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Form -990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsonng 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

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

OMB No 1545-1150 2010

Open to Public

Inspection

Αf	For the 2010 calendar year, or tax year beginning		ar year, or tax year beginning , 2	, 2010, and ending		, 20		
В	Check if applicable C Name of organization		C Name of organization			D Employer identification number		
	Address ch	ddress change BOB PREVATTE EDUCATION FOUNDATION			16-1766252			
r	Name change Number and street (or P O box, if mail is not delivered to street address)		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one numb	per	
la la	nitial return	ı						
T	erminated	i	P O BOX 2102				-3634	
	mended r	eturn	City or town, state or country, and ZIP + 4		F Group	Exemptio	n	
	Application	pending	Gaffney, SC 29342-2102		Numbe	er 🕨		
G	Accoun	ting Method	X Cash Accrual Other (specify) ▶	F	Check ▶	If the	organization is not	
1	Websit	e: > _			required to	attach So	chedule B	
<u>J</u> 1	ax-exe			947(a)(1) or 527	(Form 990,			
K (Check	If the o	rganization is not a section 509(a)(3) supporting organization and	its gross receipts are	normally no	t more th	an \$50,000 A	
			n 990 return is not required though Form 990-N (e-postcard) may	be required (see insti	uctions) But	ıf the org	anization chooses	
t	o file a r	eturn, be sur	e to file a complete return					
L A	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or more, or if t	otal assets (I	Part II,		
!	ne 25, d	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Form 990-E	z <u>• • • • • • • • • • • • • • • • • • •</u>	<u> </u>	· ▶ \$	24,254	
Pa	ırt I	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balances (see	the instructio	ns for Par	t1)	
			ne organization used Schedule O to respond to any question in th				X	
	1		s, gifts, grants, and similar amounts received			1	18,994	
	2		rvice revenue including government fees and contracts · · · ·			2		
	3	Membership	dues and assessments		• • • • •	3		
	4	Investment i		1 1	• • • • •	4	5,260	
			int from sale of assets other than inventory					
			r other basis and sales expenses · · · · · · · · · · · · · · · · · ·	<u> </u>		160		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) • • • • • • • • • • • • • • • • • • •						
R	ļ	Gaming and fundraising events						
e V	а	Gross income from gaming (attach Schedule G if greater than						
е		•		· · 6a				
n u	b		ne from fundraising events (not including \$	of contribution	ons	4.5		
е		from fundrais	sing events reported on line 1) (attach, Schedule G if the	1 1		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			gross income and contributions exceeds \$ 5,000)	· · 6b		1, 12, 2		
			expenses from gaming and fundraising events	· · 6c		2.37-		
	d	Net income i	or (loss) from garang and Mindraising Elens (and ines 6a and 6t	and subtract		71331 8m3		
	_					6d		
	7a	Gross sales	of inventory, less returns and allowances	· · 7a				
	ı		f goods sold · · · · OGDEN, U.L	· · 7b		`_		
	ı		or (loss) from sales of inventory (Subtract line 7b from line 7a)		• • • • •	7c		
0 2011 200×m	ł		ue (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			8	04.054	
	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · ·			9	24,254 2,500	
	11		d to or for members · · · · · · · · · · · · · · · · · · ·			10	2,300	
			ner compensation, and employee benefits • • • • • • • • • • • • • • • • • • •		12			
			I fees and other payments to independent contractors • • • • •	13	270			
	14		rent, utilities, and maintenance	14				
γ εσ {S	15		g, publications, postage, and shipping				44	
JUN	16		ises (describe in Schedule O) · · · · · · · · · · · · · · · · · ·	15	602			
			uses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17	3,416	
·	18		leficit) for the year (Subtract line 17 from line 9) • • • • • •			18	20,838	
LL, A			or fund balances at beginning of year (from line 27, column (A)) (m					
NS NS			figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·	•		19	128,597	
A S S e t			les in net assets or fund balances (explain in Schedule O)		L L	20	8,971	
Asset s			or fund balances at end of year Combine lines 18 through 20			21	158,406	
" » <u> </u>						1	,	

Part II			u			
	Check if the organization used Schedule O to res	pond to any question in this Pa		inning of year) End of year
22 Cash,	savings, and investments			128,597	22	158,406
23 Land	and buildings · · · · · · · · · · · · · · · · · · ·			0	23	0
24 Other	assets (describe in Schedule O) · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		0	24	0
25 Total	200010	• • • • • • • • • • • • • • • • • • • •		128,597	25	158,406
	liabilities (describe in Schedule O) • • • • • • • • • • • • • • • • • •			0	26	0
	ssets or fund balances (line 27 of column (B) must	· · · · · · · · · · · · · · · · · · ·		128,597	27	158,406
Part III					/Bogs	Expenses ured for section
\A/hat is th	Check if the organization used Schedule O to re- e organization's primary exempt purpose? PROVIDE			• • • • • •		(3) and 501(c)(4)
	what was achieved in carrying out the organization's	 		december .	organ	izations and section
	es provided, the number of persons benefited, and of	• •		describe	4947(for otl	a)(1) trusts, option
	IDE EDUCATIONAL SCHOLARSHIPS TO HIG		on program title		101 011	ilets /
		· · · · · · · · · · · · · · · · · · ·				
(Grant	ts \$ 2,500) If this amo	ount includes foreign grants, ch	eck here · · · ·	· · · · ▶ □	28a	
29						
 						
(Grant	ts \$) If this amo	ount includes foreign grants, ch	eck here · · · ·	• • • • □	29a	
30						
			 			
						
(Grant	program services (describe in Schedule O) · · · ·	ount includes foreign grants, ch			30a	
(Grant					.	
<u> </u>	program service expenses (add lines 28a through 3	ount includes foreign grants, ch			31a 32	
Part IV						s for Part IV \
(AIL IV	Check if the organization used Schedule O to res					•
	(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contribution	ns to	(e) Expense
		devoted to position	(If not paid, enter -0-)	empl benefit pla deferred compens		account and other allowances
	LACKWELL	TREASURER			l	
	2102, Gaffney SC 29342-2102	12		9	q	
	PATRICK	PRESIDENT				
	2102, Gaffney SC 29342-2102	12		<u> </u>	- 4	
				1		
						
				 		
					f	
-						
						
						

Pa	t V Other Information (Note the statement requirements in the instructions for Part V)				
	Check if the organization used Schedule O to respond to any question in this Part V			•	
			Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity in Schedule O · · · · · · · · · · · · · · · · · ·	33	<u> </u>	Х	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		1		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O (see instructions)	34	<u></u>	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	•			
	not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4),				
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? • • • • • • • • • • • • • • • • • • •	35a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b			
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		X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • 37a			* 5~	
	Did the organization file Form 1120-POL for this year?	37b		<u> X</u>	
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?	38a		X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •		7,5	21-	
39	Section 501(c)(7) organizations Enter		7 (A)	*; t	
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	- 25	1	21-7€	
	Gross receipts, included on line 9, for public use of club facilities • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	1.4	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	Su =	ar a la	1	
	section 4911 ▶, section 4912 ▶, section 4955 ▶	1	10.00	100	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		is life a	124	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been				
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	1.5.1	12.42	يو بردوا تورد بادورا	
	organization managers or disqualified persons during the year under sections 4912,		3.6	11.42	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	1		, P.	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	1	12 m		
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	1 :",	種では		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T				
41	List the states with which a copy of this return is filed				
42 a	The organization's books are in care of ▶ THOMAS BLACKWELL Telephone no ▶ 864-	489-3	634		
		2-210	2		
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	1.17	*# 1'	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	101.4	(و(الم		
	and Financial Accounts.	***	1 1	Ψ.,	
C	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 · · · · · · · · · · · · · · · · · ·		$\cdots ightharpoonup$		
	and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •	<u> </u>			
			Yes	No	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1'	
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		X	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		٠.	٠,	
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		<u>X</u>	
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<u>X</u>	
		\vdash			

Sign Here	THOMAS BLACKWELL	Thomas alock	nul	05-12-2	2011	
	Signature of officer	1 175		Pate	•	
	THOMAS BLACKWELL, TREASURER					
	Type or print name and title	A			······································	
Paid	Print/Type preparer's name TINA M MCSWAIN EA	Preparate signature	Date 05-12-2011	Check f self-employed	PTIN	
reparer	Firm's name ASSOCIATE		Firm's EIN			
Jse Only	Firm's address ▶ 1203 WEST FLOYD BAKER BLVD					
	GAFFNEY S	Phone no 864-4	89-3187			
May the IRS	discuss this return with the prepare	arer shown above? See Instructions • •		• • • • • • • • •	X Yes No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

2010

Open to Public Inspection
Employer identification number

BOB PREVATTE EDUCATION FOUNDATION	16-1766252
01. List of grants and similar amounts paid (Part I, line 10)	
Activity SCHOLARSHIPS	
Grantee STUDENTS	
Gaffney SC 29341	
Relationship NONE	
Amount 2,500	
	- · · ·
02. Description of other expenses (Part I, line 16)	
Description Amount	
PO BOX RENT 70	
CHECK ORDER CHARGE 19	
BANQUET FOR FUNDRAISER 463	
LICENSE RENEWAL 50	
03. Other changes in net assets or fund balances (Part I, line 20)	
Description Amount	
STOCK VALUE CHANGES ON ENDOWMENT AC 8,971	