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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

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

OMB No 1545-1150 2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08/01/09, and ending 07/31/10			
B Check if applicable Please C Name of organization D	Employer identification number		
X Address change use IRS EARL COLLINS FOUNDATION OF THE			
Name change MISSOURI - ARKANSAS DISTRICT OF K. I.	43-6052800		
Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite	· · · · · · · · · · · · · · · · · · ·		
Termination See 2316 E. HARRISON ST.	417-869-0168		
Amended return Instruc. City or town, state or country, and ZIP + 4	Group Exemption		
Application pending tions. SPRINGFIELD MO 65802	Number		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting m	ليبيا ليسا		
a completed Schedule A (Form 990 or 990-EZ). Other (specify)			
I Website: ▶ N/A H Check ▶ 1 required to att	K if the organization is not tach Schedule B (Form 990, 30-PF).		
J Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to an equired to	90-PF)		
K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally			
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.	⇒ \$ 50,414		
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction)			
	1 27,563		
 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 	2		
3 Membership dues and assessments	3		
4 Investment income	4 20,017		
5a Gross amount from sale of assets other than inventory 5a 5b	1		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	15,		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a 2,584			
reported on line 1) 6a 2,584			
b Less direct expenses other than fundraising expenses 6b			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 2,584		
7a Gross sales of inventory, less returns and allowances 7a 250			
b Less. cost of goods sold 7b	1, 11		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 250		
8 Other revenue (describe >)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 50,414		
10 Grants and similar amounts paid (attach schedule) Stmt 1	10 27,750		
11 Benefits paid to or for membase 10	11		
12 Salaries other company and employee benefits	12		
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilitiest and maintenance 12 15 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities) and maintenance	14		
15 Printing, publications, postage, and shipping	15 696		
16 Other expenses (describe)	16		
17 Total expenses. Add lines 1.0 through 16	17 28,446		
	18 21,968		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
end-of-year figure reported on prior year's return)	19 685,773		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets of fund balances at end of year Combine lines 15 through 20	21 707,741		
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of For			
(See the instructions for Part II) (A) Beginning of year	(B) End of year		
(See the instructions for Part II) (A) Beginning of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe			
Z 23 Land and buildings	23		
	24 3 25 707,741		
(f) 25 Total assets			
26 Total liabilities (describe ►			
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2009)		

	m 990-EZ (2009) EARL COLLINS FOUNDATION OF TH		3-6052800		,	Page 2
_ <u>F</u>	art III Statement of Program Service Accomplishments (See the instruct	ions for Part II	1.)	Ex	penses
Wh	at is the organization's primary exempt purpose?	, ,	for section			
	CHOLARSHIPS AND SUPPORT OF YOUTH				1	and 501(c)(4)
	cribe what was achieved in carrying out the organization's exempt purposes. In a				_	ons and section
ma	nner, describe the services provided, the number of persons benefited, or other re	levant information fo	Γ) trusts, optional
eac	h program title				for others)
28	STUDENT SCHOLARSHIPS TO VARIOUS INDIVIDUALS (SEE SCHEDULE)					
	17 250) 16th a second adult for the second adult	!-	_	Γ	28a	17,250
20	(Grants \$ 17,250) If this amount includes foreign grants, ch	eck nere			20a	17,230
29	SUPPORT OF MISSOURI-ARKANSAS DISTRICT KEY CLUB AND CIRCLE K					
	(Grants \$ 5,500) If this amount includes foreign grants, ch	eck here	•		29a	5,500
30	KIWANIS INTERNATIONAL FOUNDATION - MATCHING SCHOLARSHIPS					· · ·
	(Grants \$ 5,000) If this amount includes foreign grants, ch	eck here	<u> </u>		30a	5,000
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>		31a	
_	Total program service expenses (add lines 28a through 31a)	<u> </u>		<u> </u>	32	27,750
	art IV List of Officers, Directors, Trustees, and Key Employees. List ea	(b) Title and average	mpensated (See to Compensation	the in	Contributions to	Part IV) (e) Expense
	(a) Name and address	hours per week	(If not paid,	empl	oyee benefit plans &	account and
		devoted to position	enter -0)	dete	rred compensation	other allowances
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		4	1	1		I

<u> </u>	it V Other Information (Note the statement requirements in the instructions for	Part v.)		,	
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				42
	description of each activity		33	<u> </u>	<u> X</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34	5. `	<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	t reported	4		
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.				
а	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?		35a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		_ <u>X</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a	4		
b	Did the organization file Form 1120-POL for this year?		37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
	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	b	_		
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9	a]		
b	Gross receipts, included on line 9, for public use of club facilities	b]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under] : :	» ,	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		- "	4 /	ا سو
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene	efit	*		
	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
С	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					
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1		
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed. None				
42a	The organization's books are in care of BILLY CLAIBORN	Telephone no ▶ 417	7-86	9 - 0	168
	2316 E. HARRISON				
	Located at ▶ SPRINGFIELD, MO	ZIP+4 ▶ 65	802		
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			Yes	No
	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.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S.?		42c		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	▶ 43			
					
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	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		X
		F	orm 99	0-EZ	(2009)

Form	990-E <u>Z</u> (2	009) EARL COLLINS FOUNDATION OF T	HE 43	8-6052800			Page 4
	čWľ.	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt	charitable trus	ts only. All sec	ction	
	- "	501(c)(3) organizations and section 4947(a)(1) none	exempt charitable	e trusts must a	nswer questior	ns 46-49t)
		and complete the tables for lines 50 and 51.					
46	Did the oi	ganization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to		Yes	
		s for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the oi	rganization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47	X
48	Is the org	anization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete So	hedule E		48	X
49a	Did the or	rganization make any transfers to an exempt non-charitable related o	rganization?			49a	X
þ	-	vas the related organization a section 527 organization?				49b	Щ.
50	Complete	this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key		
	employee	es) who each received more than \$100,000 of compensation from the			ne " (d) Contributions to	(5) 5:	
		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Expe account other allow	and
None	-	•					
					Nu		
	<u> </u>						
					<u></u>		
	Total nun	nber of other employees paid over \$100,000	•	•			
		of compensation from the organization If there is none, enter "None					
		ame and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) (Compensation	
No	<u></u>						
			_				
						<u></u>	
d	Total nur	mber of other independent contractors each receiving over \$100,000	-				
Sign	า	Under penalties of perjupy, I declare that I have examined this return, including and belief, it is true, carrect, and complete. Disclaration of preparer (other than	gaccompanying schedule officer) is based on all ii	es and statements, and a statements and statements ρ	eparer has any knowle	owledge edge	
Her	e	Signature of officer BILLY CLAIBORN	TRE	Date ASURER			
		Type or print name and title					
		Preparer's Som Passhall, CPA	Date	Check if self-	Preparer's Ider	ntifying Number (See instr)
Paid	t l	signature TOM PASCHALL, CPA	06/0				
	parer's	Firm's name (or yours Tom Paschall, CPA, P	A		EIN ► 7	71-083	7167
Use	Only	if self-employed), 720 Laurel			Phone		
		address, and ZIP + 4 Pine Bluff, AR 7160	1-4835		№ 870) - 534 - :	<u> 2007</u>

Yes No

Form **990-EZ** (2009)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

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 separate instructions.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

EARL COLLINS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF K. I.

Employer identification number 43-6052800

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 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % 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 c Type III–Functionally integrated b | Type II 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 II, 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? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) and (iii) below, the governing body of the supported organization? (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? Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (iii) Type of organization the organization in omanization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes Yes No Yes

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

16a	33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization	► X
b	33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ []
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

Public support percentage from 2008 Schedule A, Part II, line 14

Schedule A (Form 990 or 990-EZ) 2009

15

50.21%

49.15%

14

15

18

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		:					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 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							
6	Total. Add lines 1 through 5				<u> </u>		\longrightarrow	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that					ļ		
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support		•					
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9	Amounts from line 6							
10a	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 acquired after June 30, 1975							
C	Add lines 10a and 10b			ļ <u>.</u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,	1		1				
	and 12)		<u> </u>					
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)		h
	organization, check this box and stop here							>
Sec	tion C. Computation of Public Su	pport Percent	age					
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))			15	%%
<u>16</u>	Public support percentage from 2008 Sche						16	%
Sec	tion D. Computation of Investmen			-				
17	Investment income percentage for 2009 (lir	ne 10c, column (f) o	divided by line 13,	column (f))			17	%_
18	Investment income percentage from 2008						18	%
19a	33 1/3 % support tests—2009. If the orga							. —
	17 is not more than 33 1/3 %, check this bo	ox and stop here.	The organization q	ualifies as a publicl	y supported organiz	zation		▶ [
b	33 1/3 % support tests—2008. If the orga						d	
	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 o	n line 14, 19a, o <u>r</u> 1	9b, check this box				>
DAA					90	hadula A /E/	.rm 00f	or 990-F7\ 2009

Schedule A (Form 990 or 990-EZ) 2009 EARL COLLINS FOUNDATION OF THE

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

COOKBOOK SALES

3,361

6/7/2011 3:38 PM Explanation Book Value Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals Book Value Noncash Contribution EARLCOLLINS EARL COLLINS FOUNDATION OF THE Federal Statements 17,250 5,500 22,750 Cash Contribution Description of Property Class of Activity Date of Gift Relationship to Organization SPONSORED YOUTH FYE: 7/31/2010 Total NONE

Form 8868 (F	ev 1-2011)					Page 2	
	filing for an Additional (Not Automatic) 3-Month Ex	ctension, con	plete only Part II and check this box			▶ X	
	omplete Part II if you have already been granted an au						
If you are	filing for an Automatic 3-Month Extension, comple	te only Part I	(on page 1)				
Part II	Additional (Not Automatic) 3-Month E			copies	needed).		
Type or							
print	EARL COLLINS FOUNDATION OF THE						
File by the	MISSOURI-ARKANSAS DISTRI	CT OF F	t. I.	43-6	052800		
extended							
Number, street, and room or suite no. If a P.O. box, see instructions. 2316 E. HARRISON ST.							
filing your return See	City, town or post office, state, and ZIP code. For a	a foreign addre	ess, see instructions.				
instructions	1 7	0 65802					
Enter the Ret	urn code for the return that this application is for (file a	ı separate app	lication for each return)			01	
Application	1	Return	Application			Return	
Is For		Code	ls For			Code	
Form 990		01	、ディント (75) 1/2。	15.15.15	7 % * N & A		
Form 990-E	SL	02	Form 1041-A			08	
Form 990-E	ZZ	03	Form 4720			09	
Form 990-F	<u> </u>	04	Form 5227	•		10	
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
STOP! Do no	t complete Part II if you were not already granted	an automatic	3-month extension on a previously fil	ed Form	8868.		
• If this is for the whole list with the na	enization does not have an office or place of business or a Group Return, enter the organization's four digit Group, check this box The content of the content of the extension is for.	Group Exempti int of the group	States, check this box on Number (GEN) If this is check this box and	s attach a		▶ □	
		5/15/11		^			
			1/09 , and ending 07/31/1	.			
	x year entered in line 5 is for less than 12 months, che	eck reason:	Initial return Final return				
	change in accounting period						
_	detail why you need the extension						
'sée'	Statement 1			• • • • •			
		•		•	• •	•	
0- 16 this s		- 6060	h- A-A-A-A	-			
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, on ndable credits. See instructions.	r 6069, enter t	ne tentative tax, less any	8a	\$		
b If this a	oplication is for Form 990-PF, 990-T, 4720, or 6069, e	nter any refun	dable credits and	وي وي د			
estimate	ed tax payments made. Include any prior year overpa	yment allowed	as a credit and any	7 to 1			
amount	paid previously with Form 8868	8b	\$				
c Balanc	e Due. Subtract line 8b from line 8a. Include your pay	ment with this	form, or, if required, deposit with				
FTD co	upon or, if required, by using EFTPS (Electronic Fede			8c	\$		
	Si of perjury, I declare that I have examined this form, including a d complete, and that I am authorized to prepare this form	_	nd Verification chedules and statements, and to the best of my	knowledge	e and belief, it is		
Signature >		Ťr	tle >		Date ▶ 03/1	15/11	
-gratule F			-	<u>-</u>	Form 8868 (Re		

EARLCOLLINS EARL COLLINS FOUNDATION OF THE 43-6052800 Federal Statements

3/15/2011 10:04 AM

FYE: 7/31/2010

Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension

Description

ADDITIONAL TIME IS NEEDED SO INFORMATION CAN BE GATHERED TO PREPARE AN ACCURATE RETURN, DUE TO THE RECENT DEATH OF THE INDIVIDUAL WHO HAS PREPARED THE FORM 990 FORM MANY YEARS.