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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 627, 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

OMB No. 1545-1150

2009

Open to Public Inspection

Revenue, Expenses, and Changes In Net Assets or Fund Balances (See the Instructions for Part 1) 1	\ Fo	or the	2009 <u>c</u>	alend	ar year, or tax year beginning 07/01 , 2009, and	ending (16/3	30/2010 /
charter steam changes st	3 Ch		P		C Name of organization		0	Employer identification number
Name of the Part The Act us Community Fund 2.6-1.54 9606		Addres						
Institute factors September Septemb		_			The Actus Community Fund		26	5-1549606
Specific Continue Specific		Inllial r	- 10		Number and street (or P.O. box, if mail is not delivered to street address) Room	/sulte	E	Telephone number
**Section 501(c)(C) organizations and 4917(e)(1) nonexample chainble trusts must attach organization and chainble chainble trusts must attach organization and chainble chainble trusts must attach organization and chainble cha		Termin	1800N		P.O. Box 32755		61	15-324-8832
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Section 601(c)(3) organizations and 4917(a)(1) nonexempt challable fursts must attach organizations and starting of the completed Schedule A (Form 990 or 990 EZ). Website: ► N/A Tax-axempt status (elect only eng. N S01(c)(3)		Applica	abon "		Charlotte, NC 28232			
South Section Secti						G Account		
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Website: N/A								·
Tax-exempt size is class (check only one) X 501 (c) (3 ◀ (Insert no.) 4947(e) (1) or 527 990-EZ, or 990-PF). Check				37 / 3			_	•
Check						•		•
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add these 56, 56, and 7b, to line 8 to determine gross recedeble. If \$600,000 or more, file Form 990 instead of Form 990-EZ. ★ 1 269,09 ★ 2	Ta	X-0X0	mpt stat	tus (che	ck only one) - $ \frac{X}{2} = 501(c)(\frac{3}{2}) = 4047(a)(1) \text{ or } \frac{1}{2} = 527$	990-EZ,	or 990)-PF).
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1 269,09	. Ad	d lines	5 5b, 6b, e	and 7b,	to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990)-EZ ., 🕽	> \$	269,091
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								127 307
						00,230	121	Form 990-EZ (2009

Form 990-EZ (2009)					Page 2
Part III Statement of Program Service Accomplishmen	nts (See the Instructi	ons for Part III.)			enses
What is the organization's primary exempt purpose? See Stat				(Required to 501/c)(3) a	for section and 501(c)(4)
Describe what was achieved in carrying out the organization's exer		and concise manne	g.	organizatio	ns and section
describe the services provided, the number of persons benefited, and o	ther relevant information	for each program title	e.	4947(a)(1) for others.)	trusts; optional
28 The Actus Community Fund provided gran					
community development projects to built			-		
Community development projects to adda			-		
(Grants \$ 227, 992) If this amount includes	foreign grante, chack bee		28a		227,992
	s roreign grants, cricci nei		11200		
29	· · · · · · · · · · · · · · · · · · ·		-		
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75-1-1-1	s roreign grants, Grack har		1 200		
30					
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(Ot0	foreign grants, shock her		30a		
1	s foreign grants, check her		30a		
31 Other program services (attach schedule)			31a		
(Grants \$) If this amount include: 32 Total program sarvice expanses (add lines 28a through 31a)	s foreign grants, check her		> 32		227,992
Part IV List of Officers, Directors, Trustees, and Key Emplo				structions f	
Part IV List of Officers, Directors, Husters, and Ney Emplo	(b) Title and average			ibutions to	(e) Expense
(a) Name and address	hours per week	(c) Compensation (if not paid,	employee be	enefit plans & ompensation	account and other allowances
Marc Sierra	devoted to position Director, Pres	enter -0)	Oelelled O	unpersauur	other allowances
1801 West End Avenue, Nashville, TN 37201	•				
Claire Ridding-Johnson	Vice President				
215 Duck Road, Schofield Barracks, HI 96857	less than 1 hour				
Joseph A. Semeraro	Director, Treas				
1801 West End Avenue, Nashville, TN 3720.	•				
Simon Benson	Director, Asst Tr	288			
200 Park Avenue, 9th Floor, NY, NY 10166					
Jennifer Horne	Director, Secr				-
1801 West End Avenue, Nashville, TN 3720	· ·				
Kevin M. Davis	Director, Asst Se	732		-	
200 Park Avenue, 9th Floor, NY, NY 10166	_				
Gary Buechler	Director				
200 Park Avenue, 9th Floor, NY, NY 10166			0		
Chuck Parker	Director				
1801 West End Avenue, Nashville, TN 3720	less than 1 hour				
Dale Connor	Director				
1801 West End Avenue, Nashville, TN 37203					
Chris Wilson	Director		-		
1801 West End Avenue, Nashville, TN 37203			,		
Dick Hawes	Director				
215 Duck Road, Schofield Barracks, HI 96857	less than 1 hour				
Thomas Tether	Director				
200 Park Avenue, 9th Floor, NY, NY 10166					
David Falls	Director				
200 Kokomalei St., Honolulu, HI 96818	less than 1 hour				
					L
		<u> </u>			

Other Information (Note the statement requirements in the instructions for Part V.) 33 Did the organization engage in any activity not previously reported to the RS? If "Yes," attach a detailed description of each activity. 33 X X X Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 X X X X X X X X X
33 Did the organization engage in any activity not previously reported to the RS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 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. 36 Did the organization have unrelated business gross Income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets during the yeer? If "Yes," complete applicable parts of Schedule N. 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 38 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 outstending at the end of the period covered by this return? 38 Section 501(c)(7) organizations. Enter: a Initiation feas and capital contributions included on line 9 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 40 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization menagers or disqualified persons during the year under sections 4912, 4955, and 4958 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
description of each activity. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 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. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b if "Yes," has it filed a tax return on Form 990-T for this year? 36b
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 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. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? B if "Yes," has it filed a tax return on Form 990-T for this year? The complete applicable parts of Schedule N. The complete organization file Form 1120-POL for this year? B if "Yes," complete Schedule L, Part II and enter the total amount involved. The complete Schedule L, Part II and enter the total amount involved. The complete Schedule L, Part II and enter the total amount involved. The complete Schedule L, Part II and enter the total amount involved. The complete Schedule L part II and enter the total amount involved. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
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during the year? If "Yes," complete applicable parts of Schedule N
The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a
b Did the organization file Form 1120-POL for this year? 37b
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 outstending at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved
any such loans made in a prior year and still outstending at the end of the period covered by this return? 38a
b If "Yes," complete Schedule L, Part II and enter the total amount involved
Section 501(c)(7) organizations. Enter: a InItIation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization menagers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 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
b Gross receipts, included on line 9, for public use of club facilities
section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
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 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
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
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
Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization menagers or disqualified persons during the year under sections 4912, 4955, and 4958
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
■ 162±601×306 4+30
reimbursed by the organization
e 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
transaction in too, complete term coop in the contract of the
41 List the states with which a copy of this return is filed. ► None 42a The organization's books are in care of ► Ed Wildermuth Telephone no ► 615-324-8832
The organization's books are in care of ▶ Ed Wildermuth Located at ▶ 1801 West End Avenue, Nashville, TN Z P+4 ▶ 37203
b 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
eccount)?
If "Yes." enter the name of the foreign county: ▶
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank
and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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 ▶
end enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43
Yes No
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of
Form 990-EZ
ls 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-FZ
"Yes," Form 990 must be completed instead of Form 990-EZ

	(2008)						
Part VI	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 at	47(a)(1) nonexempt cha					
46 Did	the organization engage in direct or indirect	ct political campaign activiti	ies on behalf of or	in opposition to		Yes	No
can	didates for public office? If "Yes," complete S	chedule C. Pert I			46		X
47 Did	the organization engage in lobbying activitie	s? If "Yes," complete Sched	ule C, Part II		47		Х
	e organization a school as described in sec				48		Х
	the organization make any transfers to an e				49a		Х
b if "Y	es," was the related organization a section (527 organization?			49b		
60 Com	nplete this table for the organization's five to ployees) who each received more than \$100	nighest compensated emplo	oyees (other than o	officers, directors,			i key
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense count and allowand	d
None							
					-		
		0	0	0			0
f Tota	el number of other employees peld over \$10	<u></u>				•	
51 Con	nplete this table for the organization's five	highest compensated Inde		ors who each rec	eived	more	than
51 Con \$10	, -	highest compensated indo on. If there is none, enter "N				more	
51 Con \$10	nplete this table for the organization's five 0,000 of compensation from the organization	highest compensated indo on. If there is none, enter "N	one."				
61 Con \$10	nplete this table for the organization's five 0,000 of compensation from the organization	highest compensated indo on. If there is none, enter "N	one."				
61 Con \$10	nplete this table for the organization's five 0,000 of compensation from the organization	highest compensated indo on. If there is none, enter "N	one."				
51 Con \$10	nplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each Independent contractor	highest compensated indon. If there is none, enter "N paid more than \$100,000	one."			npensatk	0
51 Con \$10	nplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each independent contractor	highest compensated indon. If there is none, enter "N pald more than \$100,000	(b) Type	of service	(c) Can	npensatio No.	0
51 Con \$10 None	nplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each Independent contractor	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000.	one." (b) Type	of service	(c) Can	No.	on
51 Con \$10 None d Tota	Inplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each independent contractor (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (c) Name and address of each independent contractor (c) Name and address of each independent contractor (c) Name and address of each independent contractor (d) Name and address of each independent contractor (e) Name and edition (e) Name a	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000 nined this return, including accompanion of preparer (other than officer) is	one." (b) Type	ments, and to the best of which preparer has an	(c) Can	No.	on O
61 Con \$10 None d Tota	al number of other independent contractors Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declarate	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000 nined this return, including accompanion of preparer (other than officer) is	one." (b) Type (b) Type	ments, and to the best of which preparer has an	(c) Can	No.	0
61 Con \$10	unplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each independent contractor. (a) Name and address of each independent contractor. In unmber of other independent contractors. Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declarate Signature of officer Edward Wildermuth, Treasury Type or print name and title Preparer's signature.	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000 nined this return, including accompanion of preparer (other than officer) is	one." (b) Type (b) Type (c) Type (d) Type (d) Type (e) Type (f) Type	ments, and to the best of which preparer has an 5/12/1	(c) Can	No.	0 ne
61 Con \$10 None d Tota Sign Here	unplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) I will be a subject to the contractor of the c	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000 ined this return, including accompanion of preparer (other than officer) is	one." (b) Type (b) Type (c) Type (d) Type (d) Type (e) Type (e) Type (f) Type	ments, and to the best of which preparer has an 5/12/11 ste	(c) Can	No.	0 ne
61 Con \$10 None d Tota Sign Here	unplete this table for the organization's five 10,000 of compensation from the organization (a) Name and address of each independent contractor (a) Name and address of each independent contractor (b) Independent contractors (c) Independent contractor (c) I	highest compensated indon. If there is none, enter "N paid more than \$100,000 receiving over \$100,000 sined this return, including accompanion of preparer (other than officer) is are:	one." (b) Type (b) Type (c) Type (d) Type (d) Type (e) Type (e) Type (f) Type	ments, and to the best of which preparer has an 5/12/1	(c) Can	No.	0 ne

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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 generate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 26-1549606 The Actus Community Fund Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(Iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) R An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box_______ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (lil) below, the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s). (Iv) is the organization (III) Type of organization (v) Did you notify (i) Name of supported (ID EIN (vi) is the (vil) Amount of in col. (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your support? (I) organized in the above or IRC section governing document? (see instructions)) US? No

Total

Par	(Complete only if you check	ked the box or	line 5, 7, or	8 of Part I.)			
	tion A. Public Support			T			
Cele	ndar 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 include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	34.3893333372VI	Description States, 62 (c)	esti beda aser	22000 5 2 6 1 6 6	The leader wilder Vista	
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				6.3		
	shown on line 11, column (f)			average Ac	4.00	Signatura de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composici	
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		1		T	r	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other Income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		Africa de Martin				
11	Total support. Add lines 7 through 10			[2] (1) (1) (1) (1) (1) (1)	是深层的影響	,,,,	
12	Gross receipts from releted activities, etc. (see instructions) .				12	<u></u>
13	First five years. If the Form 990 is to organization, check this box and etop here	· · · · · · · · · · · · · · · · · · ·					
Sec	tion C. Computation of Public Sup					1	
14	Public support parcantage for 2009 (I					14	<u>%</u>
15	Public support parcentage from 2008	Schedule A, Pa	art II, lina 14			16	<u>%</u>
16a	331/3% support test - 2009. If the	-					i 1
	this box and stop here. The organizati						
b	331/3% support test - 2008. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -2	_					
	or more, and if the organization m					•	•
	Part IV how the organization meets			_		• •	Tobousq L
	organization						P []
b	10%-facts-and-circumstances test -				•		
	15 is 10% or more, and if the org						
	Explain in Part IV how the organzati						
40	supported organization						
18	Private foundation. If the organization						
	Instructions				· · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	· · · · · <u> </u>

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.)

Sect	Ion A. Public Support						
Ca	lendar yeer (or fiscal year beginning in)	(e) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				1	i	
	membership fees received. (Do not include	-					
	any "unusual grants.")			5,000	174,919	269,091	449,010
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
٥	fumished in any activity that is related to the						
	organization's tax-exempt purpose			5,576	2,460	0	8,036
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			1		İ	
	its behalf	,					
5	The value of services or facilities				-		
	furnished by a governmental unit to the						
	organization without charge	_					
6	Total. Add lines 1 through 5			10,576	177,379	269,091	457,046
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13					İ	
	persons that exceed the greater of			1			
	for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				·		
	line 6.)						457,046
Sec	tion B. Total Support		<u>.</u>				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			10,576	177,379	269,091	457,046
10 a	Gross income from Interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable Income (less						
	section 511 taxes) from businesses		_	<i>.</i>			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is requierly						
	carried on		1	 			
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets				į		
	(Explain in Part IV.)		 	 			
13	Total support. (Add lines 9, 10c, 11,			10,576	177,379	269,091	457,046
4.4	and 12.)	the organization	n'e firet essand				
14	organization, check this box and stop here	-					
Sac	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8			ımn (fi)		15	%
16	Public support percentage from 2008 Sch					16	%
	tion D. Computation of investme				<u> </u>		
17	Investment income percentage for 2009 (I			13. column (ft)		17	%
18	Investment income percentage from 2008		• •			18	%
	33 1/3% support tests - 2009. If the c						
	17 is not more than 33 1/3%, check t						
h	33 1/3% support tests - 2008. If the org						
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

Schedule A	(Form 990 or 991	0-EZ) 2009											Page 4
Part IV	Suppleme	ental Infor e 17a or 1	mation. C 7b; or Pa	omplete rt III, line	this p	oart to rovide	provide any othe	the expl r addition	anations nal inform	required nation. Se	by Part II e instruction	l, line ons.	10;
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Grantee	Relationship to Grantee	Class of Activity	Amount Given
Nounded Warrior Project, Inc. 7020 A.C. Skinner Parkway Suite 100 Jacksonville, FL 32256		Grant	25,000
JSO (Hood Community Strong) 2111 Wilson Boulevard Sulte 1200 Arlington, VA 22201		Grant	15,000
Employees of Actus Lend Lease LLC and Bovis Lend Lease, Inc.	Contributor Affiliated Company	Grant	29,027
Gametime - A Division of Playcore Wisconsin, Inc. 150 Gametime Drive Fort Payne, AL 35967		Grant	11,000
Embassy Lawn and Landscaping, Inc. PD Box 29048 Kansas City, MO 64152		Grant	10,000
First Baptist Church of Clarksville 435 Madison St. Clarksville, TN 37040		Grant	10,000
Hope for the Warriors PMB 48, 1335 Suite E, Western Bivd. Jacksonville, NC 28546		Grant	10,000
rAA Education Foundation 1011 San Jacinto Bivd., # 600 Austin, TX 78701		Grant	10,000
Commercial Fence & Deck Company 13724 Avenue K Austin, TX 78728		Grant	10,000
Shoua Xlong Fort Hood Army Base Fort Hood, Texas 76544		Grant	9,600
Wendelyn Inman - Campbell Grant Consulting 1108 Farwell Street Sandusky, OH 44870		Grant	8,000
The Association of the United States Army (Polar B 2425 Wilson Boulevard	ear Chapter)		
Arlington, VA 22201		Grant	7,500 155,127
Grants and Similar Amounts Paid equal to or les	s than \$5,000		72,865
Total Grants and Similar Amounts Paid			227,992

STATEMENT 2

The Actus Community Fund

EIN: 26-1549606 FYE 6-30-2010

Form 990-EZ Supporting Statement

Part III, Statement of Program Service Accomplishments

To match the needs and opportunities in the community with the ideas, skills and experiences of the company's people; to discover new ways to promote social responsibility and bring positive change to the communities in which the employees live and work.

Form 8868

(Rev. April 2009)

Application for Extension of Time To i de an Exempt Organization Return

OMB No. 1545-1709

Department of the internal Revenue S		File a separate application for each return.	ļ	
		n Automatic 3-Month Extension, complete only Part I and check this box		▶ X
 If you ere f 	iling for e	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	e 2 of this f	orm).
		nless you have already been granted an automatic 3-month extension on a prev	riously filed	Form 8868.
		Month Extension of Time. Only submit original (no copies needed).		
	-	o file Form 990-T and requesting an automatic 6-month extension - check this b	ox and com	plete
Pert I only	• • • • •			▶ ∟
All other corp time to file inco		(including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 etums.	04 to req	uest an extension of
one of the re electronically i returns, or a c	turns not if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Co	er, you ca 990-BL, 60 I signed pa	nnot file Form 8868 069, or 8870, group ge 2 (Pert II) of Form
Type or	Name of	Exempt Organization	Employer	identification number
print		ctus Community Fund	26-1549	9606
File by the	· ·	street, and room or suite no. If a P.O. box, see instructions.		
due date for filing your		Box 32755 on or post office, state, and ZIP code. For a foreign address, see Instructions.		
return. See Instructions,		otte, NC 28232		
Check type o		o be filed (file a separate application for each return):		
X Form 990			m 4720	
Form 990)-BL	Form 990-T (sec. 401(a) or 408(a) trust) Form	m 5227	
Form 990		Form 990-T (trust other than above)	m 6069	
Form 990	-PF	Form 1041-A Form	m 8870	
The books	ere in the	care of ▶ Joe Semeraro, 1801 West End Ave., Nashville	e, TN 3	37203
Telephone	No. ▶ _	615-963-2727 FAX No ► 615-324-5226		
 If this is for for the whole on names and Ell 	r a Group group, cho Ns of all r	nembers the extension will cover.		
until Fe	bruary	utometic 3-month (6 months for a corporation required to file Form $\frac{7}{15}$, $\frac{2011}{100}$, to file the exempt organization return for the organization n's return for:	n 990-1) named at	extension of time love. The extension is
▶ □	calenda	' 		
► X	təx year	beginning June 1 , 2009, and ending June 30		<u> 2010</u>
2 If this tax	cyear is fo	or less than 12 months, check reason: Initial return Final return] Change	in accounting period
-	-	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tex, I	less any	ŢŢ.
		dits. See instructions. is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pr	ovmonto	3a \$
•	•	prior year overpayment allowed as a credit.	oyments	3ь \$
		trect line 3b from line 3e. Include your payment with this form, or, if required,	deposit	- CA
		or, if required, by using EFTPS (Electronic Federal Tax Payment System		
instructio				3c \$
-	_	g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	ond Form	8879-EO
for payment in	structions	<u> </u>		
For Privacy A	ct and Pa	perwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)

COPY

Form	8865 (Rev. 42009)	Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	· ▶ □
Note	e. Only complete Pert II if you heve already been granted an automatic 3-month extension on a proviously file	J Form 8868.
	you ere filing for an Autometic 3-Month Extension, complete only Part I (on page 1).	-
Pa	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	
Тур	e or Name of Exempl Organization Employer Identities	
prin	The Actus Community Fund 26-1549606	
File b		
	Idea for E.O. BOX 32733	en mententang at a manggaran
រត្សកាល ព្រុសពី	Con I Con I	
เกลเก	octons. Charlotte, NC 28232	
Che	ck type of return to be (lied (F <u>ile e</u> separate application for each return):	
\perp	Form 990 Form 990-PF Form 1041-A	Form 6069
_	Form 990-BL Form 990-T (aoc. 401(e) or 408(e) Irusi) Form 4720	Form 8870
1_	Form 990-EZ Form 990-T (trust other than above) Form 5227	
	Pl Do not complete Pert II if you wore not already granted an automatic 3-month extension on a previo	usly filed Form 8868.
	he booke ere in the care of 🕨	
	elephone No. > FAX No. >	
	the organization does not have an office or place of business in the United States, check this box	
• If	this is for a Group Return, enter the organization's four digit Group Examption Number (GEN) If	ihis is
ior t	he whole group, check this box , , , > If it is for part of the group, check this box , , , > and atta	ch a
list v	with the names and EINs of all members the extension is for.	
4	I request en additional 3-month extension of time until	
6	For calendar year, or other tax year beginning, and ending,	
8	If this tex year is for less than 12 months, check reason: Initial return Final return Chang	e in accounting period
7	State in detail why you nood the extension	
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
8a	if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tex, less any	
	nonrefundable credits. See instructions.	8a \$
b	if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
	tex payments made. Include any prior year ovorpayment allowed as a credit and any amount paid	
	previously with Form 8868.	8b \$
C	Balance Due. Subtrect line 8b from line 8a. Include your payment with this form, or, if required, deposit	
	with FTD coupon or, if required, by using EFTP8 (Electronic Federal Tax Payment System). See instructions.	8c \$
	Signature and Verification	
	penalties of perjury, I docise that I have examined this form, including accompanying schedules and statements, and to the best o	I my knowledge and belief,
il is tru	ue, correct, and complete, and that I am authorized to prepare this form.	
		44 =
6ignal	lure > most massiv Tille > ASS Transmer Date)	11-4-2010
	THE ACTUS Community Fand	Form 8888 (Rev. 4-2009)
	Ment of the month of the same	,

Form 8868

(Rev. April 2009)

Application for Extension of Time To rule an Exempt Organization Return

OWR NO'	1040-1708

Oppartment of the Treasury

 If you are filling 	ice	File a separate application for each return.	
11 you or o till	ng for an Automatic 3-1	Month Extension, complete only Part I and check this box	< , , , , , , , , , ▶ 📙 :
• If you are filid Do not complete	ng for an Additional (No Part II unless you have	ot Automatic) 3-Month Extension, complete only Part II (already been granted an automatic 3-month extension or	on page 2 of this form). n a previously filed Form 8868.
Part I Autom	atic 3-Month Extens	sion of Time. Only submit original (no copies needed	I).
A corporation re	quired to file Form 990	0-T and requesting an automatic 8-month extension - chec	k this box and complete
•			
time to file incom	ne tax retums.	O-C filers), partnerships, REMICs, and trusts must use F	
one of the retu electronically if returns, or a con	rns noted below (6 n (1) you want the addingosite or consolidate	u can electronically file Form 8868 if you want a 3-mon nonths for a corporation required to file Form 990-T). Itional (not automatic) 3-month extension or (2) you file d From 990-T. Instead, you must submit the fully comple to filing of this form, visit www.lrs.gov/efile and click on e-fi	However, you cannot file Form 8868 Forms 990-BL, 6069, or 8870, group ted end signed page 2 (Part II) of Form file for Charities & Nonprofits.
Type or	Name of Exempt Organiza	etion	Employer identification number
print			26-1549606
due date for	Number, street, and room	n or suite no. If a P.O. box, see instructions.	
filing your retum. See instructions.	City, town or post office,	state, and ZIP code. For a foreign address, see instructions.	
Check type of	return to be filed (file a	a separate application for each return):	
Form 990	•	Form 990-T (corporation)	Form 4720
Form 990-E	3L	Form 990-T (sec. 401(a) or 408(a) trust)	Form 6227
Form 990-E	Z	Form 990-T (trust other than above)	Form 6069
Form 990-F	rF	Form 1041-A	Form 8870
If the organiIf this is for a	zation does not have ar a Group Return, enter th	FAX No. ► n office or place of business in the United States, check this organization's four digit Group Exemption Number (GEN If it is for part of the group, check this box ►	s box
for the whole gr	oup, check this box 🐶	. In it is for part of the group, check this box.	
names and EIN	s of all members the ex	xtension will cover.	
names and EIN 1 I request until for the org	s of all members the ex an automatic 3-m	xtension will cover. onth (6 months for a corporation required to fi	le Form 990-T) extension of time inization named above. The extension is
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Form 8	888 (Rev	. 4-2009)	(Page 2	
		a filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II a	nd check this bax		▶ X	
		complete Part II if you have already been granted an automatic 3-month ex					
	•	a filing for an Autometic 3-Month Extension, complete only Part I (on page					
		Additional (Not Automatic) 3-Month Extension of Time. Only		original (no cop	ies n	eeded).	
		Name of Exempt Organization		Employer Identific			
Type print	t y lhe ded late for the	The Actus Community Fund		26-1549606			
•		Number, street, and room or suite no. If a P.O. box, see Instructions		For IRS use only			
extend		P.O. Box 32755					
filling t		City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
return. Instruc		Charlotte, NC 28232					
		e of return to be filed (Fi <u>le a</u> saparate application for each raturn):	1555,55 ,5 4 .				
		n 990 Farm 990-PF		Form 1041-A		Form 6069	
П		n 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Farm 4720		Form 8870	
х		n 990-EZ Form 990-T (trust other than above)		Form 5227		,	
STO		not complete Part II if you were not already granted an automatic 3-mo	nth exter		usly fi	led Form 8868.	
• The books are in the care of Ed Wildermuth, 1801 West End Ave., Nashville, TN 37203							
Telephone No. ▶ 615-324-8832 FAX No. ▶ 615-324-5226							
• If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is							
		ola group, check this box If it is for part of the group, check this			:h a		
		names and EINs of all membars the extension is for.	• •	• •		•	
		1 request an additional 3-month extension of time until May 15, 2011					
5	For calendar year, or other tax year beginning July 1, 2009 and ending June 30, 2010						
8	if this	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period					
7	The state of the s						
-	inf	information required to file an accurate and complete tax return.					
	•						
8a	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, antar th	e tentetiv	e tax, less any			
					8a \$;	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, anter any refundable credits and estimated				囊		
	tax payments made. Include any prior year ovarpayment allowed as a credit and any amount paid				100		
					8b \$	j	
c	Belance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					 -	
_	·····				8c \$	j	
Signature and Verification							
		ies of perjury, I declare that I have examined this form, including accompanying schedules and complete, and that I am authorized to prepare this form.		nts, and to the best o	f my k	nowledge and belief,	
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		the same of the sa			Form 8	868 (Rev. 4-2009)	