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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

2010

Department of the Treasury Internal Revenue Service

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

OMB No 1545-1150

	A I	or 1	the 2	2010 calendar year, or tax year beginning , 2010, and ending		, 20		
	В	heck	ıf applı	cable C Name of organization	П	D	Employer identification number	
		Ad	dress	change				
		Na	me ch	ange TNS CHARITABLE FUND		0:	3-0526716	
		Init	tial retu	Number and street (or P O box, if mail is not delivered to street address) Room/suite	T	Е	Telephone number	
	H	Ter	rminati	on 11480 COMMERCE PARK DRIVE		(703) 453-8300	
		Am	ended	return City or town, state or country, and ZIP + 4	7	F	Group Exemption	
		 Api	plicatio	n pending RESTON, VA 20191-1506			Number ►	
	G	Acco	untin	ng method X Cash Accrual Other (specify) ▶ H Che	ck l	<u> </u>	if the organization is not	
			site:		urec	d to	attach Schedule B	
	. т	ax-ex	empt a	status V FOLL VO. FOLL VO. FOLL VO. FOLL VO.			990-EZ, or 990-PF)	
			k ►				·	
				EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions)	-			
				turn, be sure to file a complete return				
				b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,				
				(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	ç	113,031.	
		rt l		Revenue, Expenses, and Changes in Net Assets or Fund Balances see the				
	نظلا		Ċ	Check if the organization used Schedule O to respond to any question in this Part I.			X	
		1		Contributions, gifts, grants, and similar amounts received	1	1	113,031.	
		2		Program service revenue including government fees and contracts		2		
		3		Membership dues and assessments		<u>-</u> 3		
		4			-	1		
2011		1 1		Investment income Gross amount from sale of assets other than inventory 5a	一	•		
N		"		Less cost or other basis and sales expenses	1			
3	Revenue	c Gain or (lo		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	_		
				<u>-</u>	<u> </u>			
=		٥		Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than				
号				1 - 1				
			_		1			
	ě							
SCANNED JUL	Œ			from fundraising events reported on line 1) (attach Schedule G if the				
					1			
Qj				Less direct expenses gaming and fundraising events 6c 23,982. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	┨			
(C)		ŀ		line 6c)	6	d	-23,982.	
		,		Gross sales of inventory, less returns and allowances	<u> </u>	<u>. </u>	23/302.	
		' '			1			
		ļ		Less cost of goods sold	7	_		
		8			-	3		
		9		Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		_	89,049.	
		10		Grants and similar amounts paid (list in Schedule O) ATCH 6	10		22,500.	
		11		Benefits paid to or for members	1	_		
	10	12		Salaries, other compensation, and employee benefits	1:	_	0.	
	Se	13		Professional fees and other payments to independent contractors	1			
	Expenses	14			1			
	Ä	15		Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	1:	_		
		16		IV	10	-		
		17		Other expenses (describe in Schedule O)	1		22,500.	
		-		1 / 1 1 1 1 1	18		66,549.	
	şţ	18		control (deline) to the feet (deline).	H'	•	00,049.	
	556	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	4		84,315.	
	Net Assets	20		end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)	20		07,313.	
	ž	20 21		Other changes in het assets or fund balances (explain in Schedule O)	2		150,864.	
		<u> 4 </u>		Total described in the balances at one or your combine mass to through 20		•	100,004.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



	Balance Sheets. (see the instructions for Part II.		4L!- D4 II			[]
	Check if the organization used Schedule O to re	· `		· · · · ·		X
22	Cook sowners and investments A TITLA CLIMPNIT C		A) Beginning of year		(B)	
22 23	Cash, savings, and investments ATTACHMENT . 2 Land and buildings		157,944.			172,964.
24	Land and buildings Other assets (describe in Schedule O) ATTACHMENT 3		1.	23		
25			157,945.	25		172,964.
26	Total liabilities (describe in Schedule O) ATTACHMENT 4		73,630.	\longrightarrow		22,100.
27	Net assets or fund balances (line 27 of column (B) must agree w		84,315.	$\overline{}$		150,864.
_	art III Statement of Program Service Accomplishme				Ex	penses
	Check if the organization used Schedule O to respond			\neg l	(Require	d for section
Wh.	at is the organization's primary exempt purpose? ATTACHME			4		and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt		oncise manner, descri	be	-	tions and section 1) trusts, optional
	services provided, the number of persons benefited, and other relev				for others	•
28	IN 2010, TNS CHARITABLE FUND HELD A GOLF	TOURNAMENT TO I	RAISE MONEY			
	AND AWARENESS FOR FAIRFAX CASA, A CHILDR	EN'S CHARITABLE				
	ORGANIZATION WITHIN THE COMMUNITY.					
	(Grants \$ 20,000.) If this amount includes	foreign grants, check here		28a		
29	IN 2010, TNS CHARITABLE FUND HELD A GOLF	TOURNAMENT TO	RAISE MONEY			
	AND AWARENESS FOR YMCA, A CHILDREN'S CHA	RITABLE ORGANIZA	ATION			
	WITHIN THE COMMUNITY.					
	(Grants \$ 2,500.) If this amount includes	foreign grants, check here	• • • • • • •	29a		
30						
		······································				
		foreign grants, check here	<u>'</u>	30a	ļ	
31	Other program services (attach schedule)			∵		
20	12.2	foreign grants, check here		31a		
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Emplo				trustions fo	r Port IV)
	Check if the organization used Schedule O to respond	=				
	Ondok ii tilo digamizakon abba bandada bi ta taspana	(b) Title and average	(c) Compensation	(d) Contr	ibutions to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)		enefit plans & ompensation	account and
						I other allowances
					<u> </u>	other allowances
	ATTACHMENT 7		-0-	-0		other allowances
_	ATTACHMENT 7		-0-	-0		
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Ves No Ves V	Part	Check if the organization used Schedule O to respond to any question in this Part V			
33		Check if the digularization about contouring to the respond to any queetier in the rank v	1	Yes	No
34 Weer any sponificant changes made to the organizating or governing documents? If "Yee," attach a conformed and comments of they reflect a change to the organizations and change on Shoulde Otera instructions). 34 X X X X X X X X X	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed	-	103	'''
Were any significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the sameded columns is they reflect a change to the organization's name Othorwise, oxplain the approach of the sameded columns is they reflect a change to the organization's name Othorwise, oxplain the part of the common organization and the common organization organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it flied a tax return or Form 990-T for this year (see instructions)? 37.9 Life the organization undergo a liquidation, dissolution, termination, or significant dissposition of net assets during the year? If "Yes," complete sphelable parts of Schedule N. 37.9 Life the organization undergo a liquidation, dissolution, termination, or significant dissposition of net assets during the year? If "Yes," complete sphelable parts of Schedule N. 37.9 Life the organization burdeng or a liquidation, dissolution, termination, or significant dissposition of net assets during the year? If "Yes," complete Schedule L. Part II and enter the total amount involved 3 life the organization and the tax year covered by this return? 38.9 Life the organization burdeng or significant in the part of the sex year covered by this return? 38.0 Life the organization and the sex year and still outstanding at the end of the tax year covered by the return? 39.9 Life the organization schedule on line 9 (section 4915) life the year of did the organization and travel the year of did the organization engage in any section 4958 life the year did the organization in a prory year, that has not been reported on any of its prior Forms 990 or 990-E72 life yes, complete Schedule L. Part II and expenditions. If the year is the part of the year is the year is t	-		33		x
the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among otherls), but not reported on Form 990-17, explain in Schedule Owly the organization of the organization of Form 990-17 (a) Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6), or 501(c)(6) organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37 a Enter amount of policial expenditures, direct or indirect, as described in the instructions? 38 a Did the organization borrow from, or make any loring to the time of the organization borrow from, or make any loring the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loring the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loring the end of the tax year covered by this return? 38 a Section 501(c)(7) organizations Enter and the end of the tax year covered by this return? 38 a Section 501(c)(3) and 501(c)(4) organizations between the organization during the year under section 501(c)(3) and 501(c)(4) organizations between the organization during the year under section 501(c)(3) and 501(c)(4) organizations between transaction during the year, or did it engage in an excess benefit transaction and transaction and series of disqualified persons during the year under 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 40 a 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 41 Exit the organization is of section 4912 is provided the organization appears to a septime to a signature or other authory over a financial account in a foreign country. Ex	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
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a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements? b If "Yes," has if filled a tax return on Form 990-T for this year (see instructions)? 236 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. 27 a Enter amount of political expenditures, direct or indirect, as described in the instructions № 37a 38 a Did the organization berom 1102-D(for this year?. 38 a Did the organization berom from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans and in a prior year and still outstanding at the end of the tax year over overed by this return? 39 a Did the organization schedule L, Part I and enter the total amount involved 39 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 40 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year year y	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
S01(c)(6), or S01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filled a tax return on Form 990-T for this year (see instructions)? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets aduring the year? If "Yes," complete applicable parts of Schedule N. 37 a Enter amount of potitical expenditures, direct or indirect, as described in the instructions ▶ (37a) B Did the organization file Form 1120-POL for this year? b Did the organization from from 990-EZ (100 most of the tax year covered by this return? 38 a Did the organization from from 990-EZ (100 most of the tax year covered by this return? 39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ₱ section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4916 ₱ 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 4915 ₱ 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 4915 ₱ 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 ₱ 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 ₱ 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 ₱ 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 ₱ section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqual		not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		ļ	
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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 reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41 List the states with which a copy of this return is filed. ▶ 42 a The organization's books are in care of ▶TNS, INC. Telephone no. ▶ 703-453-8300 Located at ▶11480 COMMERCE PARK DRIVE RESTON, VA ZIP+4 ▶ 20191-1506 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 account?)? 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 Foreign 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					١.,
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 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 11 List the states with which a copy of this return is filed. ▶ 12 The organization's books are in care of ▶TNS, TNC. Telephone no. ▶ 703-453-8300 Located at ▶11480 COMMERCE PARK DRIVE RESTON, VA ZIP+4 ▶ 20191-1506 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 account? 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 Foreign 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. ▶ Section 4947(a)(1) nonexempt chantable 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 14 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be com	_		405		<u>^</u>
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						Yes
45	Is any related organization a controlled entity of the or	rganization within the mea	aning of section 5	12(b)(13)?	45	
а	Did the organization receive any payment from or e	-	_			
	meaning of section 512(b)(13)? If "Yes," Form 99					
	990-EZ				45a	
16	Did the organization engage, directly or indirectly,	ın political campaign acti	vities on behalf	of or in opposition		
	to candidates for public office? If "Yes," complete So				46	
Part \	VI Section 501(c)(3) organizations and section 501(c)(3) organizations and section 4947(and 52, and complete the tables for lines	(a)(1) nonexempt char	exempt charita itable trusts mu	ible trusts only. Ist answer questi	All se ons 47	ction '-49b
	Check if the organization used Schedule C	O to respond to any qu	estion in this pa	ırt VI	<u></u>	
	-					Yes
47	Did the organization engage in lobbying activities? If "	'Yes," complete Schedule	C, Part II		47	
48	Is the organization a school as described in section 1	70(b)(1)(A)(ıı)? If "Yes," co	omplete Schedule	E	48	
49 a	Did the organization make any transfers to an exempt	t non-charitable related or	ganization?		49a	
b	If "Yes," was the related organization a section 527 or				49b	
50	Complete this table for the organization's five high	est compensated employ	yees (other than	officers, directors,	trustee	s and
	employees) who each received more than \$100,000					
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expense ount and
	than \$100,000	devoted to position		deferred compensation		allowance
						-
NO	DNE					
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f	Total number of other employees paid over \$100,000					
f 51	Total number of other employees paid over \$100,000 Complete this table for the organization's five hig \$100,000 of compensation from the organization li (a) Name and address of each independent contractor paid mo	hest compensated inde f there is none, enter "No	ne "	ors who each rec		more t
51	Complete this table for the organization's five hig \$100,000 of compensation from the organization if (a) Name and address of each independent contractor paid mo	hest compensated inde f there is none, enter "No	ne "	ı		
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51	Complete this table for the organization's five hig \$100,000 of compensation from the organization if (a) Name and address of each independent contractor paid mo	thest compensated inde f there is none, enter "No ore than \$100,000	ne "	ı		
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0 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization is (a) Name and address of each independent contractor paid model. Total number of other independent contractors receive Did the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed	ing over \$100,000 Il section 501(c)(3) organiz Schedule A	ne " (b) Type	a)(1)	(c) Com	pensation
NON d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization is (a) Name and address of each independent contractor paid model. Total number of other independent contractors receive Did the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed renalties of perjury, I declare that I have examined this return, include	ing over \$100,000 Il section 501(c)(3) organiz Schedule A ding accompanying schedules a	ne " (b) Type	a)(1) the best of my knowled	(c) Com	pensation
NON d 52 Inder p que, cor	Complete this table for the organization's five hig \$100,000 of compensation from the organization is (a) Name and address of each independent contractor paid model. Total number of other independent contractors receive Did the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed	ing over \$100,000 Il section 501(c)(3) organiz Schedule A ding accompanying schedules a	ne " (b) Type	a)(1) the best of my knowled	(c) Com	pensation
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NON d 552 Inder p corr lere	Complete this table for the organization's five hig \$100,000 of compensation from the organization life. (a) Name and address of each independent contractor paid model. Total number of other independent contractors received by the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed renalties of perjury, I declare that I have examined this return, including the organization of preparer (other than officer) is based to be a supplementation of preparer (other than officer). Signature of officer Print/Type or print name and title Print/Type preparer's hame Preparer's started.	ing over \$100,000 Il section 501(c)(3) organiz Schedule A	ine " (b) Type (b) Type cations and 4947(cond statements, and to preparer has any knowledge of the conditions of th	a)(1) the best of my knowled edge Ob/Z /)) ate	Yestige and I	s N
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NON d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization life (a) Name and address of each independent contractor paid model. Total number of other independent contractors received by the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed renalties of perjury, I declare that I have examined this return, including the complete of Declaration of preparer (other than officer) is based on the complete of officer Signature of officer Print/Type preparers hame Preparer's service of the complete of the complete of the complete of officer Print/Type preparers hame Preparer's service of the complete of the comp	ing over \$100,000 Il section 501(c)(3) organiz Schedule A	zations and 4947(a)(1) the best of my knowlededge Check if self-employed	X Yes dige and I	s N belief, it i
NON d 552 Jinder p rue, corr Sign Here	Complete this table for the organization's five hig \$100,000 of compensation from the organization life (a) Name and address of each independent contractor paid model. Total number of other independent contractors received by the organization complete Schedule A? Note: All nonexempt charitable trusts must attach a completed renalities of perjury, I declare that I have examined this return, including the complete Declaration of preparer (other than officer) is based of perjury. I declare that I have examined this return, including the complete Declaration of preparer (other than officer) is based of perjury. I declare that I have examined this return, including the complete Declaration of preparer (other than officer) is based of the complete Declaration of preparer (other than officer). Type or print name and title Print/Type preparer's hame Preparer's state of the complete of t	ing over \$100,000 Il section 501(c)(3) organized Schedule A	zations and 4947(a)(1) the best of my knowled edge Ob/ZI/II) ate Check if self-employed if self-employed if self-employed if self-employed in the s	X Yes	s N belief, it i

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization TNS CHARITABLE FUND 03-0526716 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). 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) 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. Type I b 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 (iii) below, the governing body of the supported organization? 11g(i) 11g(n) (ii) A family member of a person described in (i) above? (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 (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) is the (vii) Amount of organization in organization (described on lines 1-9 the organization support col (i) listed in above or IRC section in col (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Nο Yes Yes Yes Nο Nο (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2010

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Oale	indai year (or iiscai year begiiniing iii)	(-,	(-,			(-,	(1) 10101
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,757_	65,120	81,480	128,886	113,031	424,274
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	35,757	65,120	81,480	128,886	113,031	424,274
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		i				
	shown on line 11, column (f)						163,336.
6	Public support. Subtract line 5 from line 4		<u>. </u>		<u></u>		260,938
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	35,757	65,120	81,480	128,886	113,031	424,274
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)						
11	Total support. Add lines 7 through 10						424,274
12	Gross receipts from related activities, etc. (se	e instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizati	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Sup		*-			· ·	
14	Public support percentage for 2010 (line		•				61.50%
15	Public support percentage from 2009 So						64.51 %
16a	33 1/3 % support test - 2010. If the o						
_	this box and stop here . The organization	on qualifies as a	publicly suppor	ted organization	٠		► X
b	33 1/3 % support test - 2009. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test -2	_				•	
	or more, and if the organization me						
	Part IV how the organization meets t			_	•		
b	organization						
	15 is 10% or more, and if the orga	inization meets	the "facts-and	-circumstances"	test, check th	nis box and sto	op here.
	Explain in Part IV how the organization	n meets the "f	facts-and-circum	stances" test.	The organization	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization				•		
	instructions			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u></u> ▶∟
					S	chedule A (Form 99	0 or 990-EZ) 2010

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				,		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")				İ		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					1	
	furnished in any activity that is related to the						
	* * *						
	organization's tax-exempt purpose					_	<u> </u>
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						
	ıts 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>	
	Amounts included on lines 1, 2, and 3						
, 4	received from disqualified persons						
b	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						
	for the year					-	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						1
	line 6)					L	
<u>Sec</u>	tion B. Total Support		1		ı		,
C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
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						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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,						
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax vear a	s a section 5010	'c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, co		_	(f))		15	%
16	Public support percentage from 2009 Schedu		-			16	%
	tion D. Computation of Investmen					- :- -1	
	Investment income percentage for 2010 (Iii			column (f))		17	%
17			•	,, .			
18	Investment income percentage from 2009					18	<u>%</u>
19 a	33 1/3 % support tests - 2010. If the org	=					
	17 is not more than 331/3 %, check the	_	-	•		-	
b	•••						
	line 18 is not more than 331/3 %, check		-	•	• •	• • • •	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instr	uctions >

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer Identification number

TNS CHARITABLE FUND	03-0	526716
	ATTACHME	NT 1
FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITY		
DESCRIPTION	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT EXPENSES	23,982.	-23,982.
TOTALS	23,982.	-23,982.
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS	ATTACHME	NT 2
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	157,944.	172,964.
TOTALS	157,944.	172,964.
FORM 990EZ, PART II - OTHER ASSETS DESCRIPTION ROUNDING TOTALS	BEGINNING OF YEAR 1.	NT 3
FORM GOOFS DARW II - WOWAL LIARTITUTES	ATTACHME	NT 4
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	73,630.	22,100.
TOTALS	73,630.	22,100.

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer identification number
TNS CHARITABLE FUND	03-0526716
	ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RAISE MONEY AND AWARENESS FOR CHILDREN'S CHARITABLE ORGANIZATIONS WITHIN THE COMMUNITY.

INS CHARITABLE FUND

AMOUNTS
SIMILAR
AND
GRANTS
ı
Н
PART
990EZ,
FORM

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 6

03-0526716

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

20,000

FAIRFAX CASA

GRANTS PAID

RECIPIENT NAME AND ADDRESS

IN EXCESS OF \$5000

FAIRFAX CASA 4103 CHAIN BRIDGE RD ST 200 FAIRFAX, VA 22030-4107

IN 2010, TNS CHARITABLE FUND HELD A GOLF
TOURNAMENT TO RAISE MONEY AND AWARENESS FOR
FAIRFAX CASA, A CHILDREN'S CHARITABLE
ORGANIZATION WITHIN THE COMMUNITY

TOTAL CONTRIBUTIONS PAID

20,000

ATTACHMENT 6 PAGE 14 ATTACHMENT 7

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

COMPENSATION	0	.0	.0	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/TREASURER	DIRECTOR/SECRETARY	CHAIRMAN & PRESIDENT	VICE PRESIDENT	DIRECTOR/TREASURER	DIRECTOR/SECRETARY
NAME AND ADDRESS	HENRY GRAHAM 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506	MICHAEL O'KEEGAN 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506	DENNIS RANDOLPH 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506	JAMES T. MCLAUGHLIN 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506	DAVID NEAL 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506	MICHAEL MCCARTHY 11480 COMMERCE PARK DRIVE RESTON, VA 20191-1506

GRAND TOTALS

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury

OMB No. 1545-1709

Internal Revenue	o Servico	► File a	separato a	pplication for each return.					
				only Part I and check this box , , ,		. , ▶ X			
 If you are 	filing for an	Additional (Not Automatic) 3-Mo	onth Exten	<mark>nsion, complete only Part II</mark> (on pag	e 2 of this form).				
Do not comp	ilete Part II u	inless you have already boon gra	nted an au	itomatic 3-month extension on a pre	viously filed Form 8868				
Electronic fi	ling <i>(e-file)</i> .	You can electronically file Form	8868 if yo	ou need a 3-month automatic exton	sion of time to file (6	months for			
a corporation	n required t	o file Form 990-T), or an addition	nal (not au	tomatic) 3-month extension of time	. You can electronical	ly file Form			
8868 to req	uest an ex	ension of time to file any of the	forms liste	ed in Part I or Part II with the exce	ption of Form 8870, I	nformation			
Return for	Transfers A	ssociated With Certain Persona	l Benefit	Contracts, which must be sont to	o the IRS in paper to	ormat (see			
				sit www.irs.gov/efile and click on o-f	rilo for Charities & Nonj	orotits			
Parti Au	tomatic 3	Month Extension of Time. On	lly submit	original (no copies needed).	· · · · · · · · · · · · · · · · · · ·	to the second se			
•	-			atic 6-month extension - check this t	box and complete	. —			
Part I only .						▶ 🔝			
All other cor	porations (i	ncluding 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use Form 7004 to	roquest an extension o	of tirne			
to file income					T=				
Type or	1	empt organization			Employer identification	number			
print		HARITABLE FUND			03-0526716	·~			
File by the	1	reet, and room or suite no. If a P.O. box							
due date for		COMMERCE PARK DRIVE, S							
filing your return, See	City, town (or post office, state, and ZIP code For	a foreign ad	ldress, see instructions					
Instructions	RESTO	N, VA 20191							
Enter the Re	turn code f	or the return that this application (is for (file a	a separate application for each return	n)	[0][1]			
		· · · · · · · · · · · · · · · · · · ·				Batusa			
Application			Return	Application		Return			
Is For	_		Code	is For	* (***********************************	Code			
Form 990			01	Form 990-T (corporation)		07			
Form 990-BL			02	Form 1041-A		0.8			
orm 990-EZ	, ,		03	Form 4720	, v - v	09			
Form 990-PF			04	Form 5227		10			
	3 1"r V 4 - A A) or 408(a) trust)	05	Form 6069	n we to - 1/2/-1/- / 1	11			
Form 990-T	(trust other	than above)	06	Form 8870		12			
Telephone	• No ▶ <u>(7</u>	care of ► TNS, 1NC.	•	FAX No. ▶ (703) 453-8405	#F //\ 111	. —			
				the United States, check this box					
				oup Exemption Number (GEN)					
	_			art of the group, check this box	. , , . ▶ [] and atta	ach			
		EINs of all members the extension							
•	st an autom JGUST 15			equited to file Form 990-T) extension ganization return for the organization		xtension is			
		n's return for:							
► X	calendar ye	ar 20 10 or							
▶ !	tax year be	ginning	, 20	, and ending					
2 If the ta	tax year beginning								
3a If this 8	application	is for Form 990-BL, 990-PF, 99	0-T. 4720	, or 6069, ontor the tentative tax					
<u>nonre</u> fu	ndable cred	dits See instructions			3a \$				
b If this	application	is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr	edits and				
estimat	ed tax payn	ients made. Include any prior year	ovorpaym	nent allowed as a credit.	36\$	··			
				ent with this form, if required, by us	sing EFTPS				
		Tax Payment System). See instruc		with this Form 8868, see Form 8	3c \$ 453-EO and Form 88	0.00			
caution. If yo	_	ig to make an electronic rund w	nitiurawal	with this rollin oode, see rollin o	ACC-LO BIN FORM OC	11 2-EO 101			
		Act Notice, see Instructions.			Form 8868	(Rev 1-2011)			
ISA 54 4 000			EXTEND	ED FORM 990, HOWEVER	R IT IS ELIGI	BLE			