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Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Inter	nal Rev	renue Service	Note. The foundation ma	y be able	to use a copy of this	s return to satu	sfy state repo	rting req			
For	calen	dar year 2009, or tax ye	ar beginning OC	T 1,	2009	, and e	nding	SEP	30, 2010		
G (Check	all that apply:	Initial return Amended return		Initial return of a f	•	charity	Name ci	Fınal retur hange	n	
	the label	Name of foundation						A Emp	loyer identificatio	n number	
	ierwi	se BETH R. M	EAD EDUCATI	ONAL	TRUST			75	5-631025	5	
	print	Number and street (or P	O box number if mail is not	delivered t	o street address)		Room/suite	B Telep	ohone number		
	r type	HO DOM 45.	92					90	03-237-35	570	
	Spe	I CHV OLIOWIL SIME 2	and ZIP code					C If exe	mption application is	pending, check here	•
INST	ructio	LONGVIEW,	TX 75606-	2392				D 1 Fc	reign organization	s, check here	•
H (Check	type of organization:	X Section 501(c)(3)	exempt p	rivate foundation			2 Fo	reign organizations m leck here and attach c	eeting the 85% test, omputation	•
	Se	ction 4947(a)(1) nonexen			axable private found	ation				atus was terminated	
I Fa	air ma	rket value of all assets at	end of year J Accoun	nting met	nod: X Cash	Accr	ual		er section 507(b)(1		-
(fi	rom F	Part II, col. (c), line 16)		Other (sp	ecify)			F If the	foundation is in a	60-month termination	n
_	\$	55	2 , 8 2 1 . (Part I, co	lumn (d)	must be on cash	basis.))(B), check here—	
Pa	art⁻i	Analysis of Revenue at (The total of amounts in columecessarily equal the amounts)	umns (b), (c), and (d) may not		i) Revenue and penses per books	(b) Net in		(c) Adjusted net income	(d) Disbursement for charitable purpo (cash basis only	ses
	1	Contributions, gifts, gran	its, etc., received						N/A		
===	2	Check X If the foundation	on is not required to attach Sch. B								
K W 11	3	Interest on savings and temp cash investments	oorary		1.		1.			STATEMENT	<u> 1</u>
9	4	Dividends and interest fr	om securities		20,093.	2	0,093.			STATEMENT	2
€	5a	Gross rents								ļ.,	
	b	Net rental income or (loss)									
≅AR ue	6a	Net gain or (loss) from sale of	assets not on line 10		2,001.			ļ		•	
. 5	b	Gross sales price for all assets on line 6a	10,871.					ļ <u></u>		·	
Revenue	7	Capital gain net income (from	Part IV, line 2)				<u>2,001.</u>				
<u> </u>	8	Net short-term capital ga	nin		· · · · · · · · · · · · · · · · · · ·					 	
3	9	Income modifications Gross sales less returns	I								
	10a	and allowances		_				ļ			
)		Less Cost of goods sold						ļ			
		Gross profit or (loss)						ļ			-
	11	Other income	. 1 4.4		22 005		2 005	 			
	12	Total Add lines 1 through	· · · · · · · · · · · · · · · · · · ·		22,095. 11,741.	4	2,095. 3,370.	 	 	8,3	71
	13	Other employee calaries			11,/41.		3,310.	<u> </u>		0,3	<u>/ I · </u>
	14 15	Other employee salaries Pension plans, employee	•					-		· · ·	
S		Legal fees	5 DELIGINS			 		<u> </u>			
ŠL	l loa	Accounting fees	STMT 3		1,250.		0.	 -		1,2	50
ă	` ا	Other professional fees	DIMI 3		1,250.					1,2	50.
ě	17	Interest						RE	CEIVED	+	
äţi	18	Taxes	STMT 4		375.		888	-		<u> </u>	0.
ist	19	Depreciation and depletion					181	FFA			
Ë	20	Occupancy					m	LER	1 6 2011		
Ad	21	Travel, conferences, and	meetings		· · · · · · · · · · · · · · · · · · ·					48	
ğ	22	Printing and publications	5			<u> </u>		PGL	EN UT		
Operating and Administrative Expenses	23	Other expenses	STMT 5		737.		0.		701	7	37.
atir	24	Total operating and adn	ninistrative								
per		expenses Add lines 13	_		14,103.		3,370.			10,3	58.
0	25	Contributions, gifts, gran	nts paid		19,000.					19,0	00.
	26	Total expenses and dist	bursements.								
	<u> </u>	Add lines 24 and 25			33,103.		3,370.	<u> </u>		29,3	<u>58.</u>
	27	Subtract line 26 from line	e 12:		_						
	1	Excess of revenue over exper			<11,008.			ļ		ļ	
		Net investment income				1	8,725.	ļ		ļ	
0235		Adjusted net income (if r	negative, enter -0-)			<u> </u>			N/A	- 600 ==	

Part II	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	
- ait ii	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cas	sh - non-interest-bearing	<1,541.>	<3,304.>	<3,304.>
2 Sav	vings and temporary cash investments			<u> </u>
3 Acc	counts receivable >			
Les	ss: allowance for doubtful accounts			
l l	edges receivable >			
Les	ss: allowance for doubtful accounts			
ı	ants receivable			•
'	ceivables due from officers, directors, trustees, and other			
	equalified persons			
ı	er notes and loans receivable			
1 '	ss: allowance for doubtful accounts			
	ventories for sale or use			
ਨ । `		-		
SS 9 Pre	epaid expenses and deferred charges vestments - U.S. and state government obligations	· · · · · · · · · · · · · · · · · · ·		
i lua miv				
	vestments - corporate stock		=	
l ——	vestments - corporate bonds			
	stments - fand, buildings, and equipment basis			
	s accumulated depreciation			
12 Inv	vestments - mortgage loans		101 100	
13 Inv	restments - other STMT 7	490,000.	481,130.	<u>556,125.</u>
14 Lar	nd, buildings, and equipment: basis			
	s accumulated depreciation			
15 Oth	ner assets (describe ► PREPAID FEDERAL TAX)	895.	0.	0.
16 Tot	tal assets (to be completed by all filers)	489,354.	477,826.	552,821.
17 Ac	counts payable and accrued expenses			
18 Gra	ants payable			
	ferred revenue			
.9	ans from officers, directors, trustees, and other disqualified persons			
ig 21 Mc	ortgages and other notes payable			
22 Oth	ner liabilities (describe > STATEMENT 8)	0.	86.	
23 Tot	tal liabilities (add lines 17 through 22)	0.	86.	
	undations that follow SFAS 117, check here	<u> </u>		
	d complete lines 24 through 26 and lines 30 and 31			
σ I	restricted			
24 UII				
25 Ter	mporarily restricted			
26 Per	rmanently restricted			
3	undations that do not follow SFAS 117, check here			
and and	d complete lines 27 through 31	400 254	400 040	
	pital stock, trust principal, or current funds	489,354.	477,740.	
io I	id-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
₹ 29 Re	tained earnings, accumulated income, endowment, or other funds	0.	0.	
2 30 Tot	tal net assets or fund balances	489,354.	477,740.	
31 To	tal liabilities and net assets/fund balances	489,354.	477,826.	
Part III	Analysis of Changes in Net Assets or Fund Ba	lances		
rait III				
1 Total net	t assets or fund balances at beginning of year - Part II, column (a), line 3	0		
(must ag	gree with end-of-year figure reported on prior year's return)		1	489,354.
	nount from Part I, line 27a		2	<11,008.
	creases not included in line 2 (itemize)		3	0.
	s 1, 2, and 3		4	478,346.
	es not included in line 2 (itemize)	SEE SUA	TEMENT 6 5	606.
	t assets or fund balances at end of year (line 4 minus line 5) - Part II, col		6	477,740.
U TOTAL LICE	t assets of Tana balances at one of year time a filling a line of a rait if, our	onni 1071 mio 00	101	Form 990-PF (2009)

BETH R. MEAD EDUCATIONAL TRUST

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Form 990-PF (2009)

(a) List and des	cribe the kind(s) of property sold (e.g varehouse; or common stock, 200 shs	., real estate,	income	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a 957.854 PIMCO	LOW DURATION INS	TL		P	03/02/09	06/18/10	
b CAPITAL GAINS	DIVIDENDS						
C							
<u>d</u>							
<u>e</u>				<u> </u>		_	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (lo (e) plus (f) minu	ıs (g)	
a 10,010			8,87	0.		1,140	
ь 861	•		 			861	
<u>. C</u>							
<u>d</u>		-			 .		
Complete only for accets show	ring gain in column (h) and owned by	the foundation	on 12/31/60		Councy (Col. (b) as	un minuc	
Complete only for assets snow				col.	Gains (Col (h) ga (k), but not less t	han -0-) or	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) .col(I),-If-any		Losses-(from co	l-(h))-	
						1,140	
<u>a</u>					-	861	
<u>b</u>							
c d	 						
e					 		
2 Capital gain net income or (net o	capital loss) { If gain, also enter of the loss of the	r in Part I, line i I- in Part I, line	7 7	} 2		2,001	
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) ar	nd (6):					
If gain, also enter in Part I, line 8	3, column (c).			}	4	_	
If (loss), enter -0- in Part I, line Part V Qualification	8 Under Section 4940(e) for	· · · ·		3	N/	<u> </u>	
If "Yes," the foundation does not gu	ection 4942 tax on the distributable an alify under section 4940(e). Do not co	omplete this pa	rt.	, , , -		Yes X No	
	n each column for each year; see instr	uctions before	making any entri			/d\	
(a) Base period years Calendar year (or tax year begin	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncharitable-use assets	ritable-use assets (col. (b) divided by col (c		
2008		4,240.		502,251		.06817	
2007		4,070.		540,088		.06308	
2006		0,601.		571,281		.05356	
2005		4,925.		603,864		.04127	
2004	3	0,270.		608,338	•	.04975	
2 Total of line 1, column (d)					2	.27585	
· ·	e 5-year base period - divide the total	on line 2 by 5,	or by the number	of years			
the foundation has been in exis	tence if less than 5 years				3	.05517	
4 Enter the net value of noncharit	able-use assets for 2009 from Part X,	line 5			4	534,821	
5 Multiply line 4 by line 3					5	29,507	
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6	187	
7 Add lines 5 and 6					7	29,694	
8 Enter qualifying distributions from	om Part XII, line 4				8	29,358	
If line 8 is equal to or greater th	an line 7, check the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 1% tax rate.			

Forn	990-PF (2009) BETH R. MEAD EDUCATIONAL TRUST	75-	-6310255 Page				
Pa	irt VI `Excise Tax Based on Investment Income (Section 4940(a)	, 4940(b), 4940(e), or	4948	- see in	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter	N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessa	ry-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1			3	75.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of P	art I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others		2				0.
3	Add lines 1 and 2	·	3			3	<u>75.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	s enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			3	75.
6	Credits/Payments:					•	
а	2009 estimated tax payments and 2008 overpayment credited to 2009	a 289					
b	Exempt foreign organizations - tax withheld at source	b					
Ç	Tax paid with application for extension of time to file (Form 8868)	c					
d	Backup withholding erroneously withheld 60	d					
7	Total credits and payments. Add lines 6a through 6d		7			2	<u>89.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter-amount-owed-		9				86.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, ▶	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	i or did it participate or interven	e ın	Ļ		Yes	No
	any political campaign?			L	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s	see instructions for definition)?		Ĺ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oies of any materials publish	ed or	-			
	distributed by the foundation in connection with the activities			1			
C	c Did the foundation file Form 1120-POL for this year?						<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the years			1			ĺ
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers. \blacktriangleright	\$0	<u>•</u>	İ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure t	tax imposed on foundation		1			1
	managers. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	ment, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			L	_3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			. <i>.</i> .	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			ļ-	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T				İ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions are strongly as the second of the s	ctions that conflict with the sta	te law	}		77	1
-	remain in the governing instrument?			-	6	X	<u> </u>
′	Did the foundation have at least \$5,000 in assets at any time during the year?			-	7	<u>X</u>	
•	If "Yes," complete Part II, col. (c), and Part XV.	_		į			ł
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>					
	If the appears in "Ver" to line 7, has the foundation furnished a period Form 000 PF to the Attended	ev Canaral (ar dananata)					1
U	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	sy deneral (or designate)			٥.	Х	l
9	of each state as required by General Instruction G? If "No," attach explanation	4049(i)(2) or 4049(i)(E) for on	landar	-	8b	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," comp		ICIIUAI		9		v
10	Did any persons become substantial contributors during the tax year? If "Yes," lattach a sensetiment			F	10		X
10	Did diff persons become substantial continuous subling the tax year in Yes, attach a sensational	ng inerinames and addresses		I		-PF	(2009)
				1 01111		- • (_003)
	9/ ₀₀ FEB 1	6 2011 SO					
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	[OGDI	EN, UT					

		<u>310255</u>		Page 5
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		v
40	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	10		v
40	August 17, 2008?	12	Х	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Λ	
14	Website address ► N/A The books are in care of ► REGIONS MORGAN KEEGAN TRUST DEPARTM Telephone no. ► 903	-237-3	570	
14		<u> 75601</u>	570	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> 75001</u>	_	\Box
15	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			—
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No I		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No		
	(3) Furnish goods, services, or facilities to (or accept them from)-a-disqualified-person? Yes X			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
·	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
·	before the first day of the tax year beginning in 2009?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?	No		
	If "Yes," list the years ▶ , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	A 2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>		'	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2009) N/.	A 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

orm 990-PF (2009) BETH R. MEAD EDUCATIONAL			75-63102	55 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
-5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ined		
expenditure responsibility for the grant?	N	T/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5 <i>(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal_benefit_contract?			SbX-
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📙	
b If yes, did the foundation receive any proceeds or have any net income attribute				'b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
1 List all officers, directors, trustees, foundation managers and their		(-) Componentian	(d) Contributions to	(-) [vnonoo
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	`enter`-0-)	compensation	allowances
	TRUSTEE-MINIM	AL HRS		
PO BOX 2392			_	
LONGVIEW, TX 75606	4.00	6,741.	0.	0.
	TRUSTEE-MINIM	AL HRS		
PO BOX 668				•
JEFFERSON, TX 75657	2.00	2,500.	0.	0.
MARTHA TOMLINSON	TRUSTEE-MINIM	AL HRS		
509 MAGNOLIA		1	_	
JEFFERSON, TX 75657	2.00	2,500.	0.	0.
			i	
2 Compensation of five highest-paid employees (other than those inc	luded on line 4) If some	enter "NONE "		
2 Compensation of five nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	allowalices_
NONE			[
				
]	
			 	
	1	1		
			 	
	1			
		 	 	
	1			
Total number of other employees paid over \$50,000	L			0
יסיים וויים וויים ביווים ביווים ביים אמום ביים שטיים ביים ביים ביים ביים ביים ביים ביים			Form 9	990-PF (2009)
				- \-000/

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information or organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses	
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount	
1 <u>N/A</u>			
2			
All other program-related investments See instructions.			
3			
Total Add lines 1 through 3			

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Page **8**_

P	art X Minimum Investment Return (All domestic foundations in	must c	omplete this part	Foreign four	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	ole, etc.	. purposes:			
-	Average monthly fair market value of securities	,	, , , , , , , , , , , , , , , , , , , ,		1a	543,486.
b					1b	<521.>
C	Fair market value of all other assets		1c			
d					1d	542,965.
_	Reduction claimed for blockage or other factors reported on lines 1a and					
•	1c (attach detailed explanation)	1e	[0.		
2	Acquisition indebtedness applicable to line 1 assets				2	0.
3	Subtract line 2 from line 1d				3	542,965.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t. see ii	nstructions)		4	8,144.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o				5	534,821.
6	Minimum investment return. Enter 5% of line 5		•		6	26,741.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a	ınd (j)(5) private operating	foundations an	d certain	
	foreign organizations check here and do not complete this part					
1	Minimum investment return from Part X, line 6				1	26,741.
2a	Tax on investment income for 2009 from Part VI, line 5					
b	Income tax for 2009 (This does not include the tax from Part VI)					
C	Add lines 2a and 2b				2c	375 .
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	26,366.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	26,366.
6	Deduction from distributable amount (see instructions)				6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, li	ne 1		7	26,366.
P	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes:			.	20 250
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	29,358.
b					1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ible, etc	, purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:					
a	, , , , , , , , , , , , , , , , , , , ,				3a	
b					3b	20.250
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, a				4	29,358.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigation (Control of the control of the reduced rate of tax on net investigation (Control of the control of the co	estmen	t			^
	income Enter 1% of Part I, line 27b				5	20. 250
6	Adjusted qualifying distributions Subtract line 5 from line 4			,	6	29,358.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years.	when c	alculating whether th	ne foundation o	qualifies for t	ne section

Form **990-PF** (2009)

75-6310255

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				26,366.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006 860.				
d From 2007 7, 492.				
e From 2008 9,573.				
f Total of lines 3a through e	17,925.			
4 Qualifying distributions for 2009 from		_		
Part XII, line 4: ► \$ 29,358.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			06 266
d Applied to 2009 distributable amount	2 000			26,366.
e Remaining amount distributed out of corpus	2,992.		· <u></u>	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,917.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				_0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	20,917.			
10 Analysis of line 9:	20,0276	·		
a Excess from 2005				
b Excess from 2006 860.				
c Excess from 2007 7, 492.	}			
d Excess from 2008 9,573.				
e Excess from 2009 2,992.				
				Form QQQ-DE (2000)

		TIONAL TRUS			10255 Page 10
Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		-A, question 9)	N/A	
1 a If the foundation has received a ruling o		· · · · · · · ·			
foundation, and the ruling is effective fo		=	▶	1	
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		ļ <u>-</u>
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative_test_relied-upon;				1	
(1) Value of all assets					•
(2) Value of assets qualifying					
under section 4942(J)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		•			
c "Support" alternative test - enter:				 	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public				- 	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				 	<u> </u>
(4) Gross investment income Part XV Supplementary Info	rmation (Cample	to this part anh i	if the foundation	had \$5 000 ar m	ara in casata
at any time during t			ii the loundation	i nau \$5,000 or ini	Jie III assets
		11301 40010113.7			
1 Information Regarding Foundation	_	4b 00/ -44b4-4-1	t		
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	e toundation before the clo	se of any tax
NONE	1010 111411 40,000). (000 0	0011011 007 (4)(2).)			
	a own 100/ or more of th	a stack of a corporation (or an equally large port	on of the ownership of a n	artnarchia ar
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% of more of th s a 10% or greater interes	e stock of a corporation (st.	or an equally large port	on or the ownership of a p	arthership of
NONE	ou to to at ground mileton	•			
2 Information Regarding Contributi	ion Grant Gift Loan	Scholarchin etc. Dr.	ogramai		
Check here if the foundation o				not accept upsolicited regi	usete for funde. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	· · · · · · · · · · · · · · · · · · ·				
SEE STATEMENT 9		 		· · · -	
b The form in which applications should b	e submitted and informat	tion and materials they sh	iould include:		
c Any submission deadlines:	-				
d Any restrictions or limitations on awards	s such as by neographics	al areas, charitable fields	kinds of institutions or	other factors	
Grany restrictions of infinations of awards	s, soon as by geograpine	ar ar ous, originable licius,	anda or mantanona, Or	omor idolors,	

BETH R. MEAD EDUCATIONAL TRUST 75-6310255 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE STATEMENT 10 19,000. ➤ 3a **b** Approved for future payment

Total

NONE

▶ 3b

Part XVI-A Analysis of Income-Producing Activities

	Unrelated b	ousiness income	Evoluder	d by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	Exclu-	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	741100111	code	Amount	101101011111001110
a	- 		 		
b	-				
<u> </u>	-				
d	·				
e	-				·
	-		\vdash		
g Fees and contracts from government agencies	<u> </u>		-		
2 Membership dues and assessments			\vdash		·
3 Interest on savings and temporary cash			1 1 1	1	
investments			14	20,093.	
4 Dividends and interest from securities	-		14	20,093.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	-				
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			[
property			 		
7 Other investment income			 -		
8 Gain or (loss) from sales of assets other			18	2,001.	
than inventory			10	4,001.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1 1				
D	- - - - - - - - -				
C	1 1	····	 		·
d					
e	-	0.	 -	22,095.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>	ļ <u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)				10	22,033.
Part XVI-B Relationship of Activities	to the Accon	nplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inc	ome is reported in c	column (e) of Part XVI-A	contribut	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other tha				, , ,	
	_				
					···-
			_		
	·				
		-			
	-				
				<u> </u>	
	<u> </u>				
		····			·····

_			R. MEAD EDUCATI		75-63			ge 13
P	art X	VII Information Re Exempt Organ		and Transactions a	nd Relationships With Nonch	aritable)	
1	Did th	ne organization directly or indi	rectly engage in any of the following	ng with any other organizatio	n described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c))(3) organizations) or in section 52	27, relating to political organ	zations?			
8	Trans	efers from the reporting found	ation to a noncharitable exempt or	rganization of:				
	(1) (Cash				1a(1)		X
	(2)	Other assets				1a(2)		<u>X</u>
t	Other	transactions:						
	(1) 5	Sales of assets to a noncharita	ble exempt organization			1b(1)		<u>X</u>
	(2) F	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets			1b(3)		<u>X</u>
	(4) F	Reimbursement arrangements				1b(4)		X X X
	(5) l	oans or loan guarantees				1b(5)		<u>X</u>
	٠,,		embership or fundraising solicitation			1b(6)		<u>X</u>
			ailing lists, other assets, or paid em			1c		<u>X</u>
(-	· · ·	vays show the fair market value of the good		ets,	
					e in any transaction or sharing arrangement	t, show in		
		, , , , , , , , , , , , , , , , , , , 	other assets, or services received.					
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description of transfers, transactions, a	nd sharing arr	angeme	nts
			N/A			-		
			· · · · · · · · · · · · · · · · · · ·		 	· · ·		
			<u> </u>					
_								
		<u> </u>						
					- 			
								
_								
								
_		. 6	Alter office and south and real part of the south					
28		•	tly affiliated with, or related to, one or than section 501(c)(3)) or in sec		rations described		T] No
		· ·	· · · · · · · · · · · · · · · · · · ·	AUDIT 527 F		Yes	Ω	טאו ר
) 11 16	s," complete the following sch (a) Name of org		(b) Type of organization	(c) Description of relatio	nshin		
_		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) t)po ot digamentos	(0) 2000			
		н/ А						
								
_			-					
		·····						
	Under	penalties of perjury, I declare that I h	have examined this return, including acco	ompanying schedules and statem	ents, and to the best of my knowledge and belief, it	is true, corre	ct,	
	and cor	mplete Declaration of preparer (other	er than taxpayer or fiduciary) is based on	all information of which preparer			_	,
		Buch North	7 Trust Office	V 12/2/11	Fust officer,	Region	v (ank
a.	S	ignature of officer or trustee	'	Date	Title		<u> </u>	
Sign Here		Preparer's		D	ate Check if Prep	arer's identify	/ing nun	ber
ğ	_ '.'. ≥	· • / ·	M. Smit CPA	_ F	ate Check if Check if Self-employed			
9)	Pard sparer's	Firm's name (or yours HAST	Y, BYRD & SMITH	·	EIN ►			
	Pard Preparer's Use Only	rf self-employed), PO B	30X 3247					
	-	· •	VIEW, TX 75606-	-3247	Phone no. (90	3)753	-72	88
						- 000	DE	

(903)753-7288 Form **990-PF** (2009)

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
REGIONS TRUST MONEY MARKET						1.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	OLUMN A				1.
FORM 990-PF DIVIDENT	OS AND INTE	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	s amount		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
PIMCO LOW DURATION INSTL FD PIMCO TOTAL RETURN INSTL FD		3,396. 17,558.		16. 845.	3,3 16,7	
TOTAL TO FM 990-PF, PART I, I	LN 4	20,954.		861.	20,0	93.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
HASTY BYRD & SMITH	1,250	•	0.		1,2	50.
TO FORM 990-PF, PG 1, LN 16B	1,250	•	0.		1,2	50.
FORM 990-PF	TA	XES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FEDERAL INCOME TAX	375	•	0.			0.
TO FORM 990-PF, PG 1, LN 18	375	•	0.			0.

FORM · 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) (B) EXPENSES NET INVES PER BOOKS MENT INCO				
CONTRACT SCHOLARSHIP APPLICATION REVIEW	737.		0.	73	7.
TO FORM 990-PF, PG 1, LN 23	737.		0.	73	7.
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FU	ND BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
CORRECT PRIOR YEARS FEDERAL	rax overpaym	IENT		60	6.
CORRECT PRIOR YEARS FEDERAL TOTAL TO FORM 990-PF, PART I		IENT		60	
		IENT			
TOTAL TO FORM 990-PF, PART I	OTHER INV		BOOK VALUE	60	6 · 7
TOTAL TO FORM 990-PF, PART I	OTHER INV	ESTMENTS	BOOK VALUE 481,130.	STATEMENT FAIR MARKET VALUE	7
TOTAL TO FORM 990-PF, PART II	OTHER INV	VESTMENTS ALUATION METHOD		STATEMENT FAIR MARKET VALUE	7
TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION FIXED INCOME FUNDS	OTHER INV	VESTMENTS ALUATION METHOD FMV	481,130.	STATEMENT FAIR MARKET VALUE 556,12	7
TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION FIXED INCOME FUNDS TOTAL TO FORM 990-PF, PART II	OTHER INV VA M I, LINE 13	VESTMENTS ALUATION METHOD FMV	481,130.	STATEMENT FAIR MARKET VALUE 556,12 556,12 STATEMENT	75.5.
TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION FIXED INCOME FUNDS TOTAL TO FORM 990-PF, PART II FORM 990-PF	OTHER INV VA M I, LINE 13	VESTMENTS ALUATION METHOD FMV	481,130. 481,130.	STATEMENT FAIR MARKET VALUE 556,12 556,12 STATEMENT EOY AMOUNT	75.5.

75-6310255

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JESSE M DEWARE IV, MARTHA TOMLINSON PO BOX 486

JEFFERSON, TX 75657

TELEPHONE NUMBER NAME OF GRANT PROGRAM

903-665-2567 BETH ROWELL MEAD EDUCATIONAL TRUST

FORM AND CONTENT OF APPLICATIONS

APPLICATION FORM ATTACHED

ANY SUBMISSION DEADLINES

NONE

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHED SCHEDULE

FORM 990-PF GRANTS PAID	STATEMENT 1		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BOLLMAN, HEATHER 279 N PECAN ST NASH, TX 75569	NONE EDUCATION SCHOLARSHIP	N/A	1,750.
CARROLL, JEFFREY COLLIN 211 E CLARKSVILLE ST JEFFERSON, TX 75657		N/A	1,050.
DOWNS, JAMES 2752 MC RD 3222 JEFFERSON, TX 75657	NONE EDUCATION SCHOLARSHIP	N/A	1,000.
DUNCAN, JESSICA PO BOX 8079 MAGNOLIA, AR 71754	NONE EDUCATION SCHOLARSHIP	N/A	1,400.
EGLOFF, ALENA PO BOX 1905 DALLAS, TX 75211	NONE EDUCATION SCHOLARSHIP	N/A	1,750.
FAULK, JESSICA 930 SMITH-BOCKMAN RD AVINGER, TX 75630	NONE EDUCATION SCHOLARSHIP	N/A	2,000.
JEFFLEY, MONTA 105 W DOUGLAS ST JEFFERSON, TX 75657	NONE EDUCATION SCHOLARSHIP	N/A	1,400.
JONES, AUSTIN 11398 ST HWY 49 JEFFERSON, TX 75657	NONE EDUCATION SCHOLARSHIP	N/A	1,000.

BETH R. MEAD EDUCATIONAL TRUST			75-6310255
LOYD, SARA 665 CR 1582 AVINGER, TX 75630	NONE EDUCATION SCHOLARSHIP	N/A	1,000.
MCCOY, WHITNEY 21897 FM 134 KARNACK, TX 75661	NONE EDUCATION SCHOLARSHIP	N/A	1,750.
PATRICK, HELAINA 690 FM 728 JEFFERSON, TX 75657	NONE EDUCATION SCHOLARSHIP	N/A	2,050.
PORTER, PATRICK PO BOX 1161 LINDEN, TX 75563	NONE EDUCATION SCHOLARSHIP	N/A	400.
SURRATT, SYDNEY 606 HAMILTON RD LINDEN, TX 75563	NONE EDUCATION SCHOLARSHIP	N/A	1,050.
WATSON, JOSEPH PO BOX 488 LINDEN, TX 75563	NONE EDUCATION SCHOLARSHIP	N/A	1,400.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		19,000.

BETH ROWELL MEAD EDUCATIONAL TRUST EIN: 75-6310255

SCHOLARSHIP APPLICATION

Social Security No		
Phone numbe	r	
State	Zip Code	
		
	·	
		
u have received o	during your high school and colleg	
,	-	
	Phone numbe	

College or university to be attended	List community activities and recognitions yo	ou have received. Also, include civic organization
College or university to be attended Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.	memberships	
College or university to be attended Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.		
College or university to be attended		
College or university to be attended Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.		
College or university to be attended Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.	College or university to be attended	
Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.	Conlege of university to be attended	
Father's occupation Last year's income Mother's occupation Last year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: Names Amounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
Father's occupationLast year's income Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
Mother's occupationLast year's income List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.		
List the names and amounts of other scholarships received and non-family sources of funding for your education: NamesAmounts We hereby verify that the above statements are true and correct.	Father's occupation	Last year's income
education: NamesAmounts We hereby verify that the above statements are true and correct.	Mother's occupation	Last year's income
NamesAmounts We hereby verify that the above statements are true and correct.		rships received and non-family sources of funding for your
		Amounts
	We hereby verify that the above state	ements are true and correct.
DateParents' signatures		
	Date	_Parents' signatures
Applicant's signature		Applicant's signature

If awarded a scholarship, I understand and agree that I must take a minimum of twelve (12) hours of instruction per week per semester while participating in the scholarship program. I further understand and agree that I must maintain at least a 2.0 grade point average in order to continue to be considered for this scholarship assistance.

Signature	
Date	
Return to:	Beth Rowell Mead Educational Trust P. O. Box 486 Jefferson, Texas 75657

Please attach the following:

- 1. High school transcript (and must recent college transcript if appropriate)
- 2. Photograph
- 3. A letter in your own handwriting regarding your educational fields of interest, academic and career goals and some information regarding your need for financial assistance or any other information you feel would be beneficial to our selection progress.
- 4. Minimum of two letters of recommendation, one from an educator and one from an employer or civic leader.

I hereby verify that the attached documents are authentic and contain correct representations	of fact.
---	----------

Date	Applicant's signature	

Please return to:

Beth Rowell Mead Educational Trust

P. O. Box 486

Jefferson, Texas 75657