance check here  Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	'		
Ü	before the first day of the tax year beginning in 2009?	10	Ì	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	''		
2	defined in section 4942(j)(3) or 4942(j)(5))			
	1 At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2009?			
	If "Yes," list the years ▶ , , , ,			
	Are there any years listed in 2a for which the foundation is <b>not</b> 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) to all years listed, answer "No" and attach			
	statement - see instructions )  N/A	2b	Ì	]
	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
•	• . ,	:		
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009.)  N/A	3b	<u> </u>	
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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?	4b		X

Part VII-B   Statements Regarding Activities for Which		Required (contin	ued)		Page (
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	- ==		
(3) Provide a grant to an individual for travel, study, or other similar purposes	,2	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary.	, or educational purposes, or t				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	n Regulations	/-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	N	/A Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ĺ Ye	s X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ	6b	X
If "Yes" to 6b, file Form 8870			(44)		
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	<u> </u>		<i></i>		
List all officers, directors, trustees, foundation managers and their	· · · · · · · · · · · · · · · · · · ·	(a) Componentian	(d) Coatibutant to	1 4.1	\ F
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	acc	) Expense ount, other
	to position	enter -0-)	and deferred compensation		lowances
	to position		and deferred		
	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position		and deferred	all	
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
EE STATEMENT 10	to position	`enter*-0-)	and deferred compensation	all	lowances
		`enter`-0-)`	and deferred compensation	all	lowances
	cluded on line 1). If none,	`enter`-0-)`	and deferred compensation	ali	O .
	cluded on line 1). If none, (b) Title, and average hours per week	`enter`-0-)`	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none,	enter "NONE."	and deferred compensation  O  O  O  O  O  O  O  O  O  O  O  O  O	(e)	O .
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .
Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	and deferred compensation  O   (d) Contributions to employee benefit plans and deferred	(e)	O .

0

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the d, etc	Expenses
1 N/A		
		0.
2		
3		
4		
Don't M. B. O		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amount
1 N/A	3 1 and 2	Aniount
1 N/ A		
	· · · · · · · · · · · · · · · · · · ·	0.
2		
All other program-related investments. See instructions 3 N/A		
3 N/ W		
Total, Add lines 1 through 3	▶	0 .

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		L-11-
·	Average monthly fair market value of securities	1a	13,085,229.
b	Average of monthly cash balances	16	13,085,229. 876,930.
C	Fair market value of all other assets	10	, <u> </u>
d	Total (add lines 1a, b, and c)	1d	13,962,159.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	185,650.
3	Subtract line 2 from line 1d	3	13,776,509.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	206,648.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	13,569,861.
6	Minimum investment return. Enter 5% of line 5	6	678,493.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	Toreign organizations check here and do not complete this part )		670 402
1	Minimum investment return from Part X, line 6	1	678,493.
2a			
b	Income tax for 2009 (This does not include the tax from Part VI )		2 621
C	Add lines 2a and 2b	20	2,621. 675,872.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	675,872.
5	Add lines 3 and 4	5	0,3,672.
6	Deduction from distributable amount (see instructions)	6	675,872.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0/3,0/2.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	915,564.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	915,564.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	2,621. 912,943.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	912,943.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section
	4940(e) reduction of tax in those years		

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,	11 11 11 12 12 11 11 11 11 11 11 11 11 1	12.00		,
	line 7				675,872.
2	Undistributed income, if any, as of the end of 2009				
í	a Enter amount for 2008 only			865,640.	
ı	Total for prior years				
			0.		· ···· '!!' !!!!!!!
_	Excess distributions carryover, if any, to 2009				
	a From 2004				
ı	b From 2005				
(	c From 2006				
	d From 2007				
1	e From 2008	^			
	Total of lines 3a through e	0.	······		
4	Qualifying distributions for 2009 from				
	Part XII, line 4 ►\$ 915,564.			065 640	
	a Applied to 2008, but not more than line 2a	<del></del>		865,640.	
1	b Applied to undistributed income of prior				
	years (Election required - see instructions)		0.		
-	c Treated as distributions out of corpus				
	(Election required - see instructions)	0.	',;\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		40.004
-	d Applied to 2009 distributable amount				49,924.
-	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))	0.			0.
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	b Prior years' undistributed income Subtract		-		
	line 4b from line 2b		0.		
1	c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
	d Subtract line 6c from line 6b Taxable				
	amount - see instructions		0.		
	e Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount - see instr			0.	
	f Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2010		' ' '!!!! <b>'}}</b>	., ','  1	625,948.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by	_			
	section 170(b)(1)(F) or 4942(g)(3)	0.			
8	Excess distributions carryover from 2004	_			
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2010.	_			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				
	a Excess from 2005				
	b Excess from 2006				
	c Excess from 2007				
	d Excess from 2008				
	e Excess from 2009				- 000 PF (0000)

923601 02-02-10

Form **990-PF** (2009)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		<del> </del>
a Paid during the year STATEMENT PF-1	or substantial contributor  NONE	recipient	VARIOUS	892,167.
Total		<u></u>	<u>▶ 3a</u>	892,167.
NONE				
Total	<u> </u>	<del></del>	> 2h	0

nter gross amounts unless otherwise indicated		d business income		ded by section 512, 513, or 514	(8)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	1 1				
C	1 1				•
d	1 t				
e	l l				
†				_	
g Fees and contracts from government agencies		<del></del>			
Membership dues and assessments			1		
Interest on savings and temporary cash					
investments			14	2,282.	
Dividends and interest from securities			14	2,282. 339,862.	-
Net rental income or (loss) from real estate	-T-WIII-11		1		
a Debt-financed property			1		İ
b Not debt-financed property			1		
Net rental income or (loss) from personal			+		
property Other investment income			+	<u> </u>	
Gain or (loss) from sales of assets other					
			18	<841,253.	<b>&gt;</b>
than inventory  Net income or (loss) from special events	-		+	4011/2330	
Gross profit or (loss) from sales of inventory					
Other revenue			+		
a	l I		+		
<u> </u>			<del> </del>	=- ,	
			+		
d		<del></del>	<del> </del>		· · - · · -
_			+	<499,109.	<u> </u>
Cubtotal Add calumns (b) (d) and (a)	1 1	1.3		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>r</u>
Subtotal Add columns (b), (d), and (e)		0	•1		<499 10
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	tions )		•,1		<499,10
Subtotal Add columns (b), (d), and (e)			·•	13 _	<499,10
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activiting No.  Explain below how each activity for what the foundation's exempt purposes (other the columns of the co	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activ  ine No.  Explain below how each activity for wh	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activiting No.  Explain below how each activity for what the foundation's exempt purposes (other the columns of the co	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for whith the foundation's exempt purposes (other the columns of the colum	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculated and the second activity.  Relationship of Activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the foundation's exempt purposes (other the second activity for what the second activity for	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for whith the foundation's exempt purposes (other the columns of the colum	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for what the foundation's exempt purposes (other the columns of the column	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  Explain below how each activity for whith the foundation's exempt purposes (other the columns of the colum	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activities  ine No.  Explain below how each activity for whe the foundation's exempt purposes (off N/A)	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculate  Part XVI-B  Relationship of Activiting No.  Explain below how each activity for what the foundation's exempt purposes (other the columns of the co	ities to the Acco	mplishment of E	xemp	13 _ t Purposes	

For	m 990-	PF (2009) JAMES	N. MCCOY FO	UNDATION	75-25	<u> 87034</u>	Pa	ge 13
P	art X	Information Re Exempt Organ		s To and Transactions ar	nd Relationships With Nonc		)	
1	Did th	ie organization directly or indi	rectly engage in any of the f	following with any other organization	described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c	e)(3) organizations) or in sec	ction 527, relating to political organiz	ations?			
i	Trans	fers from the reporting found	ation to a noncharitable exe	empt organization of				
	(1) (	· · · · ·				1a(1)		Х
		Other assets				1a(2)		X
ı		transactions						•
		Gales of assets to a noncharita	ible exempt organization			16(1)		X
		Purchases of assets from a no	. •	ation		1b(2)		X
	,	Rental of facilities, equipment,		4.0		1b(3)		X
		Reimbursement arrangements				1b(4)		X
		oans or loan guarantees.	•			1b(5)		X
		Performance of services or me	ambarehin ar fundraicing co	dicitations		16(6)		X
		ng of facilities, equipment, ma	•			10(0)		X
		• • • • •	• •		ays show the fair market value of the goo		otc.	
•		•	•				σι <b>ο</b> ,	
					in any transaction or sharing arrangeme	nt, snow in		
<b>/</b> -\		(b) Amount involved		<del> </del>	(4) 0	<del></del>		
(4)	Line no	(a) Amount myolyed	· · · · · · · · · · · · · · · · · · ·	naritable exempt organization	(d) Description of transfers, transactions,	and sharing an	angeme	nts
			IN IN	I/A	-			
			· <del>-</del> ····					
				<del></del>				
					3			
	ın sed	foundation directly or indirection 501(c) of the Code (othe	r than section 501(c)(3)) or	to, one or more tax-exempt organiza r in section 527?	ations described	Yes	X	] No
		(a) Name of org		(b) Type of organization	(c) Description of relati	ionship		
_		N/A						
							-	
•				ding accompanying schedules and statement asset on all information of which preparer h	nts, and to the best of my knowledge and belief, as any knowledge  **TRANSURER**	it is true, corre	ct,	
Sign Here	S	gnature of officer or trustee		Date' /	Title	_		
_	<b>/A</b>	Preparer's		- Da		eparer's identify	ing nun	nber
Sig	ı er's nly	signature	1/Bane	5	self- employed ► □ I	200630	884	
	ž po o	Firm's name (or yours HUEP)	BAUER, HAN	SON & LEWIS P.C.		347161		_
	Paid Preparer's Use Only		SCOTT AVE.,					
	<u>.</u>			X 76301-2606	Phone no (94	10)322	<u>-31</u>	03

Phone no

### 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** 

75-2587034 JAMES N. MCCOY FOUNDATION Organization type (check one): Section: Filers of: 501(c)( ) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections

509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

the prevention of cruelty to children or animals. Complete Parts I, II, and III

religious, charitable, etc., contributions of \$5,000 or more during the year.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

▶ \$

Name of organization

Employer identification number

## JAMES N. MCCOY FOUNDATION

75-2587034

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES N. MCCOY  5001 DITTO LANE  WICHITA FALLS, TX 76302-3501	\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	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)

Park IV   Capital Gains and Los	ses for Tax on Investment Income		Let vive	
	describe the kind(s) of property sole ick warehouse, or common stock, 20		(b) How acquire P - Purchase D - Donation	d (c) Date acquired (d) Date sold (mo , day, yr )
1a DEERE CALL		-	P	02/15/0801/17/09
b MONSANTO CALL			P	02/20/0801/17/09
c DEERE			P	02/15/0810/09/09
d MONSANTO			P	02/20/0812/14/09
e AT&T			P	03/17/0802/04/09
f AOL			P	01/08/0912/10/09
g EXXON MOBIL			P	05/21/0802/09/09
h ING GROEP NV	-		P	06/30/0912/18/09
	APAN INDEX FUND		P	07/18/0804/01/09
TIME WARNER			P	01/08/0903/30/09
k TIME WARNER			P	01/08/0904/02/09
BANCO SANTANDEI	R SA ADR		P	12/19/0710/13/09
m CANAADIAN NNATU			P	12/17/0701/08/09
n CHINA MBOILE L			P	12/17/0710/29/09
O COCA COLA			P	05/22/0806/30/09
TOOCH COLI	(f) Depreciation allowed	(g) Cost or other basis		h) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)
a 139,671.				139,671.
b 106,531.			<del></del>	106,531.
c 429,481.		839,719.	•	<410,238.>
d 416,281.		584,167.		<167,886.>
e 127,742.		180,725.		<52,983.>
f 19.	-	14.		5.
127 162		152,368.	-	<25,205.>
g 127,163. h 8,125.				8,125.
$\frac{1}{1}$ 31,613.		48,623.	<del></del> .	<17,010.>
11.		13.		<2.>
		8.		<1.>
		4.		<1.>
67 206		106,072.	<del></del>	<38,776.>
00 020	· · ·	160,081.		<70,053.>
152 025		177,824.		<25,799.>
	g gain in column (h) and owned by			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess	osses (from col. (h)) s of col. (h) gain over col. (k), not less than "-0-")
a	· · · · · · · · · · · · · · · · · · ·			139,671.
b	-			106,531.
C				<410,238.>
d				<167,886.>
e				<52,983.>
f				5.
g	· · · · · · · · · · · · · · · · · · ·		<del></del>	<25,205.>
h				8,125.
1				<17,010.>
<u>;</u>	<del></del>			<2.>
k				<1.>
<u>r                                     </u>				<1.>
		<del>                                     </del>		<38,776.>
<u>m</u>				<70,053.>
n	· -			<25,799.>
0		<u> </u>		-23,133.
9 Capital gain not income or (not or	pital loss) { If gain, also enter	r in Part I, line 7 _ γ		
2 Capital gain net income or (net ca		`	2	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	column (c)	nd (6)	3	

PERFER IN Capital Gains and Lo	sses for lax on investment income			<del>.,</del> -	
(a) List and 2-story b	l describe the kind(s) of property sol rick warehouse, or common stock, 2	d, e g , real estate, 00 shs MLC Co	P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	` ' ''' '
1a CONOCO PHILLIP	S		P		09/11/09
b ING GROEP NV		· · · · · · · · · · · · · · · · · · ·	P	12/18/07	12/18/09
c ISHARES MSCI J	APAN INDEX FUND		P	12/20/07	04/01/09
d LOCKHEED MARTI			P	12/17/07	04/01/09
e PFIZER			P	05/01/08	06/01/09
f TELEFONICA SPO	N ADR		P		06/01/09
q PROCEEDS/BASIS			P		VARIOUS
h					
				<del></del>	<del></del>
1	· ·	· -		-	_
1.				<del></del>	
<u>k</u>				+	
1			<del></del> -	-	
<u>m</u>					
<u>n</u>				<del> </del>	
0	T	T			l
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)	
a 101,416.		185,071.			<83,655.>
b 5,192.					5,192.
c 116,176.		194,708.	_	_	<78,532.>
d 87,646.		142,200.			<54,554.>
e 84,611.		115,925.			<31,314.>
f 81,392.		120,733.			<39,341.>
9		5,427.			<5,427.>
h					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1					
<u></u>					
<u>k</u>					
<u> </u>					
<u>m</u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
<u>n</u>				<del></del>	
Complete only for coasts of a	a colo in column (h) and award hy	the foundation on 19/21/60			
Complete only for assets snowl	ng gain in column (h) and owned by			osses (from col (h)) s of col (h) gain ove	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		not less than "-0-")	1 CO1 (K),
a					<83,655.
b					5,192.
<u> </u>				_	<78,532.>
d				<del>-</del> .	<54,554.>
8	<del></del>			**	<31,314.
f					<39,341.
					<5,427.
<u>g</u>					10/12/10
<u>h</u>					<del></del>
<u> </u>	-	-		<del>-</del>	
<u></u>					
<u>k</u>	<del> </del>			<del> </del>	
1					
<u>m</u>	<u> </u>	<u> </u>			
<u>n</u>		<u></u>			
0	<u> </u>	<u></u>			
2 Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter "-(	r in Part I, line 7	2	<	841,253.
3 Net short-term capital dain or /lo	ss) as defined in sections 1222(5) ar	<u> </u>			<del></del>
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line	, column (c)	}	3	N/A	
(),	-	/ 1	<b>-</b> 1		

Form 2848 Power of Attorney			L	OMB No 1545-0150	
(Rev June 2008)	and Declaratio				For IRS Use Only
Department of the Treasury					Received by
Internal Revenue Service		See the separate instr	uctions.		Vame
Part I Power of			hafara tha IDC	1	elephone
	n 2848 <i>will not be honored for any purpose other</i> Taxpayer(s) must sign and date this form on page 2, li		before the IRS		Date / /
Taxpayer name(s) and add			Social security number(s)		loyer identification
Taxpayer name(s) and add	055			num	iber
					-2587034
	OY FOUNDATION	<u> </u>	<del></del>	——  Plan	number (if applicable)
5001 DITTO L			Daytime telephone number		
WICHITA FALL			(940)767-4434		····
hereby appoint(s) the follow	wing representative(s) as attorney(s)-in-fact				
2 Representative(s) mus	t sign and date this form on page 2, Part II		_		
Name and address			· · · · · · · · · · · · · · · · · · ·		8765R
			Telephone No		0)322-3103
JOSEPH D. BA			Fax No	•	0)767-1036
	E., STE. 200		Check if new Address	_  Telephor	ie No 🔲 Fax No 🔲
WICHITA FALL	S, TX 76301-2606				
Name and address			CAF No		
			Telephone No		
			Fax No		
			Check if new Address	Telephor	ne No Fax No
Name and address			CAF No		
			Telephone No		
			Fax No		
			Check if new Address	Telephor	ne No Fax No
to represent the taxpayer(s	) before the Internal Revenue Service for the following	tax matters			
3 Tax matters		····	·		
Туре	of Tax (Income, Employment, Excise, etc.)		Tax Form Number	Ye	ar(s) or Period(s)
or Cr	vil Penalty (see the instructions for line 3)	(1	040, 941, 720, etc )	(see the	instructions for line 3)
EXCISE		990-PF	•	2009	
	<u> </u>				
4 Specific use not record	ed on Centralized Authorization File (CAF). If the po	ower of attorney is for a	specific use not recorded on (	AF, check	. —
this box. See the instruc	ctions for Line 4. Specific Uses Not Recorded on CAF				▶
respect to the tax matte power to receive refund or the power to execute Exceptions. An unenro Preparer on page 1 of t	presentatives are authorized to receive and inspect coins described on line 3, for example, the authority to signecks (see line 6 below), the power to substitute and a request for disclosure of tax returns or return informited return preparer cannot sign any document for a tax he instructions. An enrolled actuary may only represer	gn any agreements, cons other representative, or a nation to a third party. S xpayer and may only rep nt taxpayers to the exten	sents, or other documents. The additional representatives, the see the line 5 instructions for no present taxpayers in limited silutoprovided in section 10 3(d).	ne authority power to s nore inform tuations Se of Treasury	does not include the ign certain returns, lation be Unenrolled Return Department Circular
	An enrolled retirement plan administrator may only rej ons on tax matters partners. In most cases, the studer f another practitioner)				

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, ınıtıal here and list the name of that representative below

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

Name of representative to receive refund check(s)

Form 2848 (Rev 6-2008)	JAMES N. MCCOY I	OUNDATION		/5-238/	034 Page 2
7 Notices and co	mmunications. Original notices and other	written communications wi	Il be sent to you and a co	ppy to the first representative listed	on line 2
a If you also want	the second representative listed to receiv	e a copy of notices and con	nmunications, check this	box	▶Ц
b If you do not wa	ant any notices or communications sent to	your representative(s), che	ck this box		▶ 📖
8 Retention/revo	cation of prior power(s) of attorney. The	filing of this power of attorn	ey automatically revokes	all earlier	
power(s) of atto	orney on file with the Internal Revenue Ser	vice for the same tax matter	s and years or periods c	overed by this	
document If yo	u do not want to revoke a prior power of	attorney, check here			▶ 🗀
YOU MUST ATT	ACH A COPY OF ANY POWER OF ATTOR	NEY YOU WANT TO REMAIL	N IN EFFECT.		
9 Signature of tax	kpayer(s). If a tax matter concerns a joint	return, both husband and v	vife must sign if joint rep	resentation is	
•	rwise, see the instructions. If signed by a				
•	r trustee on behalf of the taxpayer, I certif				
Barningtrator, o	Trustee on benan or the taxpayor, room	y that I have the actionty to	oxocato tino form on bo	nan or the tarpayar	
► IE NOT SIGN	IED AND DATED, THIS POWER OF ATTOR	NEV WILL RE RETURNED			
	,	THE THE DE RETORNED.			
x R. Ken	2/-		25/5/10	TREASURER	
K / / / / / / / / / / / / / / / / / / /	Signature		12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Title (if applica	
	Oignatore		Buto	тао (парриос	.5.07
****** ********	7		TAMEC N	MCCOV EQUIDANTO	) NT
KEN HINES		- Duite :	_JAMES_N.	MCCOY FOUNDATIO	
	Print Name	PIN Number	Print na	ne of taxpayer from line 1 if other than inc	IIVIdual
	Signature		Date	Title (if applica	ıble)
	Print Name	PIN Number			
Day III	leveties of Descriptive				
Part II Dec	claration of Representative			<u> </u>	
Caution: Students	with a special order to represent taxp	ayers in qualified Low In	come Taxpayer Clinic	s or the Student Tax Clinic	
	nd I), see the instructions for Part II.				
Under penalties of pe	rjury, I declare that				
<ul> <li>I am not curre</li> </ul>	ntly under suspension or disbarment fron	n practice before the Interna	l Revenue Service,		
<ul> <li>I am aware of</li> </ul>	regulations contained in Circular 230 (31	CFR, Part 10), as amended,	concerning the practice	of attorneys, certified public accour	ntants,
	s, enrolled actuaries, and others,		-		
_	d to represent the taxpayer(s) identified in	Part I for the tax matter(s)	specified there, and		
I am one of the		Take for the take matter(o)	optomos more, and		
	· ·	the highest court of the jum	adiation chaum halaui		
•	a member in good standing of the bar of	•			
	Public Accountant - duly qualified to practi		untant in the jurisdiction	Snown below	
<b>c</b> Enrolled A	igent - enrolled as an agent under the req	uirements of Circular 230			
<b>d</b> Officer - a	bona fide officer of the taxpayer's organiz	zation			
e Full-Time	Employee - a full-time employee of the tax	kpayer			
f Family Me	mber - a member of the taxpayer's imme	diate family (for example, sp	ouse, parent, child, brot	her, or sister)	
g Enrolled A	actuary - enrolled as an actuary by the Jou	nt Board for the Enrollment	of Actuaries under 29 U	S C 1242 (the authority	
<del>-</del>	before the internal Revenue Service is lii			•	
	d Return Preparer - the authority to practi			Circular 230, section 10.7(c)(1)(viii)	١
	have prepared the return in question and				,
	·	the return must be under e.	rammadon by the indica	oo onemoneu newiii richaidi	
. •	of the instructions	. A	المراجع المراج		(d) of Oracita - 000
	ttorney - student who receives permission				
	PA - student who receives permission to				
	Retirement Plan Agent - enrolled as a retire		requirements of Circular	230( the authority to practice before	re the
Internal R	evenue Service is limited by section 10 3(	e))			
► IF THIS DECLARA	TION OF REPRESENTATIVE IS NOT SIGN	ED AND DATED, THE POW	ER OF ATTORNEY WILL	BE RETURNED. See the Part II insti	ructions
Designation - Insert	Jurisdiction (state) or		Cianatura		Date
above letter (a-r)	identification		Signature		Date
<del></del>			<del>)</del>		
В	TEXAS <		San		5/4/10
<u>~</u>	221111	Jage /	- see		7/10
					<b>'</b>
	ļ <i>l</i>	<u> </u>			<del></del>

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	SH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
CHARLES SCHWAB CHARLES SCHWAB						2,2	38. 44.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			2,2	82.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
CHARLES SCHWAB			157,861. 182,001.		0.	157,861 182,001	
TOTAL TO FM 990-PF, PART I,	LN 4		339,862.		0.	339,8	62.
FORM 990-PF		LEGAL	FEES	_		STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
LEGAL	1	4,947.		0.		14,9	47.
TO FM 990-PF, PG 1, LN 16A	1	4,947.		0.		14,9	47.
FORM 990-PF	AC	COUNTI	NG FEES	·		STATEMENT	4
DESCRIPTION	EXPE	A) ENSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
DESCRIPTION ACCOUNTING	EXPE	ENSES	NET INVE		ADJUSTED	CHARITA	ES_

FORM 990-PF	TAXES			STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN INVESTMENT INCOME TAX INVESTMENT INCOME EXCISE	13,747.	13,	747.			0.
TAX	<27,844.	>	0.			0.
TO FORM 990-PF, PG 1, LN 18	<14,097.	13,	747.			0.
FORM 990-PF	OTHER EX	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES		(C) ADJUSTED NET INCOM		
INVESTMENT FEES MISCELLANEOUS EXPENSES	64,734.	64,	734.			0. 50.
TO FORM 990-PF, PG 1, LN 23	64,781.	64,	734.			50.
FORM 990-PF U.S. AND	STATE/CITY GO	OVERNMENT	OBL	IGATIONS	STATEMENT	7
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKE VALUE	T
U. S. GOVERNMENT OBLIGATIONS	X			8,527.	8,6	53.
TOTAL U.S. GOVERNMENT OBLIGATION		-		8,527.	8,6	53.
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS -		<del></del>		
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	_		8,527.	8,6	53.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS		12,964,080.	11,748,932.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	12,964,080.	11,748,932.
	:		
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
FORM 990-PF  DESCRIPTION	OTHER INVESTMENTS  VALUATION METHOD	BOOK VALUE	STATEMENT S FAIR MARKET VALUE
	VALUATION	BOOK VALUE  2,000,100. 2,831,794.	FAIR MARKET

		T OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CAROLYN HAYS 2441 FAIRWAY COURT NORMAN, OK 76309		TRUSTEE/PRESID	ENT 0.	0.	0.
MARK MCCOY 12720 BALSA LANE BEAUMONT, TX 77707		TRUSTEE/VICE-P 0.00	RESIDENT 0.	0.	0.
R. KEN HINES P. O. DRAWER 97511 WICHITA FALLS, TX 763	07-7511	TRUSTEE/SEC./T	REASURER 0.	0.	0.
ROBERT W. GOFF, JR. P. O. DRAWER 97511 WICHITA FALLS, TX 763	07-7511	TRUSTEE/ASST. 0.00	TREASURER 0.	0.	0.
JENNY PRUNER 5001 DITTO LANE WICHITA FALLS, TX 763	02-3501	ASSISTANT SECR	ETARY 0.	0.	0.
TOTALS INCLUDED ON 99	0-PF, PAGE 6	, PART VIII	0.	0.	0.

TAXPAYER: JAMES N. MCCOY FOUNDATION

I.D.#: 75-2587034

YEAR END: DECEMBER 31, 2009

ORGANIZATION	PURPOSE	AMOUNT
ASSOCIATION FOR RETARDED CITIZENS 3307 BUCHANAN ST WICHITA FALLS, TX 76308	GENERAL OPERATIONS	3,000
BIG BROTHERS & SISTERS OF NORTH TEXAS 1101 SCOTT AVE., STE. 24 WICHITA FALLS, TX 76301	SPECIAL PROGRAMS	15,000
CAMP FIRE USA NORTH TEXAS COUNCIL 2414 NINTH ST WICHITA FALLS, TX 76301	SPECIAL PROGRAMS	25,000
CENTER FOR CHILDREN & FAMILIES 1151 EAST MAIN ST. NORMAN, OK 73071	SPECIAL PROGRAMS	20,000
CHILD ADVOCATES CASA 808 AUSTIN ST. WICHITA FALLS, TX 76301	SPECIAL PROGRAMS	5,000
CHRISTMAS CONNECTION P. O BOX 891020 OKLAHOMA CITY, OK 73189	SPECIAL PROGRAMS	5,000
CHRISTMAS IN ACTION WICHITA COUNTY TEXAS P O. BOX 8464 WICHITA FALLS, TX 76307	SPECIAL PROGRAMS	3,000
CHRIST'S HOME PLACE MINISTRIES 1420 TWIN OAKS ST. WICHITA FALLS, TX 76302	CAPITAL PURCHASES	5,000
COMMUNITIES IN SCHOOLS 1104 BROAD ST. WICHITA FALLS, TX 76301	GENERAL OPERATIONS	21,000
CRAIG LARSON EVANGELISTIC ASSOCIATION P. O BOX 5331 BEAUMONT, TX 77726	GENERAL OPERATIONS	10,000
FELLOWSHIP OF CHRISTIAN ATHLETES 1 RIVERWAY, STE. 900 HOUSTON, TX 77056	GENERAL OPERATIONS	7,500

TAXPAYER: JAMES N. MCCOY FOUNDATION

I.D.#: 75-2587034

YEAR END: DECEMBER 31, 2009

ORGANIZATION	PURPOSE	AMOUNT
GENESIS PLACE 807 AUSTIN ST WICHITA FALLS, TX 76301	CAPITAL IMPROVEMENTS CAPITAL PURCHASES SPECIAL PROGRAMS	25,000
HABITAT FOR HUMANITY 1206 LAMAR ST. WICHITA FALLS, TX 76301	CAPITAL IMPROVEMENTS	5,000
HAPPY HANDS EDUCATION CENTER 5717 EAST 32ND ST. TULSA, OK 74135	SPECIAL PROGRAMS	15,000
HILL COUNTRY MEMORIAL HOSPITAL P O. BOX 1339 FREDERICKSBURG, TX 78624	SPECIAL PROGRAMS	25,000
INHERITANCE ADOPTIONS 624 INDIANA ST., STE. 308 WICHITA FALLS, TX 76301	GENERAL OPERATIONS	5,000
JACK & CAROLYN HILL MINISTRY C/O FIRST PRESBYTERIAN CHURCH 3601 TAFT BLVD. WICHITA FALLS, TX 76308	GENERAL OPERATIONS	3,000
LEGACY CHRISTIAN ACADEMY 8200 HIGHWAY 105 BEAUMONT, TX 77713	GENERAL OPERATIONS	20,000
LOVING HANDS RANCH P O BOX 928 SULPHUR, OK 73086	CAPITAL PURCHASES SPECIAL PROGRAMS	10,000
MARY ABBOTT CHILDREN'S HOUSE P. O BOX 6316 NORMAN, OK, 73070	CAPITAL PURCHASES SPECIAL PROGRAMS	5,000
MIDWESTERN STATE UNIVERSITY 3410 TAFT BLVD WICHITA FALLS, TX 76308	SPECIAL PROGRAMS	166,667
MIDWESTERN STATE UNIVERSITY FOUNDATION 3410 TAFT BLVD. WICHITA FALLS, TX 76308	SPECIAL PROGRAMS	50,000

` TAXPAYER: JAMES N. MCCOY FOUNDATION

I.D.#: 75-2587034

YEAR END: DECEMBER 31, 2009

ORGANIZATION	PURPOSE	AMOUNT
MISSIONS RESOURCE INTERNATIONAL 210 HOLMES ST LUMBERTON, TX 77657	CAPITAL PURCHASES	16,000
NONPROFIT MANAGEMENT CENTER 2301 KELL BLVD , STE 218 WICHITA FALLS, TX 76308	GENERAL OPERATIONS	5,000
NORTH CENTRAL TEXAS COMMUNITY HEALTHCARE CENTER P. O BOX 720 WICHITA FALLS, TX 76307	CAPITAL IMPROVEMENTS	25,000
NORTH TEXAS REHABILITATION CENTER 1005 MIDWESTERN PKWY WICHITA FALLS, TX 76302	CAPITAL PURCHASES SPECIAL PROGRAMS	10,000
NORTHWEST TEXAS COUNCIL BOYS SCOUTS OF AMERICA 3604 MAPLEWOOD AVE. WICHITA FALLS, TX 76308	GENERAL OPERATIONS	10,000
PATSY'S HOUSE CHILDREN'S ADVOCACY CENTER 1411 TENTH ST. WICHITA FALLS, TX 76301	GENERAL OPERATIONS	3,000
PORTICO MINISTRIES 185 LOUISE ST. BRIDGE CITY, TX 77611	SPECIAL PROGRAMS	10,000
OUACHITA BAPTIST UNIVERSITY 410 QUACHITA ST. ARKADELPHIA, AR 71998	SCHOLARSHIPS	8,000
REGIONAL AIDS INTERCOMMUNITY NETWORK 600 NW 23RD ST. OKLAHOMA CITY, OK 73103	SPECIAL PROGRAMS	15,000
SEMINOLE HIGH SCHOOL HALL OF FAME 12538 HWY 99 SOUTH SEMINOLE, OK 74868	SCHOLARSHIPS	5,000
SOUTHSIDE YOUTH SENTER 1205 MONTGOMERY ST WICHITA FALLS, TX 76302	CAPITAL PURCHASES	5,000

TAXPAYER: JAMES N. MCCOY FOUNDATION

I.D.#: 75-2587034

YEAR END: DECEMBER 31, 2009

ORGANIZATION	PURPOSE	AMOUNT
STROUD FOOD PANTRY 211 NORTH 3RD AVE. STROUD, OK 74079	FOOD PURCHASES	6,500
TEXAS ALLIANCE FOR MINORITIES IN ENGINEERING 3410 TAFT BLVD WICHITA FALLS, TX 76308	GENERAL OPERATIONS	3,000
3SC THIRD COAST SKATERS 1220 SHELDON RD. CHANNELVIEW, TX 77530	GENERAL OPERATIONS	5,000
UNITED REGIONAL HEALTH CARE FOUNDATION 1600 11TH ST. WICHITA FALLS, TX 76301	CAPITAL PURCHASES	175,000
VERNON REGIONAL JUNIOR COLLEGE 4400 COLLEGE DR. VERNON, TX 76384	SCHOLARSHIPS	10,000
WICHITA, ARCHER, CLAY CHRISTIAN WOMEN'S JOB CORPS 2301 NINTH ST WICHITA FALLS, TX 76301	CAPITAL PURCHASES	5,000
WICHITA FALLS AREA COMMUNITY FOUNDATION 807 EIGHTH ST., STE. 750 WICHITA FALLS, TX 76301	SCHOLARSHIPS	73,500
WICHITA FALLS AREA FOOD BANK P O. BOX 623 WICHITA FALLS, TX 76307	GENERAL OPERATIONS	20,000
WICHITA FALLS SYMPHONY ORCHESTRA 1300 LAMAR ST. WICHITA FALLS, TX 76301	GENERAL OPERATIONS	3,000
YOUNG LIFE P. O BOX 4058 WICHITA FALLS, TX 76308	GENERAL OPERATIONS	10,000
YOUTH REACH P. O. BOX 9631 HOUSTON, TX 77213	CAPITAL PURCHASES	10,000

TAXPAYER: JAMES N. MCCOY FOUNDATION STATEMENT PF-1

I.D.#: 75-2587034

YEAR END: DECEMBER 31, 2009

ORGANIZATION	PURPOSE	AMOUNT
YOUTH YOUNG ADULT FELLOWSHIP ALLIANCE 170 HIGHWAY 418	GENERAL OPERATIONS	10,000
WEST SILSBEE, TX 77656		
TOTAL		892,167