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SCANNED DEC 1 6 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	F or 1 Check		endar year, or tax year beginning APR 1,	2009		ana enair			2010
D	applic	able Please	C Name of organization				DEm	ployerie	dentification number
L	Add								
	Narr chai		Tum Tum Tree Foundation					<u> 3-1</u> 2	<u> 256035 </u>
	lnit retu	ıal type ırn See	Number and street (or P.O. box, if mail is not delivered to	o street address))	Ro	oom/suite E Te	lephone	number
] Ter	min- Specific	P O Box 401					205-2	243-9326
ī	Am	ended tions	City or town, state or country, and ZIP + 4					oup Exer	
F	retu App		Helena, AL 35080			,		mber >	·
			3) organizations and 4947(a)(1) nonexempt charitable tru	ete muet attach	a compl	hatad	G Accounting i		
	- 51	5)(3)1 0C 11C1)(C	Schedule A (Form 990 or 990-EZ)	olo illuot attacii	a compi	ieleu	· -		71,00,00
_		N N / :				+	Other (specif		
		site: N/			. r		H Check ►		ne organization is not
_			(check only one) — X 501(c) (3) ◀ (insert no.)						ule B (Form 990, 990-EZ, or 990-PF)
K	Checi		he organization is not a section 509(a)(3) supporting organ	-			=	than \$2	5,000. A Form 990-EZ or
			rm 990 return is not required, but if the organization choose						
_			d 7b, to line 9 to determine gross receipts; if \$500,000 or m					> \$	494,019.
P	<u>art</u>	Reven	ue, Expenses, and Changes in Net Asse	ets or Fund	Balar	nces (Se	e the instruction	s for Par	
	1	Contribution	ns, gifts, grants, and similar amounts received					1	401,262.
	2	Program sei	rvice revenue including government fees and contracts					2	
	3	Membership	dues and assessments					3	
	4	Investment	income					4	
	5 8	Gross amou	int from sale of assets other than inventory	ŀ	5a				
	1		or other basis and sales expenses	İ	5b			1	
			s) from sale of assets other than inventory (Subtract line 5b	ı from line 5a)	<u> </u>			5c	
a	6	· ·	nts and activities (complete applicable parts of Schedule G).	•	e from as	amina che	ock here	100	·
Ž.			tive (not including \$ 401, 262. of contri		a nom ya	ammy, one	or nere		
Revenue	°				ا دء ا		00 272		
Œ	Ι.	reported on	•	ŀ	6a		90,373	'	
	1		expenses other than fundraising expenses		6b		79,001	4 _	11 272
	_0		or (loss) from special events and activities (Subtract line 6b) from line 6a) I	1 _ 1			6c	11,372.
	7a		of inventory, less returns and allowances		7a			4	
	t		of goods sold	Į	7b			4	
	0		or (loss) from sales of inventory (Subtract line 7b from line	e 7a)				7c	
	8	Other revent	ue (describe ▶ <u>Interest income</u>)	8	<u>2,384.</u>
	9	Total reven	ue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				<u> </u>	9	415,018.
	10	Grants and s	sımılar amounts paid (attach schedule)	;	Stmt	2		10	<u>360,853.</u>
	11	Benefits paid	d to or for members					11	
S	12	Salaries, oth	ner compensation, and employee benefits					12	53,825.
penses	13	Professiona	l fees and other payments to independent contractors					13	
ĝ	14	Occupancy,	rent, utilities, and maintenance					14	
Ä	15		blications, postage, and shipping					15	374.
	16	-	ses (describe >	DES	eenS	eat er	ment 1)	16	201.
	17		ises Add lines 10 through 16	T.E.	JEIV	EU -		17	415,253.
	18	C	defeat) for the constitution than 17 from the O		***************************************			18	<235.>
ts	19	Net accets o	or fund balances at beginning of year (from line 27, column	NOV BE	192	nin t	RS-08	"	
SSE	'"		with end-of-year figure reported on prior year's return)		, - 0 '	-010	က်	19	91,163.
Net Assets				· · · · · · · · · · · · · · · · · · ·			뜨		91,103.
ž	20	_	ges in net assets or fund balances (attach explanation)	OGE	EN,	UŦ		20	00 020
Б	21		or fund balances at end of year. Combine lines 18 through 2			000	estand of Form Of	21	90,928.
L	art_	Dalanc	ce Sheets. If Total assets on line 25, column (B) are \$1 (See the instructions for Part II.)	1,250,000 OF 1110	re, me ro			30-EZ.	(D) Fod of year
	_		·			(A) B	eginning of year	. r	(B) End of year
22			nd investments				92,940		92,706.
23		and and buildin			-	<u></u>		23	
24		ther assets (de	scribe >)	<u> </u>		24	
25		otal assets				<u> </u>	92,940		92,706.
26			(describe ► Payroll liabilities)	<u> </u>	1,777		1,778.
27			nd balances (line 27 of column (B) must agree with line 21			<u> </u>	91,163	3 . 27	90,928.
932	171 08-10	LHA Fo	r Privacy Act and Paperwork Reduction Act Notice, see the	e separate insti	ructions.				Form 990-EZ (2009)

Form 990-EZ (2009) Tum Tum Tree Foundation			63-	12560) 3 5 Page 2
Part III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		Ε	xpenses
What is the organization's primary exempt purpose? See Statemen	t 4				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	urposes In a clear and cond	ise manner, descr	ıbe		4) organizations and 17(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant	int information for each prog	gram title		for others)	(ag 1) a a a a a
28 To provide support to children wit	h chronic				
life-threatening or certain life-a	ltering condit	ions.			
(Grants \$) If this amount includes foreign	grants, check here	•		28a	360,853.
29					
(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30	*************************************				
	.,				
(Grants \$) If this amount includes foreign	grants check here		\Box	30a	
31 Other program services (attach schedule)	grants, check here			002	
(Grants \$) If this amount includes foreign	grants chack hara			31a	
32 Total program service expenses (add lines 28a through 31a)	grants, check here		_	32	360,853.
Part IV List of Officers, Directors, Trustees, and Key	Employees, List each one or	ven if not compensated	(San the	instructions	500,055.
Tarte and the same		Veri il not compensated	1	ntributions	
	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)	1	eferred	other allowances
Ben Johnson, 1986 Shades Crest Road,	Director		Com	pensation	
Birmingham, AL 35216				0	
	2.00 President	0.	}	0.	0.
Gene Price, 4038 Cliff Road South,	-			•	
Birmingham, AL 35222	2.00	0.		0.	0.
Ryan Lutz, 2131 Magnolia Avenue,	Director			•	
Birmingham, AL 35205	2.00	0.		0.	0.
Tom Miller, 7300 Old Overton Club	Secretary			_	_
Drive, Birmingham, AL 35242	2.00	0.		0.	0.
Denise Brown, 2604 Caldwell Mill	_Director	_		_	_
Lane, Birmingham, AL 35243	2.00	0.		0.	0.
Ernie Cory, 2131 Magnolia Avenue,	_Director	_			
Birmingham, AL 35205	2.00	0.		0.	0.
Tim Downard, 3208 Sterling Road,	Treasurer				
Birmingham, AL 35213	2.00	0.		0.	0.
Stewart Lee, 3629 Cumberland Trace,	_Director_				
Birmingham, AL 35242	2.00	0.		0.	0.
Greg Neil, 4139 Paxton Place,	_Director				
Birmingham, AL 35242	2.00	0.		0.	0.
Richard Pizitz, 3425 Oak Canyon	_Director				
Drive, Birmingham, AL 35242	2.00	0.		0.	0.
Kaye McWane-Rosse, 4240 Caldwell	_Director				
Mill Road, Birmingham, AL 35243	2.00	0.		0.	0.
Kelly Straughn, 4236 Silver Court,	Director				
Birmingham, AL 35213	2.00	0.	<u>L</u>	0.	0.
Brandon Smith, 145 Sheffield Lane,	Director				
Birmingham, AL 35242	2.00	0.		0.	0.
	7	}			
			T		<u> </u>
	7				
	1				
			<u> </u>		
	7				
932172 02-08-10				Form	990-EZ (2009)

Form **990-EZ** (2009)

	Care in or indicate the statement requirements in the instructions for rare v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1.00	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			l
	and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:]		
a	Initiation fees and capital contributions included on line 9 39a N/A	J		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		ŀ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]		ł
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			i
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958		!	ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			1
	organization •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. AL			
42 a	The organization's books are in care of \blacktriangleright Tim Downard Telephone no. \blacktriangleright 205-25			
	Located at ► 2121 2nd Avenue North, Ste 100, Birmingham, AL ZIP+4 ► 3	520	<u>3</u>	
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			İ
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L.	X
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44		X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	<u> </u>	X
		Form 9	90-EZ	L (2

Part V	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51						
46 Did t	he organization engage in direct or indirect political campaign activities (on behalf of or in opposition to o	andidates for public	··		Yes	No
office	e ⁹ If "Yes," complete Schedule C, Part I				46		X
47 Did ti	he organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II			47		X
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	," complete Schedule E		[48		X
49a Did ti	he organization make any transfers to an exempt non-charitable related	organization?		ĺ	49a		X
b If "Ye	es," was the related organization a section 527 organization?				49b		
	plete this table for the organization's five highest compensated employer \$100,000 of compensation from the organization. If there is none, enter		, trustees and key er	nployees) who e	ach reco	eived n	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e)	Experiount a	and
	plete this table for the organization's five highest compensated independ nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		ved more than \$100,		tion fro		
d Total	number of other independent contractors each receiving over \$100,000)	>			<u>-</u> ,	
Sign Here	Under penalties of perury, I declare that I have examined this return, including accorrect, and complete Declaration of prepare to the than officer is based on all in Senature of officer. Type or print name and title	companying schedules and statemen formation of which preparer has any	ts, and to the best of my knowledge	knowledge and be	iel, it is t	rue,	
Paid Preparer's Use Only	U. TIMOCHY DOWNALD	Date 11/15/10 che	loyed	arer's identifying nu	3694	136)
	Firm's name (or yours Haynes Downard LLP	_	EIN >	▶ 63-11	3396	53	
	d self-employed), 2121 2nd Avenue North,		Phone	•▶			
	address, and ZIP+4 Birmingham, Alabama 35	203	no.	205-2	<u> 54 -</u> 3	<u>338</u> (0
May the IR	S discuss this return with the preparer shown above? See instructions			_ _	Yes		No
				F	orm 99		2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

ZUU9Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Name of 1	the organizati	ion						E	mployer	identification r	ıumber
			Tree Founda						6.	<u>3-125603</u>	5
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions			
he organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	ox)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(ı).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170)(b)(1)(A)(i	ii). Enter t	he hospital's na	ıme,
	city, and stat	e:									
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗀	A federal, sta	ite, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 🔲	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general ;	public described	nı b
		b)(1)(A)(vi). (Comple				-					
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X			eives (1) more than 33			rom contri	butions, n	nembershi	p fees, ar	nd gross receipt	s from
			nctions - subject to certa								
			axable income (less sect							_	
		509(a)(2). (Complete									
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	4).			
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	, or to carr	y out the	purposes of one	e or
	more publicly	supported organiza	ations described in secti	on 509(a)(¹	1) or section	on 509(a)(2	?) See see	ction 509(a)(3). Che	eck the box that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h					
	a Type I	l b	Type II c	: 🔲 Тур	e III - Fund	tionally inf	egrated		d□	Type III - Other	г
е 🔲	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	persons other th	nan
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting or	rganization, check th	nis box								
9	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?		
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ііі) below,	Yes	s No
	the gove	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)	
h	Provide the fe	ollowing information	about the supported or	ganization	(s).						
		<u> </u>									
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is	the	(vii) Amount	of
orga	inization	, ,	organization (described on lines 1-9		sted in your			organizátic (i) organiz	ed in the L	support	
			above or IRC section	governing	document?	(i) oi youi	support	U.S	5.2		
			(see instructions))	Yes	No	Yes	No	Yes	No		_
				1							
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		 .			<u> </u> 				 		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 rt II Support Schedule for				0(b)(1)(A)(iv) an	nd 170(b)(1)(A)(Page 2
	(Complete only if you checke	d the box on line 5	o, 7, or 8 of Part I)		 		
	ction A. Public Support	r	,	T			,
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						İ
	include any "unusual grants ")				_		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	!					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the]]			
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4	<u></u>					
		1 1 2005		4) 0007	1	1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 4				-		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business				 		<u> </u>
3	activities, whether or not the	!					
	business is regularly carned on						
	Other income. Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10				· · · · · · · · · · · · · · · · · · ·		
	Gross receipts from related activities,	etc (see instruction	ons)		· · · · · · · · · · · · · · · · · · ·	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth	tax year as a section		
	organization, check this box and stor				<u> </u>		▶ □
Sec	tion C. Computation of Publ	ic Support Per	rcentage	-			
14	Public support percentage for 2009 (line 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14		•	15	%
	33 1/3% support test - 2009. If the o	•			14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-	•			▶
	33 1/3% support test - 2008. If the o	_			d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• •				. ▶∟
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	•	•		•		. ▶□
þ	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		-		•		▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 474,075. 527,273. 406,346. include any "unusual grants") 596,520. 401,262. 2,405,476, 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 78,559 67,549. 70.721. 105,475. 90,373. 412,677. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 675,079. 541,624. 597,994. 511,821. 491,635 6 Total, Add lines 1 through 5 2,818,153. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 132,664 75,212. 104,418. 108,948. 126,868. 548,110. h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 23,913 20.778 43.519 28.384. 215,720. 332,314. amount on line 13 for the year 156,577. 95,990. 147,937. 137,332. c Add lines 7a and 7b 342,588. 880,424. 8 Public support (Subtract line 7c from line 6) 1,937,729, Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 675,079 541,624 597.994 511,821 491,635 9 Amounts from line 6 2,818,153. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 3,527 5,790. 5,345 2,018. 2,384 19,064. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,527. 5,790. 5,345. 2,018. 2,384 19,064. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) $678,606 \cdot | 547,414.$ 603,339, 513,839. 494.019. Total support (Add lines 9, 10c, 11, and 12) 2 837 217. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 68.30 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 46.01 16 % Section D. Computation of Investment Income Percentage .67 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 .63 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	<u> </u>		
Form 990-EZ Other Expenses		Statement	1
Description		Amount	
Bank fees Miscellaneous			11.
Total to Form 990-EZ, line 16		20	01.
Form 990-EZ Cash Grants and Alloca	tions	Statement	2
Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount	Ξ
Section 501(C)(3) Organization Magic Moments, Inc. 1600 Seventh Avenue South Birmingham, AL 35233	None	221,85	53.
Section 501(C)(3) Organization Children's Hospital of Alabama 1600 Seventh Avenue South Birmingham, AL 35233	None	15,00	00.
Section 501(C)(3) Organization Grace Family Foundation 1210 Rockland Road St Helena , CA 94574	None	16,00	00.
Section 501(C)(3) Organization Kid One Transport 3605 Lorna Ridge Drive, Suite 200 Birmingham, AL 35216	None	37,50	00.
Section 501(C)(3) Organization Sickle Cell Foundation of Alabama 3813 Avenue I Ensley, AL 35218	None	7,50	00.
Section 501(C)(3) Organization UAB Department of Neurology University Station Birmingham, AL 35233	None	20,00	00.

Tum Tum Tree Foundation		63-1256035
Section 501(C)(3) Organization Mitchell's Place, Inc. 4778 Overton Road Irondale, AL 35210	None	30,000.
Section 501(C)(3) Organization Spirit of Hope 194 Kings Ranch Dr Wilsonville, AL 35186	None	7,500.
Section 501(C)(3) Organization Camp Smile a Mile 1510 Fifth Ave South Birmingham, AL 35255	None	5,000.
Section 501(C)(3) Organization Nicks Kids 7803 SW 6th Ct Plantation, FL 33324	None	500.
Total Included on Form 990-EZ, Line 10		360,853.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		s	tate	ment	3
directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?.	. []	Yes	[X]	No

990-EZ Pg 2

Statement

4

To provide support to children with chronic life-threatening or certain life-altering conditions.

Form **8868**

(Rev Aprıl 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

• If \	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🗓
,	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Do n	not complete Part II unless you have already been granted an automatic 3-month extension on a previously f	iled Fo	rm 8868
Pai	rt I Automatic 3-Month Extension of Time. Only submrt original (no copies needed).		
A cor	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nolete	
	lonly		▶ □
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	a avtar	ncion of time
	e income tax returns.	i exter	ision or time
noted (not a you r	stronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or community submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fixers gov/efile and click on e-file for Chanties & Nonprofits.	ically r	(1) you want the additional atted Form 990-T Instead,
Туре		Emp	loyer identification number
print	Tum Tum Tree Foundation	6	3-1256035
File by	y the Number about and assume that If a D.O. have	, ,	J 1230033
due da filing y	P O Box 401		
return Instruc	See		
	Helena, AL 35080		
Chec	ck type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 4	700	
\vdash	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5		
X	Form 990-EZ Form 990-T (trust other than above) Form 6		
	Form 990-PF Form 1041-A Form 8		
	Tomico Company		
	Tim Downard		
	Tim Downard		
	he books are in the care of \triangleright 2121 2nd Avenue North, Ste 100 - Birmir	gha	m, AL 35203
Te	the books are in the care of \blacktriangleright 2121 2nd Avenue North, Ste 100 - Birmir elephone No. \blacktriangleright 205-254-3380 FAX No \blacktriangleright	gha	m, AL 35203
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