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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) 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. 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

Open to Public Inspection

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I 2, 30 0 Program service revenue including government fees and contracts Program service revenue including government fees and contracts Membership dues and assessments Investment income Factors amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a cross income from gaming (attach Schedule G if greater than \$15,000) b cross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) All income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Factors sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) The composition of the sum of such gross also so inventory, less returns and allowances The composition of the sum of such gross also so inventory, less returns and allowances The composition of inventory (subtract line 7b from line 7a) The composition of the sum of such gross and 5b and subtract line 6c) The composition of the sum of such gross and 5b and subtract line 6c) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line 7b from line 7a) The composition of inventory (subtract line	А	ror m	e 2010 calendar year, or tax year beginning		and endin	9							
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K Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-R (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2. Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including operiment fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (floss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less. cost of goods and fundraising events d Net income or (loss) from sales of inventory (Subtract line 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Grants and similar amounts pard (fist in Schedule 0) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 2, 3, 3, 3, 5c, 6d, 7c, and 8 9 3, 2, 3, 3, 5c, 6d, 7c, and 8 9 3, 2, 3, 3, 5c, 6d, 7c, and 8 10 Grants and similar amounts pard (fist in Schedule 0) 11 Benefits pard to or for members 12 11 Salares, other compensation, and employee benefits 13 17 Foressional fees and other payments to independent contractors 14 10 Coupancy, rent, utilities, and maintenance 14 1 Coupancy, ren							require	d to att	ach Sche	edule B			
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9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 10 10 11 12 13 14 15 17 17 18 19 10 11 11 12 13 14 15 16 17 17 18 19 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 19 10 10 10 10 10 11 11 12 13 14 15 16 17 17 18 18 19 19 19 10 10 10 10 10 11 11		8											
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 10 11 12 13 14 15 15 16 Other expenses (describe in Schedule O) 16 17 17 18 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11		9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ □	9		2,300.			
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) SEE SCHEDULE O 11 11 12 13 14 15 15 15 15 15 15 15		10					1	0		-			
	33	11	Benefits paid to or for members				1	1					
	S	12	Salaries, other compensation, and employee benefits										
	_85J	13											
	₽	14											
	ŵ	15											
	=	16		EE S	CHEDUI	LE O				1,075.			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 23 . 203							. —			1.075.			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 23 - 203	<u>iii</u>									1,225.			
(must agree with end-of-year figure reported on prior year's return)			•							,			
	୍ଦି ଓ	-	(must agree with end-of-year figure reported on prior year's return)					9		23,203.			
20 Other changes in net assets or fund balances (explain in Schedule O)	<u>€</u>	20								0.			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	(CZ	1								24,428.			
	LH		Paperwork Reduction Act Notice, see the separate instructions				- *	- 1	Form !	990-EZ (2010)			

Form 990-EZ (2010) BAC DISASTER RELIEF FUND,	INC.		2	0 –	34370	85 Page 2
Part il Balance Sheets. (see the instructions for Part II.)						
Check if the organization used Schedule 0 to respond to any question	ın thıs Part II	(4)	A Paginaina of year	1	/B) E	
OO Cook source and missterests		(A)	Beginning of year	00	(B) E	nd of year
22 Cash, savings, and investments			23,203.	1	-	24,428.
23 Land and buildings 24 Other accepts (deparths in Schodule O)		_		23	<u> </u>	
24 Other assets (describe in Schedule 0) 25 Total assets			23,203.			24,428.
26 Total liabilities (describe in Schedule 0)		-	23,203.	+		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			23,203.	_		24,428.
Part III Statement of Program Service Accomplishmen	nts (see the instruction	ons for F		1 41	Fv	penses
Check if the organization used Schedule O to respond to any question	•		· · · · · -	X	(Required	for section
What is the organization's primary exempt purpose? SEE SCHEDULE O					501(c)(3)	and 501(c)(4) ons and section
Describe what was achieved in carrying out the organization's exempt pur		d conci	se manner, describ	e		trusts; optional
the services provided, the number of persons benefited, and other relevan	•			•	for others.)
28 PROVIDE ASSISTANCE TO INDIVIDUALS W	HO ARE VIC	TIM:	S OF			
NATURAL DISASTERS. CURRENT YEAR EX	PENDITURES	WE	RE MADE			
PRIMARILY TO INDIVIDUALS FOR EMERGE	NCY HARDSH	IIPS	•			
(Grants \$) If this amount includes foreign g	grants, check here		▶ [28a	1,000.
29						
	· · · · · · · · · · · · · · · · · · ·					
			·		[
(Grants \$) If this amount includes foreign of	grants, check here		> _[29a	
30						
				_		
(Grants \$) If this amount includes foreign of	grants, check here		▶ [30a	
31 Other program services (describe in Schedule O)			~ 1			
(Grants \$) If this amount includes foreign (grants, cneck nere		<u> </u>	_	31a 32	1,000.
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mplovees. List ear	ch one ev	ven if not companyated (c	oo tha		
Check if the organization used Schedule O to respond to any question		on one ev	er ii not compensated (si	ee me	ilisa actions i	3, a
Chook in the digameation about concease of to respond to any question	(b) Title and average	hours	(c) Compensation	(d) c	ontributions	(e) Expense
(a) Name and address	per week devoted		(If not paid, enter	to	employee efit plans &	account and
(a) hamo ana assisto	position		-0-)	c	deferred opensation	other allowances
JAMES BOLAND, 620 F STREET, NW,	PRESIDENT			COII	iperisation	
WASHINGTON, DC 20004	2.00		0.		0.	ο.
HENRY F. KRAMER, 620 F STREET, NW,	SECRETARY/	TRE				
WASHINGTON, DC 20004	2.00		0.		0.	0.
KEN LAMBERT, 620 F STREET, NW,	EXECUTIVE	VIC	E-PRESIDE	1T		
WASHINGTON, DC 20004	2.00		0.		0.	0.
GERALD SCARANO, 620 F STREET, NW,	⊣	AIC	E-PRESIDE	T		
WASHINGTON, DC 20004	2.00		0.		0.	0.
TIM DRISCOLL, 620 F STREET, NW,	–	VIC	E-PRESIDE	TV		
WASHINGTON, DC 20004	2.00		0.		0.	0.
	_					
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Form **990-EZ** (2010)

032172 02-02-11

Pa	Utner 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		\\	X
		<u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	_,		3.7
۰.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34_		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			77
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	37 /	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b_	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			٠,,
07-	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the expension file Form 1100 POL for this year?	1		
	Did the organization file Form 1120-POL for this year?	37b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-		v
	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter:	-		
39	Initiation fees and capital contributions included on line 9 N/A			
a b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
704	section 4911			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		
_	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
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	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 202-78	3-3	788	
	Located at ► 620 F STREET, NW, WASHINGTON, DC ZIP+4 ► 2	000	4	
þ	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		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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 completed instead			
	of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d	1	<u> </u>
		Form 9	90-EZ	(2010

Form	990-EZ (2	010)	BAC	DISASTER	RELIEF	FUND	INC.			<u>20-3437</u>	085	. !	Page 4
	•											Yes	
45				controlled entity of th			-				45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ									45.		v		
46										45a		<u>X</u>	
	If "Yes," co	_		-	in pointion outin	pargir activiti	oo on bonan or or	п оррозио	r to dandidates for pu	ibilo offico	46		х
Pa	rt VI	Sectio	n 501(d	c)(3) organizati	ions and se	ection 49	947(a)(1) nor	nexempt	charitable trus	sts only. All	sectio	n 501(d	(3)
							'-	ons 47-49b	and 52, and complete	the tables for I	ines 50	and 51	
	(Check if th	ne organiz	ation used Schedule	O to respond to	any questio	n in this Part VI					Yes	No
47	Did the or	oanizatio	n engage i	n lobbying activities?) If "Yes " com	inlete Sche	dule C. Part II				47	162	X
48				is described in sectio				edule E			48		X
49 a	Did the or	ganızatıo	n make an	y transfers to an exe	mpt non-charita	ble related o	rganization?				49a		X
				nization a section 527							49b		
50							•	ers, directors	s, trustees and key en	nployees) who	each re	ceived	more
	than \$ 100	,000 01 0	Ullipelisai	ion from the organiza	ation. II there is	none, enter	(b) Title and av	erage hours	(c) Compensation	(d) Contribution	ns (e) Expe	nse
		(a) Nam		ress of each employe	ee paid more		per week de	voted to	(b) compandation	to employee benefit plans 8	à	ccount	and
				than \$100,000	NONE		positi	on 		deferred compensation	oth	er allow	ances
			- .										
						-							
							_						
							4						
							<u> </u>	· -					
	-				-		-						
f	Total num	ber of ot	her emplo	yees paid over \$100,	000			>					
51						ed independ	ent contractors wi	ho each rece	ved more than \$100,	000 of compen	sation	from th	е
	organizati			· · · · · · · · · · · · · · · · · · ·	NONE		L #400 000		(1) To 10 of				
		(a) wan	ie and add	dress of each indeper	ideni comiacioi	paid more i	nan \$ 100,000	····	(b) Type of ser	vice	(c) Cor	npensa	иоп
			••			•			- 				
									. =				
									_	ļ			
													
									<u> </u>			**	
			•	endent contractors ea e Schedule A? Note:	•	. ,		(a)(1) aanaw		<u> </u>		<u> </u>	
52				a completed Schedu		c)(3) organi	zalions aliu 4947	(a)(1) Hollexe	ampi	.	ХV	es 「	□ No
	Ui	nder penal prrect, and	ties of perjui complete E	y, I declare that I have ex eclaration of preparer (of	camined this return	, including acc based on all ir	companying schedule formation of which p	es and stateme reparer has any	nts, and to the best of my knowledge	knowledge and b	elief, it	s true,	
Sig			\mathcal{N}	4				. =		5-4-2	01	_	
Hei		-	e of officer	/	anan					Date			
			print name a	. KRAMER,	SECRET	ARY-TI	REASURER					-	
		Print/T	ype prepai	 rer's name	Prepare	r's signature		Date	Check] if PTIN			
Pai	d	'				7 /	11 .	1/	self- emplo	yed			
	parer				_ All	mm/	Noodson	5/41	<u> </u>				
Use	Only			CALIBRE C			3		Firm's EIN				
		FIRM'S	address)	► 1850 K S	•	N.W.			Phone no.	(202)	331	L-98	80
— Mav	the IRS dis	Cuss the	s return w	WASHINGT th the preparer show							ΧY	<u>.</u> Г	No
03217 03-04	74	- 5 0 0 till		alo proparor onow	400 vo · Oct II	ion ounding							(2010)

SCHEDULE, A

(Form'990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of t	the organization	on						E	mployer id	entification	on nun	nber
			ASTER RELIEF						20	-343 <u>7</u>	085	
Part I	Reason t	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions				
The organ	ization is not a	private foundation l	pecause it is (For lines 1	l through 1	1, check o	only one b	ox)					
1 🔲	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	al service organization of	described i	n section	170(b)(1)(A)(ui).					
4 🔲	A medical res	earch organization of	perated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital'	s nam	e,
	city, and state											
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🗌	A federal, sta	te, or local governme	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblıc desci	ribed ir	n
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	An organizati	on that normally rec	eives [.] (1) more than 33 ¹	1/3% of its	support fr	om contri	butions, m	embershi	p fees, and	l gross red	eipts f	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	investi	ment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon af	ter June 3	0, 197	5
	See section	509(a)(2). (Complete	Part III)									
10	An organizati	on organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	urposes o	f one o	or
	more publicly	supported organiza	itions described in secti	on 509(a)(1	l) or section	n 509(a)(2) See sec	tion 509(a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h			_			
	a Type I	b	_ Type II	с 🔲 Тур	e III - Func	tionally int	egrated		d L	Type III - (Other	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified pe	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 50	9(a)(1) or se	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box								-	
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			r
			irectly controls, either al	lone or tog	ether with	persons c	lescribed i	ın (II) and I	(III) below,		Yes	No
	_		upported organization?							11g(i)	\vdash	ļ
		•	n described in (i) above?							11g(ii)	1 1	
	` '	· ·	person described in (i)							11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		T	/ ::: Tunn of			<u> </u>			1			
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi) la organizati	on in col. 1	(vii) An	nount o	f
org	anization		(described on lines 1-9		sted in your document?			(i) organii U S	zed in the	sup	port	
			above or IRC section									
			(see instructions))	Yes	No	Yes	No	Yes	No			
				 					+			
						!						
		-							-			
				 -	·				 - -			
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		1										
				+			 	 	+ +			
Total												
	Panerwork Da	duction Act Natice	, see the Instructions t	for	L	<u> </u>		Schodu	le A (Form	990 or 0	20_F71	2010
	. apo		,	· • •							~~ -	,

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 BAC DISASTER RELIEF FUND, INC. 20-3437085 Page 2

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)

Se	ction A. Public Support		<u> </u>			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Gifts, grants, contributions, and		(-)	127====	1-7 = 3.33	(0) = 0.10			
	membership fees received (Do not								
	include any "unusual grants.")	2,285.	8,000.	7,070.	14,150.	2,300.	33,805.		
2	Tax revenues levied for the organ-								
	zation'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	2,285.	8,000.	7,070.	14,150.	2,300.	33,805.		
5	The portion of total contributions	•	1	,		-,			
	by each person (other than a					İ			
	governmental unit or publicly		1						
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,		1						
	column (f)			ļ					
6	Public support. Subtract line 5 from line 4						33,805.		
	ction B. Total Support					· •			
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4	2,285.	8,000.	7,070.	14,150.	2,300.	33,805.		
8	Gross income from interest,			-	•	1	•		
	dividends, payments received on					1			
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the		ł						
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital		İ						
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10						33,805.		
12	Gross receipts from related activities,	etc (see instruction	ns)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	n 501(c)(3)			
Sec	organization, check this box and stor		centage			-	<u>▶</u> □		
	Public support percentage for 2010 (I		 	olumn (fl)		44	100.00 %		
	Public support percentage from 2009	•	•	olumn (i))					
	,, ,	•	•	line 12 and line 1	[1 to 22 1/20/ or m				
100	6a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
ŀ	b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
•	and stop here. The organization qual				He 13 IS 33 1/376	or more, check this	S DOX		
17:		•	• •		12 160 or 16b o	nd line 14 is 100/ s	P		
1/6	7a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
L									
K	b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
							,		
40	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.								
16	Frivate roungation. It the organization	п он постеска в	ox on line 13, 16a	i, 100, 1/a, or 1/b			_		
					Sche	dule A (Form 990	or 990-EZ) 2010		

032022 12-21-10

Schedule A (Form 990 or 990-EZ) 2010 Part.III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the teste listed helpy, places complete Dort II.)	

Section A. Public Support	below, please com	piete Fait II.)			 			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
Gifts, grants, contributions, and	(a) 2000	(6) 2007	(6) 2000	(4) 2003	(6) 2010	(i) rotal		
membership fees received. (Do not								
include any "unusual grants ")								
2 Gross receipts from admissions, merchandise sold or services per-								
formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-			·-·					
ization's benefit and either paid to								
or expended on its behalf								
•		 						
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge					ļ			
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and	1							
3 received from disqualified persons	s <u> </u>							
b Amounts included on lines 2 and 3 received								
from other than disqualified persons that		1						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6)		-	-		<u> </u>	-		
Section B. Total Support	<u> </u>		i .	<u> </u>				
Calendar year (or fiscal year beginning in)	(2) 2006	/L) 2007	(=) 2000	(-1) 0000	(-) 0010	(O Tetal		
9 Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
10a Gross income from interest,								
dividends, payments received on		1						
securities loans, rents, royalties					Ì			
and income from similar sources								
b Unrelated business taxable income		İ						
(less section 511 taxes) from businesse	S							
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business	s							
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)	-	 	<u> </u>					
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		_l			
14 First five years. If the Form 990 is t	or the organization	's first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,		
check this box and stop here						>		
Section C. Computation of Pul					·			
15 Public support percentage for 2010	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	<u></u> %		
16 Public support percentage from 200					16	%		
Section D. Computation of Inv	estment Incom	ne Percentage						
17 Investment income percentage for	2010 (line 10c, colu	ımn (f) dıvıded by li	ne 13, column (f))		17	%		
18 Investment income percentage from	n 2009 Schedule A	, Part III, line 17			18	%		
19a 33 1/3% support tests - 2010. If the	ne organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	e 17 is not		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20 Private foundation. If the organization					-			
220 Private foundation. If the organization	did not oneck a	A DOX OF HIS 14, 15	a, or rob, crieck t	, no box and see ii	iotructions	<u> </u>		

SCHEDULE O (Form.990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

2010 Open to Public Inspection

Name of the organization BAC DISASTER RELIEF FUND, INC.	Employer identification number 20-3437085
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	
HARDSHIP ASSISTANCE	
FEES	7.5
TOTAL TO FORM 990-EZ, LINE 16	
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURP	POSE OF THE
ORGANIZATION IS TO EXPEND, ITS FUNDS BY CONTRIBUTING TO	INDIVIDUALS OR
FAMILIES OF INDIVIDUALS, WHO ARE VICTIMS OF NATURAL OR	UNNATURAL
DISASTERS. THE ORGANIZATION WILL ALSO CONTRIBUTE TO OTHER	HER IRC SECTION
501(C)(3) ORGANIZATIONS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE	EFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY H	FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON	NTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	MIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	