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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation****2010**Department of the Treasury  
Internal Revenue Service

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

**For calendar year 2010, or tax year beginning , 2010, and ending**

**G** Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

HAYSWOOD FOUNDATION INC.  
1 WEST MCDONALD PARKWAY 3 A  
MAYSVILLE, KY 41056

**A** Employer identification number

23-7345996

**B** Telephone number (see the instructions)

(606) 563-9333

**C** If exemption application is pending, check here ☐**D** 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐**E** If private foundation status was terminated under section 507(b)(1)(A), check here ☐**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

**H** Check type of organization ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, column (c), line 16) **J** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

▶ \$ 7,925,387.

(Part I, column (d) must be on cash basis)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>REVENUE</b>	1 Contributions, gifts, grants, etc., received (att sch)	19,826.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	56,937.	56,937.	56,937.	
	4 Dividends and interest from securities	164,752.	164,752.	164,752.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10	60,662.			
	b Gross sales price for all assets on line 6a 2,873,593.				
	7 Capital gain net income (from Part IV, line 2)		60,662.		
	8 Net short-term capital gain			8,435.	
<b>ADMINISTRATIVE AND OPERATING EXPENSES</b>	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less cost of goods sold				
	c Gross profit/(loss) (att sch)				
	Other income (attach schedule)				
	12 Total. Add lines 1 through 11	302,177.	282,351.	230,124.	
	13 Compensation of officers, directors, trustees, etc	20,600.		4,120.	16,480.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
b Accounting fees (attach sch) See St 1	4,400.		4,400.		
c Other prof fees (attach sch) See St 2	45,505.	45,505.			
17 Interest					
18 Taxes (attach schedule) (see instr) See Stmt 3	-894.	40.	-2,195.	1,261.	
19 Depreciation (attach sch) and depletion					
20 Occupancy	11,364.		2,273.	9,091.	
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) See Statement 4	12,920.	2,454.	2,094.	8,372.	
24 Total operating and administrative expenses. Add lines 13 through 23	93,895.	47,999.	10,692.	35,204.	
25 Contributions, gifts, grants paid Stmt 5	244,529.			244,529.	
26 Total expenses and disbursements. Add lines 24 and 25	338,424.	47,999.	10,692.	279,733.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-36,247.				
b Net investment income (if negative, enter -0)		234,352.			
c Adjusted net income (if negative, enter -0)			219,432.		

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Part II Balance Sheets		Beginning of year (a) Book Value	End of year	
			(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	102,326.	201,215.	201,215.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S and state government obligations (attach schedule)	785,736.	711,585.	736,945.
	b Investments — corporate stock (attach schedule)	5,012,283.	5,100,083.	5,714,026.
	c Investments — corporate bonds (attach schedule)	1,359,446.	1,209,949.	1,253,280.
	11 Investments — land, buildings, and equipment basis			
LIABILITIES	Less: accumulated depreciation (attach schedule)			
	12 Investments — mortgage loans			
	13 Investments — other (attach schedule)			
	14 Land, buildings, and equipment basis	21,189.		
	Less: accumulated depreciation (attach schedule) See Stmt 6	1,268.		
	15 Other assets (describe )	1.		
	16 Total assets (to be completed by all filers — see instructions Also, see page 1, item I)	7,279,713.	7,242,753.	7,925,387.
	17 Accounts payable and accrued expenses	713.		
	18 Grants payable			
	19 Deferred revenue			
NET ASSETS OR FUND BALANCES	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe )			
	23 Total liabilities (add lines 17 through 22)	713.	0.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	7,279,000.	7,242,753.	
	30 Total net assets or fund balances (see the instructions)	7,279,000.	7,242,753.	
	31 Total liabilities and net assets/fund balances (see the instructions)	7,279,713.	7,242,753.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	7,279,000.
2 Enter amount from Part I, line 27a	2	-36,247.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	7,242,753.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	7,242,753.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a See Statement 7				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). — [ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]	2	60,662.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8	3	8,435.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009			
2008			
2007			
2006			
2005			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter. _____ (attach copy of letter if necessary – see instr.)		1	4,687.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	4,687.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	4,687.
6 Credits/Payments			
a 2010 estimated tax pmts and 2009 overpayment credited to 2010.	6a	2,800.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	2,800.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	34.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,921.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be. Credited to 2011 estimated tax	11		
		Refunded	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	X	
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
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 that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) KY		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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**Part 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 section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>RANDY ANDERSON C.P.A.</u> Telephone no <u>606 564-6260</u> Located at <u>1 WEST MCDONALD PKWY, MAYSVILLE, KY</u> ZIP + 4 <u>41056</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u>	15		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country <u></u>	16	Yes	No
				X

**Part 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
1 a 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	N/A
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 2010?	1 c	X
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))		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
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 the instructions)	2 b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__ , 20__ , 20__ , 20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2010 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 2010.)	3 b	N/A
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	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 2010?	4 b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

X

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If 'Yes' to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 8		20,600.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				

Total number of other employees paid over \$50,000

0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE'.

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		

**Total** number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> DONATIONS TO LOCAL CHARITIES	
	116,898.
<b>2</b> SCHOLARSHIPS	
	127,631.
<b>3</b>	
<b>4</b>	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3	0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b> Average monthly fair market value of securities	<b>1a</b>	7,248,162.
<b>b</b> Average of monthly cash balances	<b>1b</b>	159,979.
<b>c</b> Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d Total</b> (add lines 1a, b, and c)	<b>1d</b>	7,408,141.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b> Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	7,408,141.
<b>4</b> Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	111,122.
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	7,297,019.
<b>6 Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	364,851.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b> Minimum investment return from Part X, line 6		<b>1</b>	364,851.
<b>2a</b> Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	4,687.	
<b>b</b> Income tax for 2010 (This does not include the tax from Part VI)	<b>2b</b>		
<b>c</b> Add lines 2a and 2b	<b>2c</b>		4,687.
<b>3</b> Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b>		360,164.
<b>4</b> Recoveries of amounts treated as qualifying distributions	<b>4</b>		
<b>5</b> Add lines 3 and 4	<b>5</b>		360,164.
<b>6</b> Deduction from distributable amount (see instructions)	<b>6</b>		
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	<b>7</b>		360,164.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b> Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	<b>1a</b>	279,733.
<b>b</b> Program-related investments — total from Part IX-B	<b>1b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the		
<b>a</b> Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b> Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4 Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	279,733.
<b>5</b> Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	279,733.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				360,164.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years: 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005	85,266.			
b From 2006	80,516.			
c From 2007	22,036.			
d From 2008	145,103.			
e From 2009	26,526.			
f Total of lines 3a through e	359,447.			
4 Qualifying distributions for 2010 from Part XII, line 4. ► \$ 279,733.				
a Applied to 2009, 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.			
d Applied to 2010 distributable amount				279,733.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	80,431.			80,431.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	279,016.			
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 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	4,835.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	274,181.			
10 Analysis of line 9:				
a Excess from 2006	80,516.			
b Excess from 2007	22,036.			
c Excess from 2008	145,103.			
d Excess from 2009	26,526.			
e Excess from 2010				



**Part VII** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			<b>3b</b>	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					56,937.
4	Dividends and interest from securities					164,752.
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 than inventory					60,662.
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a				1		
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)					282,351.
13	<b>Total.</b> Add line 12, columns (b), (d), and (e)					<b>282,351.</b>

(See worksheet in line 13 instructions to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:		
<b>(1)</b> Cash		X
<b>(2)</b> Other assets		X
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization		X
<b>(2)</b> Purchases of assets from a noncharitable exempt organization		X
<b>(3)</b> Rental of facilities, equipment, or other assets		X
<b>(4)</b> Reimbursement arrangements		X
<b>(5)</b> Loans or loan guarantees		X
<b>(6)</b> Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

**b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

**Sign  
Here**

Signature of officer or trustee

Date \_\_\_\_\_

**Title**

**Paid  
Preparer  
Use Only**

Print/Type preparer's name
----------------------------

Randy Anderson

Preparer's signature

Randy Anderson

Date	
------	--

5/11/11

Check if	<input checked="" type="checkbox"/>	if
----------	-------------------------------------	----

PTIN
------

	N/A
--	-----

Firm's name

Randy Anderson, CPA, LLC

Firm's EIN ▶ N/A

N/A

Firm's address

1 West McDonald Pkwy #3-B  
Maysville, KY 41056

Maysville, KY 41056

Phone no

(606) 564-6260

**BAA**

Form 990-PF (2010)

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No 1545-0047

**2010**

Name of the organization

HAYSWOOD FOUNDATION INC.

Employer identification number

23-7345996

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 501(c)(\_\_\_\_) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II)

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

Name of organization

Employer identification number

HAYSWOOD FOUNDATION INC.

23-7345996

**Part I Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES & PAULA RUBLE ----- ----- MAYSVILLE, KY 41056	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

HAYSWOOD FOUNDATION INC.

Employer identification number

23-7345996

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

HAYSWOOD FOUNDATION INC.

Employer identification number

23-7345996

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entryFor organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year (Enter this information once See instructions )

► \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

## HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 1**  
**Form 990-PF, Part I, Line 16b**  
**Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
PROFESSIONAL SERVICES	\$ 4,400.		\$ 4,400.	
Total	<u>\$ 4,400.</u>	<u>\$ 0.</u>	<u>\$ 4,400.</u>	<u>\$ 0.</u>

**Statement 2**  
**Form 990-PF, Part I, Line 16c**  
**Other Professional Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
INVESTMENT FEE-5TH 3RD&HL	\$ 19,460.	\$ 19,460.		
INVESTMENT FEES-US BANK	26,045.	26,045.		
Total	<u>\$ 45,505.</u>	<u>\$ 45,505.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 3**  
**Form 990-PF, Part I, Line 18**  
**Taxes**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FEDERAL INCOME TAX	\$ -2,510.		\$ -2,510.	
PAYROLL TAXES	1,576.		315.	\$ 1,261.
TAX AND LICENSE	40.	\$ 40.		
Total	<u>\$ -894.</u>	<u>\$ 40.</u>	<u>\$ -2,195.</u>	<u>\$ 1,261.</u>

**Statement 4**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
AMORTIZE BOND PREMIUMS	\$ 2,454.	\$ 2,454.		
COPIER MAINTENANCE	214.		\$ 43.	\$ 171.
EMPLOYEE HEALTH	4,750.		950.	3,800.
INSURANCE	2,270.		454.	1,816.
INTERNET ACCESS	263.		53.	210.
MEETING EXPENSE	1,128.		226.	902.
MISC	75.		15.	60.
SUPPLIES	1,399.		280.	1,119.
WORKERS COMP	367.		73.	294.
Total	<u>\$ 12,920.</u>	<u>\$ 2,454.</u>	<u>\$ 2,094.</u>	<u>\$ 8,372.</u>

## HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 5**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Cash Grants and Allocations

Class of Activity:	EDUCATION	
Donee's Name:	DOWNING & VARIOUS SCHOLARSHIP PROGRAM PM	
Donee's Address:	VARIOUS	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		\$ 127,631.
Class of Activity:	RECREATION	
Donee's Name:	LIMESTONE FAMILY YMCA	
Donee's Address:	US 68 MAYSVILLE, KY 41056,	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		11,000.
Class of Activity:	ARTS	
Donee's Name:	MAYSVILLE PLAYERS	
Donee's Address:	SECOND STREET MAYSVILLE, KY 40156,	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		11,815.
Class of Activity:	ARTS	
Donee's Name:	OHIO VALLEY ARTIST GUILD	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		6,000.
Class of Activity:	COMMUNITY DEVELOPEMENT	
Donee's Name:	MASON CO INTERAGENCY COUNCIL	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.
Class of Activity:	YOUTH RECREATION	
Donee's Name:	TOM BROWNING BOYS AND GIRLS CLUB	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		11,000.
Class of Activity:	PROTECTION OF YOUTH	
Donee's Name:	CASA PROGRAM	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.

HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 5 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Class of Activity:	COMMUNITY DEVELOPEMENT	
Donee's Name:	MAYSVILLE INITIATIVES	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		\$ 11,000.
Class of Activity:	EDUCATION	
Donee's Name:	ST PATRICK SCHOOL	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,833.
Class of Activity:	EDUCATION	
Donee's Name:	LICKING VALLEY COLLEGE	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	OLD WASHINGTON	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		500.
Class of Activity:	HEALTH	
Donee's Name:	WOMENS CRISIS CENTER	
Donee's Address:	MAYSVILLE, KY 41056	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.
Class of Activity:	MUSEUM	
Donee's Name:	MASON COUNTY MUSEUM CENTER	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		7,000.
Class of Activity:	EDUCATION	
Donee's Name:	ST AUGUSTINE SCHOOL	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		4,000.
Class of Activity:	ARTS	

## HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 5 (continued)**  
**Form 990-PF, Part I, Line 25**  
**Contributions, Gifts, and Grants**

Donee's Name:	MAYSVILLE MASON COUNTY ARTS	
Donee's Address:	MAYSVILLE, KY 41056,	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		\$ 4,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	LICKING VALLEY RC&D COUNCIL	
Donee's Address:	MAYSVILLE, KY 41056	
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(C) (3)	
Amount Given:		1,000.
Class of Activity:	YOUTH PROTECTION	
Donee's Name:	BOYS CLUB OF CINCINNATI	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(C) (3)	
Amount Given:		8,750.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	MAYSVILLE CHAPTER	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501(C) (3)	
Amount Given:		5,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	MANCHESTER YOUTH CENTER	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	LIMESTONE MINISTRIES	
Donee's Address:		
Relationship of Donee:	NONE	
Organizational Status of Donee:	501 C 3	
Amount Given:		5,000.
Total		\$ <u>244,529.</u>

## HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 6**  
**Form 990-PF, Part II, Line 14**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value	Fair Market Value
Machinery and Equipment	\$ 21,189.	\$ 1,268.	\$ 19,921.	\$ 19,921.
Total	<u>\$ 21,189.</u>	<u>\$ 1,268.</u>	<u>\$ 19,921.</u>	<u>\$ 19,921.</u>

**Statement 7**  
**Form 990-PF, Part IV, Line 1**  
**Capital Gains and Losses for Tax on Investment Income**

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
1	US BANK ACCT #4508-3525	Purchased	Various	Various
2	640 TYCO INTERNATIONAL	Purchased	Various	1/04/2010
3	725 COMCAST CORP CL	Purchased	Various	1/04/2010
4	3800 EMC CORP MASS	Purchased	Various	1/04/2010
5	GOLDMAN FINANCIAL	Purchased	Various	1/31/2010
6	1300 HARLEY DAVIDSON	Purchased	Various	1/04/2010
7	230 PEPSICO INC	Purchased	Various	1/04/2010
8	550 TEVA PHARMACEUTICAL	Purchased	Various	1/04/2010
9	VANGUARD BD INDEX	Purchased	Various	1/08/2010
10	1500 AUTOMATIC DATA PROCESSING	Purchased	6/21/2005	2/22/2010
11	50 JACOBS ENGR	Purchased	6/22/2010	12/28/2010
12	1300 SOUTHERN CO	Purchased	11/23/2009	10/25/2010
13	165 ALLERGAN INC	Purchased	6/16/2009	7/08/2010
14	75 ALLERGAN INC	Purchased	6/21/2005	10/25/2010
15	65 BERKSHIRE HATHAWAY	Purchased	6/27/2008	11/22/2010
16	700 BROWN FORMAN	Purchased	Various	7/08/2010
17	175 CVS	Purchased	2/02/2009	4/12/2010
18	275 COMCAST CORP CL	Purchased	6/21/2005	4/12/2010
19	165 COMCAST CORP CL	Purchased	6/21/2005	6/22/2010
20	135 COMCAST CORP CL	Purchased	6/21/2005	7/08/2010
21	530 COMCAST CORP CL	Purchased	6/21/2005	10/25/2010
22	370 COMCAST CORP CL	Purchased	6/21/2005	11/22/2010
23	300 COMCAST CORP CL	Purchased	6/21/2005	12/28/2010
24	210 DISNEY WALT CO	Purchased	6/16/2009	6/22/2010
25	1075 DOVER CORP	Purchased	6/21/2005	6/22/2010
26	25000 FEDERAL HOME LOAN BKS	Purchased	12/19/2005	8/20/2010
27	25000 GOLDMAN SACHS	Purchased	7/20/2005	6/15/2010
28	280 HOME DEPOT	Purchased	6/21/2005	6/22/2010
29	375 KRAFT FOODS	Purchased	6/27/2008	12/28/2010
30	600 MICROSOFT CORP	Purchased	6/10/2005	4/12/2010
31	66 OMNICOM GROUP INC	Purchased	6/21/2005	4/12/2010
32	30 OMNICOM GROUP INC	Purchased	6/21/2005	6/22/2010
33	145 OMNICOM GROUP INC	Purchased	6/21/2005	7/08/2010
34	250 OMNICOM GROUP INC	Purchased	6/21/2005	11/22/2010
35	145 PEPSICO INC	Purchased	6/21/2005	7/08/2010
36	150 PROCTOR & GAMBLE	Purchased	5/07/2008	7/08/2010
37	900 PROGRESSIVE CORP OHIO	Purchased	4/11/2007	11/22/2010
38	125 TEVA PHARMACEUTICAL	Purchased	Various	4/12/2010
39	925 TEVA PHARMACEUTICAL	Purchased	7/19/2005	6/22/2010
40	25000 TOYOTA MTR CR	Purchased	9/06/2005	3/15/2010
41	150 VANGUARD BD INDEX	Purchased	6/27/2008	11/22/2010
42	435 VANGUARD INDEX FUND	Purchased	8/11/2008	7/08/2010
43	25000 WALMART	Purchased	6/27/2005	7/01/2010

HAYSWOOD FOUNDATION INC.

23-7345996

Statement 7 (continued)  
Form 990-PF, Part IV, Line 1  
Capital Gains and Losses for Tax on Investment Income

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
44	150 WATERS CORP	Purchased	6/21/2005	4/12/2010
45	70 WATERS CORP	Purchased	6/21/2005	6/22/2010
46	80 WATERS CORP	Purchased	6/21/2005	10/25/2010
47	75 WATERS CORP	Purchased	6/21/2005	11/22/2010
48	90 WATERS CORP	Purchased	6/21/2005	12/28/2010
49	Capital Gain Dividends			

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
1	2043600.		2092295.	-48,695.				\$ -48,695.
2	23,092.		29,286.	-6,194.				-6,194.
3	12,377.		15,621.	-3,244.				-3,244.
4	66,536.		49,467.	17,069.				17,069.
5	5,162.		5,162.	0.				0.
6	33,032.		64,381.	-31,349.				-31,349.
7	14,080.		12,804.	1,276.				1,276.
8	30,575.		18,843.	11,732.				11,732.
9	1.		0.	1.				1.
10	62,372.		57,142.	5,230.				5,230.
11	2,290.		2,087.	203.				203.
12	49,636.		41,404.	8,232.				8,232.
13	10,608.		7,235.	3,373.				3,373.
14	5,386.		3,203.	2,183.				2,183.
15	5,186.		5,210.	-24.				-24.
16	42,770.		31,086.	11,684.				11,684.
17	6,456.		4,681.	1,775.				1,775.
18	5,132.		5,925.	-793.				-793.
19	3,054.		3,555.	-501.				-501.
20	2,417.		2,909.	-492.				-492.
21	10,505.		11,420.	-915.				-915.
22	7,482.		7,972.	-490.				-490.
23	6,624.		6,464.	160.				160.
24	7,367.		4,937.	2,430.				2,430.
25	49,568.		39,602.	9,966.				9,966.
26	25,257.		24,989.	268.				268.
27	25,000.		24,786.	214.				214.
28	8,722.		11,113.	-2,391.				-2,391.
29	11,930.		10,710.	1,220.				1,220.
30	18,192.		19,775.	-1,583.				-1,583.
31	2,596.		2,643.	-47.				-47.
32	1,131.		1,201.	-70.				-70.
33	5,044.		5,806.	-762.				-762.
34	11,357.		10,010.	1,347.				1,347.
35	9,170.		8,072.	1,098.				1,098.
36	9,153.		9,911.	-758.				-758.
37	18,756.		20,596.	-1,840.				-1,840.
38	7,898.		3,995.	3,903.				3,903.
39	48,517.		28,139.	20,378.				20,378.
40	25,000.		25,045.	-45.				-45.
41	12,215.		11,589.	626.				626.
42	24,956.		28,458.	-3,502.				-3,502.
43	25,000.		25,017.	-17.				-17.
44	10,352.		5,931.	4,421.				4,421.
45	5,052.		2,768.	2,284.				2,284.

HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 7 (continued)**  
**Form 990-PF, Part IV, Line 1**  
**Capital Gains and Losses for Tax on Investment Income**

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
46	5,854.		3,163.	2,691.				\$ 2,691.
47	5,873.		2,965.	2,908.				2,908.
48	7,108.		3,558.	3,550.				3,550.
49								44,152.
Total								\$ 60,662.

**Statement 8**  
**Form 990-PF, Part VIII, Line 1**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JOHN MCDOWELL 377 EDMONT ROAD MAYSVILLE, KY 41056	Director 0	\$ 0.	\$ 0.	\$ 0.
DAVID CLARKE 309 WADSWORTH DRIVE MAYSVILLE, KY 41056	Director 0	0.	0.	0.
MICHAEL CLARKE 119 SUTTON STREET MAYSVILLE, KY 41056	Director 0	0.	0.	0.
WILLIAM C. MCNEILL 140 W MAPLE LEAF MAYSVILLE, KY 41056	Director 0	0.	0.	0.
JOHN G PARKER 41 HACKETT RIDGE BROOKSVILLE, KY 41004	Director 0	0.	0.	0.
WARREN MARKWELL 220 EDMONT ROAD MAYSVILLE, KY 41056	Director 0	0.	0.	0.
KIRK TOLLE 658 HILLCREST ROAD MAYSVILLE, KY 41056	Director 0	0.	0.	0.
ANN TOMLIN 289 SHANNON LANE MAYSVILLE, KY 41056	Director 0	0.	0.	0.

## HAYSWOOD FOUNDATION INC.

23-7345996

**Statement 8 (continued)**  
**Form 990-PF, Part VIII, Line 1**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
DOUGLAS HENDRICKSON 180 EDMONT ROAD MAYSVILLE, KY 41056	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
DAVE WALLINGFORD JERSEY RIDGE ROAD MAYSVILLE, KY 41056	President 0	0.	0.	0.
DEBRA WALLINGFORD 2 RIVER RIDGE MAYSVILLE, KY 41056	Director 0	0.	0.	0.
SALLY WALTON 721 HILL CREST MAYSVILLE, KY 41056	Director 0	0.	0.	0.
ROBERT ROSS 660 BUFFALO TRACE MAYSVILLE, KY 41056	Secretary 0	0.	0.	0.
RONALD RICE 8020 MARSHALL DRIVE MAYSVILLE, KY 41056	Vice President 0	0.	0.	0.
LLOYD SCHILTZ MAYSVILLE, KY 41056	Executive Direc 25.00	20,600.	0.	0.
Total		\$ 20,600.	\$ 0.	\$ 0.

**Statement 9**  
**Form 990-PF, Part XV, Line 2a-d**  
**Application Submission Information**

Name of Grant Program:	SEE ATTACHED
Name:	HAYSWOOD FOUNDATION
Care Of:	LLOYD SCHILTZ
Street Address:	ONE W. MCDONALD PKWY
City, State, Zip Code:	MAYSVILLE, KY 41056
Telephone:	(606) 563-9333
Form and Content:	SEE ATTACHED APPLICATIONS
Submission Deadlines:	SEE ATTACHED APPLICATIONS
Restrictions on Awards:	SEE ATTACHED APPLICATIONS

positions to be filled by one. There shall be no nominations from the floor without unanimous approval of the directors in attendance at an election meeting, but the Board may, by majority vote, instruct the Evaluation and Nomination Committee to submit other or additional nominees and may postpone an election pending such new nominations. The committee shall meet each year and submit its nominees to the full Board for consideration and election at the October meeting of the Board of Directors. The election shall be by secret ballot and plurality of all votes cast shall elect. Each director shall be permitted to cast the number of votes equal to the number of positions to be filled, but no director shall be permitted to cast more than one vote per nominee. Should there be a failure to elect the full number of directors intended to be elected due to a tie vote, a secret ballot shall be taken upon the tied nominees without additional nominees.

- (4) **Terms of Office.** There shall be at all times five classes of directors and all directors shall be elected to specified class. Each class shall be designated by the year in which the term of office of the directors composing that class expires. Each director's term shall begin with the Annual Meeting next succeeding his election. Except for the initial Board of Directors serving under these bylaws, each class of directors shall serve for a period of five years.
- (5) **Vacancy.** Upon the occurrence of a vacancy in any class, the Nominating Committee, at any meeting, shall submit a list of nominees to fill the vacancy. Upon submission, the vacancy may be filled by a majority vote of the directors present, which vote shall be taken by secret ballot. A plurality of all votes cast shall elect. The elected nominee shall serve, as a member of the same class in which the vacancy had occurred. His term shall expire with the term of that class, and he shall be deemed to have held the director's seat for a full five year term, regardless of the smaller number of years actually served.
- (6) **Removal.** Directors may be removed for cause by the Board of Directors at any regular meeting, or any special meeting called for that purpose. Failure of any director to attend three consecutive meetings of the Board without good cause shall be grounds for removal of such director from the Board of Directors by a majority vote of all directors then serving on the Board.
- (7) **Resignation.** The resignation of a director shall be in writing and directed to the corporate secretary.
- (8) **Meetings.** The Board of Directors shall hold regular meetings on the third Tuesday of January, May, August and October of each calendar year. The Chairman shall have the power to cancel any regular meeting, provided there is insufficient business to warrant such a meeting, and there is no objection from three or more Board members. The Chairman shall also have the power to change the date, both

ACCOUNT NUMBER: 4508-3525  
HAYSWOOD FOUNDATION AGENCY PLGThis statement is for the period from  
December 1, 2010 to December 31, 2010**ASSET DETAIL**

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unit Cost	Unrealized Gain(Loss)/ Est Annual Inc	% of Total/ Estimated Curr Yield
<b>Cash &amp; Equivalents</b>					
<b>Cash/Money Market</b>					
168,989.770	First Amer Treasury Oblig Cl Y	168,989.77 1.0000	168,989.77 1.00	0.00 0.00	3.2 0.00
<b>Total Cash/Money Market</b>		<b>\$168,989.77</b>	<b>\$168,989.77</b>	<b>\$0.00 \$0.00</b>	<b>3.2</b>
<b>Cash</b>					
	Principal Cash	- 1,056,099.72	- 1,056,099.72		- 19.8
	Income Cash	1,056,099.72	1,056,099.72		19.8
<b>Total Cash</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00 \$0.00</b>	<b>0.0</b>
<b>Total Cash &amp; Equivalents</b>		<b>\$168,989.77</b>	<b>\$168,989.77</b>	<b>\$0.00 \$0.00</b>	<b>3.2</b>
<b>Taxable Bonds</b>					
<b>US Government Issues</b>					
100,000.000	Federal Home Loan Bks 4.000 02/15/2011	100,435.00 100.4350	99,289.00 99.29	1,146.00 4,000.00	1.9 3.98
100,000.000	F H L M C M T N 5.250 07/18/2011	102,686.00 102.6860	100,859.40 100.86	1,826.60 5,250.00	1.9 5.11
100,000.000	F H L M C M T N 5.125 07/15/2012	106,909.00 106.9090	100,415.30 100.42	6,493.70 5,125.00	2.0 4.79
<b>Total US Government Issues</b>		<b>\$310,030.00</b>	<b>\$300,563.70</b>	<b>\$9,466.30 \$14,375.00</b>	<b>5.8</b>
<b>Fixed Income Funds</b>					

ACCOUNT NUMBER: 4508-3525  
HAYSWOOD FOUNDATION AGENCY PLGThis statement is for the period from  
December 1, 2010 to December 31, 2010**ASSET DETAIL (continued)**

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unit Cost	Unrealized Gain(Loss)/ Est Annual Inc	% of Total/ Estimated Curr Yield
11,047.344	American Centy Intl Bond Fd Instl AIDIX	152,342.87 13.7900	155,546.61 14.08	- 3,203.74 6,506.89	2.9 4.27
21,694.088	Credit Suisse Commod Ret Strat Com CRSOX	202,622.78 9.3400	207,395.48 9.56	- 4,772.70 14,469.96	3.8 7.14
23,381.678	First American High Income Bond Fd CI Y FJSYX	209,032.20 8.9400	207,395.48 8.87	1,636.72 16,109.98	3.9 7.71
43,207.391	Pimco Total Return Fund Inst PTTRX	468,800.19 10.8500	433,370.13 10.03	35,430.06 15,209.00	8.8 3.24
<b>Total Fixed Income Funds</b>		<b>\$1,032,798.04</b>	<b>\$1,003,707.70</b>	<b>\$29,090.34 \$52,295.83</b>	<b>19.4</b>
<b>Total Taxable Bonds</b>		<b>\$1,342,828.04</b>	<b>\$1,304,271.40</b>	<b>\$38,556.64 \$66,670.83</b>	<b>25.2</b>

**Stocks****Equity Funds**

23,874.750	American Grw Fd Of Amer F2 GFFFX	726,031.15 30.4100	620,266.00 25.98	105,765.15 7,639.92	13.6 1.05
5,918.821	First American Real Estate Securities Fund CI Y FARCX	107,663.35 18.1900	103,697.74 17.52	3,965.61 2,562.85	2.0 2.38
31,438.214	First Amern Invt Fds Inc Quant Lc Y FQCYX	680,008.57 21.6300	722,147.94 22.97	- 42,139.37 10,280.30	12.8 1.51
11,785.000	I Shares Msci Eafe Index Fund E T F EFA	686,122.70 58.2200	670,623.55 56.91	15,499.15 16,463.65	12.9 2.40
10,055.000	Ishares Msci Emerging Mkts E T F EEM	479,040.31 47.6420	354,539.30 35.26	124,501.01 6,495.53	9.0 1.36

ACCOUNT NUMBER: 4508-3525  
HAYSWOOD FOUNDATION AGENCY PLGThis statement is for the period from  
December 1, 2010 to December 31, 2010**ASSET DETAIL (continued)**

Shares or Face Amount	Security Description	Market Value/ Price	Tax Cost/ Unit Cost	Unrealized Gain(Loss)/ Est Annual Inc	% of Total/ Estimated Curr Yield
5,815.261	Neuberger Berman Genesis Instl Fd NBGIX	267,269.40 45.9600	215,746.20 37.10	51,523.20 0.00	5.0 0.00
8,663.136	Rowe T Price Mid-Cap Growth Fd #64 RPMGX	507,053.35 58.5300	352,069.86 40.64	154,983.49 0.00	9.5 0.00
15,178.130	T Rowe Price Equity Income Fund PRFDX	359,569.90 23.6900	306,750.00 20.21	52,819.90 6,678.38	6.8 1.86
<b>Total Equity Funds</b>		<b>\$3,812,758.73</b>	<b>\$3,345,840.59</b>	<b>\$466,918.14</b> <b>\$50,120.63</b>	<b>71.6</b>
<b>Total Stocks</b>		<b>\$3,812,758.73</b>	<b>\$3,345,840.59</b>	<b>\$466,918.14</b> <b>\$50,120.63</b>	<b>71.6</b>
<b>Miscellaneous</b>					
<b>Other Miscellaneous</b>					
325,000.000	Collateral Required For Pledged Acct ***	0.00 0.0000	0.00 0.00	0.00 0.00	0.0 0.00
<b>Total Other Miscellaneous</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b> <b>\$0.00</b>	<b>0.0</b>
<b>Total Miscellaneous</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b> <b>\$0.00</b>	<b>0.0</b>
<b>Total Assets</b>		<b>\$5,324,576.54</b>	<b>\$4,819,101.76</b>	<b>\$505,474.78</b> <b>\$116,791.46</b>	<b>100.0</b>
<b>Estimated Current Yield</b>					<b>2.19</b>

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER: 63-0037-01-8  
STATEMENT PERIOD: 12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
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CASH & EQUIVALENTS  
CASH

INCOME CASH 12,926.70 12,926.70 0.00

## PRINCIPAL CASH

-12,926.70 -12,926.70 0.00

## TOTAL CASH

\$0.00 \$0.00 \$0.00 \$0.00 0.00%

## CASH EQUIVALENTS

GOLDMAN FINANCIAL SQ FED FUND 520 32,225.34 32,225.34 0.00 3.00 0.01%

## TOTAL CASH EQUIVALENTS

\$32,225.34 \$32,225.34 \$0.00 \$3.00 0.01%

## TOTAL CASH &amp; EQUIVALENTS

\$32,225.34 \$32,225.34 \$0.00 \$3.00 0.01%

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER:  
STATEMENT PERIOD:63-0037-01-8  
12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
<b>FIXED INCOME</b>						
<b>TREASURY AND FEDERAL AGENCIES</b>						
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 5.25% DTD 08/21/2003 DUE 08/21/2013	50,000	55,549.50 111.10	52,235.00 104.47	3,314.50	2,625.00 947.91	4.73%
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 4.95% DTD 10/10/2007 DUE 10/10/2014	50,000	56,368.25 112.74	53,250.00 106.50	3,118.25	2,475.00 556.87	4.39%
FEDERAL HOME LN MTG CORP MEDIUM TERM NTS 4.125% DTD 02/24/2004 DUE 02/24/2011 CALLABLE	50,000	50,263.25 100.53	49,576.00 99.15	687.25	2,062.00 727.60	4.10%
FEDERAL HOME LOAN BKS CONS BDS 4.875% DTD 06/16/2008 DUE 06/12/2015 NON-CALLABLE	50,000	55,949.00 111.90	52,518.00 105.04	3,431.00	2,437.00 128.64	4.36%
FEDERAL HOME LOAN BKS CONS BDS 4.375% DTD 08/13/2004 DUE 08/15/2011	50,000	51,242.25 102.48	49,897.60 99.80	1,344.65	2,187.00 826.38	4.27%
FEDERAL NATL MTG ASSN 4.375% DTD 09/23/2002 DUE 09/15/2012	50,000	53,198.00 106.40	50,881.00 101.76	2,317.00	2,187.00 644.09	4.11%
TENNESSEE VALLEY AUTH GLOBAL PWR BD 2001 SER D 4.875% DTD 12/13/2001 DUE 12/15/2016 NON-CALLABLE	50,000	55,670.50 111.34	52,440.00 104.88	3,230.50	2,437.00 108.33	4.38%



## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
TOTAL TREASURY AND FEDERAL AGENCIES		\$ 378,240.75	\$ 380,797.50	\$ 17,443.15	\$ 16,410.00	4.34%
					\$ 3,939.82	

## STATE AND MUNICIPAL

HUNTERSVILLE N C GO BDS 2010 B TAXABLE 3.70% DTD 08/25/2010 DUE 06/01/2020 NON-CALLABLE	25,000	24,124.75 96.50	25,000.00 100.00	-875.25	925.00 77.08	3.83%
KNOX CNTY ILL GO ALTERNATE REV BDS 2010 A TAXABLE 4.55% DTD 06/15/2010 DUE 12/15/2019 CALLABLE	25,000	24,549.25 98.20	25,222.50 100.89	-673.25	1,137.00 619.30	4.63%

## TOTAL STATE AND MUNICIPAL

		\$ 48,674.00	\$ 50,222.50	\$ 1,548.50	\$ 2,062.00	4.24%
					\$ 556.38	

## NONGOVERNMENT OBLIGATIONS

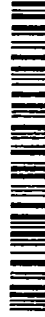
BANK ONE CORP SUB NT 5.25% DTD 10/24/2002 DUE 01/30/2013	25,000	26,700.50 106.80	24,876.25 99.51	1,824.25	1,312.00 550.52	4.92%
DU PONT E I DE NEMOURS & CO SR NT 5.00% DTD 07/28/2008 DUE 07/15/2013 CALLABLE	20,000	21,875.40 109.38	20,284.00 101.42	1,591.40	1,000.00 461.11	4.57%
EMERSON ELEC CO NT 5.00% DTD 12/11/2002 DUE 12/15/2014 CALLABLE	20,000	22,172.80 110.86	20,232.80 101.16	1,940.00	1,000.00 44.44	4.51%

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER:  
STATEMENT PERIOD:63-0037-01-8  
12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
GENENTECH INC SR NT 4.75% DTD 07/18/2005 DUE 07/15/2015 CALLABLE	20,000	22,021.80 110.11	19,608.00 98.04	2,413.80	950.00 438.05	4.31%
GENERAL ELEC CAP CORP MEDIUM TERM NTS TRANCHE # TR 00698 4.25% DTD 06/06/2005 DUE 06/15/2012	25,000	25,999.00 104.00	24,801.25 99.21	1,197.75	1,062.00 47.22	4.09%
INTERNATIONAL BUSINESS MACHS CORP NT 4.75% DTD 11/27/2002 DUE 11/29/2012 CALLABLE	25,000	26,839.50 107.36	24,698.50 98.79	2,141.00	1,187.00 105.55	4.42%
JPMORGAN CHASE & CO GLOBAL SUB HLDG CO NT 5.125% DTD 09/15/2004 DUE 09/15/2014	25,000	26,601.75 106.41	25,228.25 100.91	1,373.50	1,281.00 377.25	4.82%
PEPSICO INC 5.15% DTD 05/21/2007 DUE 05/15/2012 NON-CALLABLE	25,000	26,426.00 105.70	26,194.75 104.78	231.25	1,287.00 164.51	4.87%
WALGREEN CO SR NT 4.875% DTD 07/17/2008 DUE 08/01/2013 CALLABLE	20,000	21,844.80 109.22	20,317.00 101.59	1,527.80	975.00 406.24	4.46%
TOTAL NONGOVERNMENT OBLIGATIONS				\$ 14,240.75	\$ 10,054.00	4.56%
				\$ 220,481.55	\$ 2,594.89	



HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER:  
STATEMENT PERIOD:63-0037-01-8  
12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
TOTAL FIXED INCOME		\$ 647,396.30	\$ 617,260.90	\$ 30,135.40	\$ 28,526.00	4.41%
					\$ 7,231.09	

EQUITIES  
COMMON STOCK  
INDUSTRIALS

TYCO INTERNATIONAL LTD SHS	1,247	51,675.68 41.44	56,474.63 45.29	-4,798.95	1,047.00	2.03%
GENERAL ELEC CO COM	2,500	45,725.00 18.29	75,054.95 30.02	-29,329.95	1,400.00 350.00	3.06%
JACOBS ENGR GROUP INC COM	950	43,557.50 45.85	37,747.40 39.73	5,810.10		
TOTAL INDUSTRIALS		\$ 140,958.18	\$ 169,276.98	\$ -28,318.80	\$ 2,447.00	1.74%
					\$ 350.00	

## CONSUMER DISCRETIONARY

COMCAST CORP CL A	1,700	37,349.00 21.97	32,389.33 19.05	4,959.67	642.00	1.72%
DISNEY WALT CO COM	1,590	59,640.90 37.51	37,380.74 23.51	22,260.16	636.00 636.00	1.07%
HOME DEPOT INC COM	1,995	69,944.70 35.06	78,744.65 39.47	-8,799.95	1,885.00	2.70%

PAGE 7 OF 23

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER: 63-0037-01-8  
STATEMENT PERIOD: 12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
MATTEL INC COM	1,750	44,502.50 25.43	34,475.03 19.70	10,027.47	1,452.00	3.26%
OMNICOM GROUP INC COM	1,075	49,235.00 45.80	40,642.86 37.81	8,592.14	860.00 215.00	1.75%
TJX COS INC NEW COM	850	37,731.50 44.39	36,451.57 42.88	1,279.93	510.00	1.35%
TOTAL CONSUMER DISCRETIONARY		\$ 298,403.50	\$ 250,084.18	\$ 38,319.42	\$ 5,985.00	2.01%

## CONSUMER STAPLES

CVS CAREMARK CORP COM	1,600	55,632.00 34.77	42,800.00 26.75	12,832.00	560.00	1.01%
KRAFT FOODS INC CL A	1,125	35,448.75 31.51	30,289.95 26.92	5,158.80	1,305.00 326.25	3.68%
PEPSICO INC COM	825	53,897.25 65.33	41,646.39 50.48	12,250.86	1,584.00 396.00	2.94%
PROCTER & GAMBLE CO COM	850	54,680.50 64.33	56,159.50 66.07	-1,479.00	1,637.00	3.00%
WAL MART STORES INC COM	925	49,885.25 53.93	46,470.16 50.24	3,415.09	1,119.00 279.81	2.24%



## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
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## TOTAL CONSUMER STAPLES

		\$ 249,543.75	\$ 217,366.00	\$ 32,177.75	\$ 6,205.00	2.49%
					\$ 1,002.06	

## ENERGY

EXXON MOBIL CORP COM	900	65,808.00	60,050.39	5,757.61	1,584.00	2.41%
		73.12	66.72			

## TOTAL ENERGY

		\$ 65,808.00	\$ 60,050.39	\$ 5,757.61	\$ 1,584.00	2.41%
					\$ 0.00	

## FINANCIALS

BERKSHIRE HATHAWAY INC DEL CL B NEW	850	68,093.50	68,196.95	-103.45		
		80.11	80.23			

## JPMORGAN CHASE &amp; CO COM

	1,675	71,053.50	65,889.08	5,164.42	335.00	0.47%
		42.42	39.34			

## NORTHERN TR CORP COM

	850	47,098.50	40,800.00	6,298.50	952.00	2.02%
		55.41	48.00		238.00	

## PROGRESSIVE CORP OH COM

	2,000	39,740.00	39,296.43	443.57	322.00	0.81%
		19.87	19.65			

## US BANCORP DEL COM NEW

	2,600	70,122.00	81,427.95	-11,305.95	520.00	0.74%
		26.97	31.32		130.00	

## TOTAL FINANCIALS

		\$ 296,107.50	\$ 295,610.41	\$ 497.09	\$ 2,129.00	0.73%
					\$ 368.00	

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER:  
STATEMENT PERIOD:

63-0037-01-8  
12/01/10 - 12/31/10

PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
<b>HEALTH CARE</b>						
ALLERGAN INC COM	725	49,785.75 68.67	30,957.50 42.70	18,828.25	145.00	0.29%
JOHNSON & JOHNSON COM	1,000	61,850.00 61.85	60,439.90 60.44	1,410.10	2,160.00	3.49%
PFIZER INC COM	2,770	48,502.70 17.51	48,982.40 17.68	-479.70	2,216.00	4.57%
WATERS CORP COM	535	41,574.85 77.71	21,153.10 39.54	20,421.75		
<b>TOTAL HEALTH CARE</b>		<b>\$ 201,713.30</b>	<b>\$ 161,532.90</b>	<b>\$ 40,180.40</b>	<b>\$ 4,521.00</b>	<b>2.24%</b>
					<b>\$ 0.00</b>	

INFORMATION TECHNOLOGY

TYCO ELECTRONICS LTD SWITZERLD SHS	1,100	38,940.00 35.40	29,707.89 27.01	9,232.11	704.00	1.81%
CISCO SYS INC COM	1,790	36,211.70 20.23	40,239.29 22.48	-4,027.59		
DELL INC COM	2,100	28,455.00 13.55	28,009.89 13.34	445.11		
MICROSOFT CORP COM	2,200	61,402.00 27.91	64,630.80 29.38	-3,228.80	1,408.00	2.29%



HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER: 63-0037-01-8  
STATEMENT PERIOD: 12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
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## TOTAL INFORMATION TECHNOLOGY

		\$ 165,008.70	\$ 162,587.87	\$ 2,420.83	\$ 2,112.00	1.28%
					\$ 0.00	

## TOTAL COMMON STOCK

		\$ 1,417,543.03	\$ 1,326,508.73	\$ 91,034.30	\$ 24,983.00	1.75%
					\$ 2,574.06	

EQUITY MUTUAL FUNDS  
SMALL CAP EQUITY FUNDS

ROYCE TOTAL RETURN FUND #267	3,654.664	48,131.92 13.17	40,550.00 11.10	7,581.92	566.00	1.18%
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## TOTAL SMALL CAP EQUITY FUNDS

		\$ 48,131.92	\$ 40,550.00	\$ 7,581.92	\$ 566.00	1.18%
					\$ 0.00	

## MID CAP EQUITY FUNDS

GOLDMAN SACHS MID CAP VALUE FUND - INST	1,695.883	61,306.17 36.15	46,048.50 27.15	15,257.67	442.00	0.72%
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## TOTAL MID CAP EQUITY FUNDS

		\$ 61,306.17	\$ 46,048.50	\$ 15,257.67	\$ 442.00	0.72%
					\$ 0.00	

## INTERNATIONAL EQUITY FUNDS

AMERICAN EUROPACIFIC GROWTH FUND CLASS F2 #616	663.122	27,406.83 41.33	25,000.00 37.70	2,406.83	448.00	1.64%
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## HARBOR FD INTL FD INST #2011

	575	34,816.25 60.55	29,509.00 51.32	5,307.25	501.00	1.44%
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PAGE 11 OF 23

HAYSWOOD FOUNDATION INC AGT

ACCOUNT NUMBER:  
STATEMENT PERIOD:

63-0037-01-8  
12/01/10 - 12/31/10

## PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
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### TOTAL INTERNATIONAL EQUITY FUNDS

		\$ 62,223.08	\$ 54,509.00	\$ 7,714.08	\$ 939.00	1.53%
					\$ 0.00	

### BALANCED EQUITY FUNDS

GOLDMAN SACHS SATELLITE STRATEGIES PORTFOLIO - IS	3,000	23,820.00 7.94	21,540.00 7.18	2,280.00	1,320.00 666.90	5.54%
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### TOTAL BALANCED EQUITY FUNDS

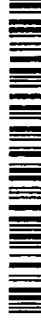
		\$ 23,820.00	\$ 21,540.00	\$ 2,280.00	\$ 1,320.00	5.54%
					\$ 666.90	

### TOTAL EQUITY MUTUAL FUNDS

		\$ 195,481.17	\$ 162,647.50	\$ 32,833.67	\$ 3,277.00	1.88%
					\$ 666.90	

### EQUITY EXCHANGE TRADED FUNDS

ISHARES TR MSCI EAFE INDEX FD	375	21,832.50 58.22	21,524.96 57.40	307.54	523.00	2.40%
VANGUARD INTL EQUITY INDEX FDS FTSE ALL WORLD EX US INDEX FD ETF	3,500	167,055.00 47.73	166,381.50 47.54	673.50	3,566.00	2.13%
VANGUARD INDEX FDS VANGUARD MID-CAP ETF	350	26,061.00 74.46	23,169.24 66.20	2,891.76	310.00	1.19%
VANGUARD INDEX FDS VANGUARD SMALL-CAP ETF	865	62,824.95 72.63	54,010.30 62.44	8,814.65	731.00	1.16%



PORTFOLIO INVESTMENTS

ASSET DESCRIPTION	SHARES/ FACE VALUE	MARKET VALUE/ PRICE	TOTAL COST/ AVG UNIT COST	UNREALIZED GAIN/LOSS	EST. INCOME/ ACCRUED INCOME	CUR. YIELD
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TOTAL EQUITY EXCHANGE TRADED FUNDS

		\$ 277,773.45	\$ 265,086.00	\$ 12,687.45	\$ 5,130.00	1.85%
					\$ 0.00	

TOTAL EQUITIES

		\$ 1,890,797.65	\$ 1,754,242.23	\$ 136,555.42	\$ 33,390.00	1.77%
					\$ 5,237.95	

TOTAL MARKET VALUE

		\$ 2,570,419.29	\$ 2,403,728.47	\$ 166,690.82	\$ 61,919.00	2.41%
					\$ 10,469.28	

TOTAL MARKET VALUE PLUS ACCRUED INCOME

		\$ 2,580,888.57				
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RECEIPTS

DATE	INCOME CASH	PRINCIPAL CASH
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INTEREST INCOME

EMERSON ELEC CO NT  
5.00% DTD 12/11/2002 DUE 12/15/2014  
CALLABLE

INT TO 12/15/10 ON 20,000

12/15/10

500.00

# HAYSWOOD FOUNDATION, INC.

One West McDonald Parkway, Suite 3A, Maysville, KY, 41056

Phone: (606) 563-9333

Fax: (606) 563-9444

Email: hfound@maysvilleky.net

Website: hayswood.org

## **2010 GRANT APPLICATION INSTRUCTIONS**

Hayswood Foundation, Inc., as a charitable organization, is limited, by the Internal Revenue Service, in the types of grants that can be made, and in the types of recipients who qualify to receive funds. In general, grants may be made to non-profit organizations in a seven county area that includes Bracken, Fleming, Lewis, Mason and Robertson Counties in Kentucky, and Adams and Brown Counties in Ohio. The purpose of the grant must be to promote education, or mental or physical health. **Only those organizations recognized by the Internal Revenue Service as able to receive tax-deductible contributions from individuals are eligible for consideration. Preference is given to organizations qualifying under Section 501(c)(3).** Schools must be accredited, and must provide written evidence that accreditation is current.

Grants will not be made for programs or purposes involving political indoctrination or action, or which predominately involve social or religious indoctrination or action. Grants are not made to or for the benefit of individuals, but only to recognized tax-exempt organizations. No portion of any grant may directly benefit any officer, director, or member of any recipient, except in a manner that would indiscriminately benefit other members of the class to be served. Grants will not be made for the purpose of funding endowment funds.

It is possible that a grant will be awarded on a conditional basis. These grants would require an organization to raise money from other sources to match funds received from the Foundation. Not all money received from other sources will qualify for the match (Detailed requirements are available upon request.). Grants for major capital purposes will be awarded on a \$1-for-\$2 conditional basis, only, and will be paid over a number of years, with the length of time dependent upon the amount, and other specific conditions of the request. Applicants may use a single application form to apply for multiple projects. However, if one of the projects is a major capital project, a separate application form should be used for that project.

Recipients of major capital grants of \$100,000 or more will be required to conduct special reviews of the use of granted funds at least every two years, with a final review conducted within 90 days of the date of the final distribution. The grant reviews must be performed by an independent, licensed public accountant, and copies provided to the Foundation.

**Completed applications must be received in the office of Hayswood Foundation, Inc. no later than 5:00 p. m. on Monday, August 2, 2010. Applications will not be accepted after the deadline has passed.** A completed application consists of the attached application form, plus all supporting documentation requested under the form's Item 18. For ease of completion, applicants may create their own application form, provided the item numbers and text listed on our original application are recreated in their entirety. Applications should be submitted in loose-leaf form, not bound or stapled (**DO NOT USE STAPLES**), with information printed on one side of each sheet, only. Print must be in black or other dark ink. Applications must be signed by an officer or the Executive Director of the applying organization.

By submitting an application, the applicant acknowledges that Hayswood Foundation, Inc. may rely on the information being accurate and current as of the date stated. Any material misstatement will result in rejection, and any grant funds theretofore paid, based on reliance on that misstatement, will be immediately refunded upon our notice to the applicant.

Distributions of awards to selected applicants should not be expected earlier than November 1, 2010. Once grant money is awarded to an organization, that money must be used for the purpose stated in the application, or a different purpose if prior approval is received from the Foundation. Money not used as stated or approved must be returned. Successful grantees will be required to account for all grant monies spent and/or restricted. Any funds received from other organizations for the same purpose must also be disclosed. No new grants will be made to any organization, or any successor organization, for a period of four years thereafter until such accounting and disclosure is provided.

Questions about the application process should be directed to the phone number, or email address, above. Also, check our website, hayswood.org, for more detailed information about our grant selection process.

## 2010 HAYSWOOD FOUNDATION, INC. GRANT APPLICATION

Additional sheets may be attached if more space is needed for a response. Reference the item number(s) on all attachments. You may also create your own application form, provided the item numbers and sequence, and the text listed on this original application are recreated in their entirety.

(1) Legal name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

(2) Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(3) Names and addresses of officers and executive director:

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(4) Names and addresses of directors:

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(5) Compensation of officers, directors, and all employees:

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(6) Charitable purpose of organization:

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(7) How long has organization been in existence? \_\_\_\_\_

(8) Describe geographic area and number of individuals served by organization?

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(9) Grant amount requested: \$ \_\_\_\_\_

(10) Will/has organization applied for this same grant to any other organizations or foundations? \_\_\_\_Y\_\_\_\_N

(11) If you answered YES to question #10, please list all organizations or foundations to which you will or have applied:

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(12) Purpose(s) for which this grant is requested:

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(13) How will this grant benefit your service population?

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(14) Will your project still be feasible if we grant only a portion of the funds requested in this application? Will you be able to raise matching funds if our Foundation provides you with a challenge grant?

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(15) Describe your fundraising activities over the previous eighteen (18) month period, and include the net amount raised for each activity:

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(16) Describe your planned fundraising activities for the upcoming twelve (12) month period:

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# Zachary Ruble Memorial Scholarship

## 2010 Application Form and Instructions

**Hayswood Foundation, Inc., Administrator**  
**1 West McDonald Parkway, Suite 3A, Maysville, KY 41056**

The Zachary Ruble Memorial Scholarship program was established by Jay and Paula Ruble in memory of their son, who passed away unexpectedly in April of 2009. An honor student at the University of Utah, Zachary had an intense passion for protecting the environment, and practiced conservation and recycling. During most of his senior year in high school, he rode his bicycle to school in an attempt to encourage others to conserve. He was an Eagle Scout and an avid outdoorsman, and enjoyed rock climbing, backpacking, snow skiing, and water sports. A 2008 honor graduate of Mason County High School, Zachary maintained a 4.0 grade point average while playing for the school's soccer and tennis teams, and participating in community service projects.

This scholarship program was created to reward students like Zachary, who have demonstrated academic excellence while maintaining involvement in community projects, athletics, and extracurricular activities.

The attached application form is to be submitted when applying for the Zachary Ruble Memorial Scholarship. Answer all questions as completely as possible. If you have questions, contact the Foundation office immediately by calling 563-9333, or by sending an email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net).

**ELIGIBILITY:** You must be under the age of 25 at the time of initial application. You must not have already completed or attended four years of college. Scholarships are not awarded for post-graduate studies. Members of the families of the directors or staff of Hayswood Foundation, or of the original donors of the scholarship program, are ineligible. To receive the scholarship initially, you must be a member of the current graduating class at Mason County High School. After initial receipt, the scholarship may be renewed for up to three additional years. Applicants must be planning to attend an accredited U. S. college or university, as a full-time student. No more than two siblings may receive a scholarship from this program ("Siblings" includes blood related, adopted, and step children within a given family unit.)

Recipients will be selected by the Scholarship Committee of the Foundation, without assistance from the Ruble family. The selection process is based on academics, extra-curricular activities, and community involvement. To be considered, applicants must have a weighted cumulative grade point average of 3.5 or higher, and an ACT score of 25 or higher (or SAT score of 1150 or higher). Recipients in college must maintain a cumulative grade point average of 3.0 or higher to retain their scholarships.

**SUBMISSION DEADLINE:** Completed applications must be in the Foundation office (at the address, above) no later than **5:00 P.M. Friday, April 23, 2010**. "Completed" applications consist of the attached 3-page application form plus all materials required to be submitted in addition to the application form.

**ATTACHMENTS:** Pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete.

**AWARDS:** Scholarships are awarded for one-year periods. Past recipients must provide updated information, as required by the Foundation, in order to continue receipt. Scholarships are paid directly to the financial aid office of the recipient's school in equal payments prior to each semester or quarter. Withdrawing from school for any reason, other than serious illness, injury, or other reason acceptable to the Foundation, will result in loss of funding. No scholarship will be paid after a student completes what would be considered his or her senior year of study.

**CONFIDENTIALITY:** While the information provided on or with this application form will be treated as confidential, it will be made available to the Scholarship Committee, Board of Directors, and staff of Hayswood Foundation, Inc. for evaluation and selection purposes. To ensure privacy prior to receipt by the Foundation, it is recommended that application materials be placed in a sealed envelope for delivery.

# Zachary Ruble Memorial Scholarship

## GENERAL INSTRUCTIONS

- All responses to questions on this form must be clearly typed or printed in ink. If you have questions, contact our office by calling 563-9333, or by email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net).
- Write only on the front of the application sheets, and on the front of any attachments to the application. Information placed on the back of sheets may be missed when copying. When additional sheets must be attached to answer any question, indicate in the answer space that separate sheets are attached, and indicate on those sheets the section of the application that is being supplemented.
- The applicant's name must appear on all supplemental information attached to or accompanying the application.

## VERY IMPORTANT: INFORMATION TO BE INCLUDED WITH, OR PROVIDED FOR THIS APPLICATION

1. Include a copy of your official transcript for all high school academic credits.
2. Include a copy of your most recent ACT and/or SAT scores
3. Attach a BRIEF statement about your ambitions, and tell us what receiving a scholarship would mean to you
4. Attach a recent black & white or color photograph. Photos of first-time recipients will be used in a news release
5. Provide three letters of recommendation. Two must be written by current or past teachers who have taught you in a classroom environment. The third letter must come from a non-teacher source. Each letter is to be mailed or delivered directly to the Foundation office by the author, and must be received by the application deadline. Letters written by relatives of the applicant, or any employee or director of Hayswood Foundation, will not be accepted. Letters must be dated, and may not be dated prior to January 1, 2010. Provide the attached handouts to the authors of your letters so that they will be aware of these requirements.

## PERSONAL INFORMATION OF APPLICANT

Name \_\_\_\_\_ Last 4 Digits of Social Security No : \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number.. \_\_\_\_\_ Additional number where you can be reached: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Rank in graduating class: \_\_\_\_\_ of \_\_\_\_\_ total graduates Cumulative grade point average: \_\_\_\_\_

Name(s) of parent(s)/guardian(s) \_\_\_\_\_

Do you have a brother or sister (including step brothers and sisters, and adopted siblings) who has received a Zachary Ruble Memorial Scholarship? If yes, please list his or her name (No more than two siblings may receive a scholarship.).

\_\_\_\_\_

College you plan to attend, or are attending, and its location: \_\_\_\_\_

Intended course of study \_\_\_\_\_

Applicant's Name \_\_\_\_\_

### EXTRA-CURRICULAR ACTIVITIES

Tell us about your involvement in extra-curricular activities at school, in your community, for your family, and/or for your church. Attach a separate sheet, if needed, and indicate below that there is an attachment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Applicant's Name: \_\_\_\_\_

## CLASSROOM ACHIEVEMENTS

Are there any specific achievements, as a student, about which you would like to inform us? Attach a separate sheet, if needed, and indicate below that there is an attachment.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## SPORTS & OUTDOOR ACTIVITIES

Tell us about your past and current involvement in sports and outdoor activities, either through school sponsored programs, or outside of school. Attach a separate sheet, if needed, and indicate below that there is an attachment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Applicant's Name: \_\_\_\_\_

**CERTIFICATION BY APPLICANT**

As an applicant for a Hayswood Foundation, Inc. scholarship program, I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that my submission of this application in no way guarantees that funds will be awarded, or the amount of the award should I be selected. If selected, I understand that:

- (1) I may attend the college or university of my choice, provided I am pursuing an Associate or higher degree, and the institution is accredited and located within the United States;
- (2) All scholarship funds awarded will be paid directly to my school's Financial Aid Office, to be applied toward my expenses under the school's normal procedures for the administration of scholarships;
- (3) I must submit a copy of my grades to the Foundation at the completion of each semester, as well as evidence of my enrollment for the subsequent semester,
- (4) The Foundation reserves the right to cancel any scholarship for failure of a recipient to meet academic requirements, or because of a recipient's unlawful conduct; and
- (5) Selection as a recipient for the upcoming school year does not guarantee funding for any subsequent year

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION BY PARENTS/GUARDIANS**

(If parents are divorced, the signature of the parent with custody is sufficient)

To the best of my/our knowledge, the information reported in this application is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## LETTERS OF RECOMMENDATION

It is crucial that the authors of your letter's of recommendation understand our requirements. If a letter is not in our office by the application deadline, the application is incomplete and ineligible for consideration. To help this process operate as smoothly as possible, write your name on each of these three instruction forms, separate the forms, and provide one to each individual you select to write a letter. You are ultimately responsible for ensuring that the letters are submitted, so remember to follow up with each author to see if the letter has been completed and delivered. You may also contact the Foundation office to inquire.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 Zachary Ruble Memorial Scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 Zachary Ruble Memorial Scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 Zachary Ruble Memorial Scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

## **Have you remembered to do the following?**

- ☐ **Review all information on the application for accuracy.**
- ☐ **Place your name at the tops of pages 2 through 4 of the application, and on each piece of supplemental information accompanying the application form.**
- ☐ **Provide a written statement of your goals, and what receiving this scholarship would mean to you.**
- ☐ **Include additional pages used to submit information from Pages 2 and 3 of the application form.**
- ☐ **Provide a recent black & white or color photo.**
- ☐ **Provide a copy of your high school transcript.**
- ☐ **Provide a copy of your most recent ACT or SAT score.**
- ☐ **Select three qualified individuals to submit letters of recommendations.**
- ☐ **Sign the application on Page 4.**
- ☐ **Have your parent(s) or guardian(s) sign on Page 4** (If your parents are divorced, only the signature of the parent with custody is required.).
- ☐ **Arrange for the delivery of your application to our office, along with all required information, before this year's deadline of 5:00 p.m. on Friday, April 23, 2010.**

# PAT MOORE SCHOLARSHIP PROGRAM

## 2010 Application Form and Instructions

Hayswood Foundation, Inc., Administrator  
1 West McDonald Parkway, Suite 3A  
Maysville, KY 41056

The Pat Moore Scholarship was established by Hayswood Foundation in memory of a man who devoted much of his life to the young people who loved sports as much as he did. Charles Patrick Moore was a 1988 graduate of Maysville High School, and was elected to the 10th Region Hall of Fame for his skills as a basketball player. At the time of his death in May, 2002, Pat was only thirty-two years of age. He was an employee of the Maysville Housing Authority where he was the Resident Initiative Coordinator, and Chairman of the local Salvation Army chapter. Pat was an assistant coach for the Mason County High School Varsity basketball team, and head coach of the freshman basketball team. In past years, Pat had coaching experience at St. Patrick's and Fleming County High Schools, and was well-known in the Maysville community for his work with the "Dirt Bowl" basketball competitions. At the time of his death, Pat was also on the Board of Directors of Hayswood Foundation.

The attached application form is to be submitted only when applying for the Pat Moore Scholarship (Separate forms are used when applying for other Hayswood Foundation scholarships.). Answer all questions as completely as possible, and pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete. If you have questions, contact the Foundation office immediately by calling (606) 563-9333, or by email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net)

**SUBMISSION DEADLINE:** Completed applications ("Completed" applications consist of the attached 5-page application form plus all materials required to be submitted in addition to the application form.) must be in the Foundation office (at the address, above) no later than **5:00 P.M. Friday, April 23, 2010.**

**ATTACHMENTS:** Pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete. Included is proof of submission of the Free Application for Federal Student Assistance (FAFSA). Start that submission process now, if you have not already done so. Make or print a copy of your FAFSA application to submit with this scholarship application.

**AWARDS:** Scholarships are awarded for one-year periods. Past recipients must reapply for future consideration. Scholarships are paid directly to the financial aid office of the recipient's school in equal payments prior to each semester or quarter. Withdrawing from school for any reason, other than serious illness, injury, or other reason acceptable to the Foundation, will result in loss of funding. No scholarship will be paid after a student completes what would be considered the senior year of study.

**CONFIDENTIALITY:** While the information provided on or with this application form will be treated as confidential, it will be made available to the Scholarship Committee, Board of Directors, and staff of Hayswood Foundation, Inc. for evaluation and selection purposes. To ensure privacy prior to receipt by the Foundation, it is recommended that application materials be placed in a sealed envelope.

## General Eligibility Requirements

The Pat Moore Scholarship is available to graduating seniors at Mason County High School, Fleming County High, or St. Patrick High School, or past graduates of one of those schools. Applicants must have participated, for at least one season, as an athlete on a team at one of these schools. Participation in cheerleading, or in intramural sports, does not qualify. Applicants must be under the age of twenty-five at the time of initial application. Applicants may attend any accredited college or university in the United States, provided they are enrolled as a full-time student for undergraduate studies.

The selection process is based on financial need, academics, and extra-curricular activities. To be considered, a 2.50 cumulative grade point average or better is required.

# PAT MOORE SCHOLARSHIP APPLICATION

## GENERAL INSTRUCTIONS

- All responses to questions on this form must be clearly typed or printed in ink. If you have questions, contact our office by calling 563-9333, or by email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net).
- Write only on the front of the application sheets, and on the front of any attachments to the application. Information placed on the back of sheets may be missed when copying. When additional sheets must be attached to answer any question, indicate in the answer space that separate sheets are attached, and indicate on those sheets the section of the application that is being supplemented.
- The applicant's name must appear on all supplemental information attached to or accompanying the application

### VERY IMPORTANT: INFORMATION TO BE ATTACHED TO, OR PROVIDED FOR THIS APPLICATION

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not resubmit any item in this section which is marked with an asterisk (\*).**

- \*1 If you are currently a high school student, attach a copy of your official transcript for all high school academic credits.
2. Attach a copy of your official transcript for any college courses completed
- \*3. Attach a copy of your most recent ACT and/or SAT scores
4. Attach a BRIEF (1 page or less) statement about your ambitions (college & career plans), what receiving a scholarship would mean/has meant to you, and why you believe you are deserving.
- \*5 Attach a recent black & white or color photograph Photos of first-time recipients will be publicized in a news release. We make every effort to return photos.
- \*6. Provide three letters of recommendation. One must be written by your high school coach or athletic director, or by your college coach or athletic director if you are participating in sports at that level. One must be written by a current or past teacher who is not a member of the athletic department, and who taught you in a classroom environment The third must come from a non-school source Each letter is to be mailed or delivered directly to the Foundation office by the author, and must be received at the Foundation office by the application deadline. Letters written by relatives of the applicant, or any employee or director of Hayswood Foundation will not be accepted. Letters must be dated, and may not be dated prior to January 1, 2010. Provide the attached handouts to the authors of your letters so that they will be aware of these requirements.
7. Attach a copy of your 2010 Free Application for Federal Student Aid (FAFSA), along with a copy of the Student Aid Report (SAR) that you received in response to your FAFSA. If you have not yet received your SAR, attach a copy of your FAFSA, then submit a copy of your SAR as soon as it arrives (SAR's submitted after the application deadline will be accepted.)
8. Attach a copy of any Forms W-2 that you received for employment in 2009, along with a signed copy of pages 1 & 2 of your 2009 federal income tax return, if you were required to file.
9. Attach copies of your parents' Forms W-2 for 2009, along with signed copies of pages 1 & 2 of their 2009 federal income tax returns If your parents are separated or divorced, we will need this tax information from **BOTH** parents. If unable to provide the second parent's information, the parent with custody must submit a signed statement that the information is unavailable, and give the reason.

### PERSONAL INFORMATION OF APPLICANT

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not answer any item in this section which is marked with an asterisk (\*).**

Name: \_\_\_\_\_ Last 4 Digits of Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone Number. \_\_\_\_\_ Phone number where you can be reached at college. \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status ( ) single ( ) married Number of dependents: \_\_\_\_\_

\*High school attended: \_\_\_\_\_ \*Rank in graduating class: \_\_\_\_\_ of \_\_\_\_\_ total graduates

Current enrollment status: ( ) high school student ( ) college student, and in \_\_\_\_\_ year ( ) not currently enrolled

Current cumulative grade point average, or cumulative GPA at the end of last semester attended \_\_\_\_\_

Name(s) of parent(s)/guardian(s): \_\_\_\_\_

Address of parent(s)/guardian(s): \_\_\_\_\_

Do you have a brother or sister (including step brothers and sisters, and adopted siblings) who has received a Pat Moore scholarship? If yes, write the name(s) below.

Applicant's Name. \_\_\_\_\_

**PERSONAL INFORMATION OF APPLICANT, CONTINUED**

List extra-curricular activities for school, community, your family, and church. This section is important, so be specific and complete in your descriptions. Attach a separate sheet, if needed, and indicate below that there is an attachment.

[illegible]

List sports played during high school (other than intramural) and mark the years of participation

	Freshman	Sophomore	Junior	Senior
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College you plan to attend, or are attending, and its location: \_\_\_\_\_

Intended/current course of study: \_\_\_\_\_

### APPLICANT'S FINANCIAL NEED

Itemize, below, your expenses for attending college during the full upcoming school year. Include costs of tuition, housing, meal plans, books, and fees related to enrollment or classes (If you are uncertain of the exact amounts, estimates of expenses can be obtained by contacting your college's financial aid office.). **Do not list expenses for transportation or for personal items, as they will not be considered when awarding scholarships.**

[illegible]

**Total Expenses**      \$ \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### APPLICANT'S FINANCIAL ASSISTANCE

List other grants or scholarships for which you have applied (even if you have not been notified of receipt), and which have been awarded to you for the upcoming school year (indicate the amount you will receive for the **FULL** school year) **DO NOT LIST STUDENT LOANS**. Seeking other sources of assistance will not lessen your chance of being selected. Should any of this information change, contact the Foundation office immediately If selected, you will be required to submit a copy of the financial assistance award letter that you receive from your college.

SOURCE OF ASSISTANCE	INDICATE IF AWARDED OR APPLIED FOR	AMOUNT AWARDED (IF APPLICABLE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total of Other Assistance \$ \_\_\_\_\_

If you received more financial aid in past years than was needed for your expenses, and surplus funds are available in your college account for future use, show the amount of that surplus here  
Do not include funds from student loans, or personal or family contributions. \$ \_\_\_\_\_

Total of All Other Funds Available

### APPLICANT'S ASSETS

Indicate, below, your assets including checking and savings accounts, certificates of deposit, savings bonds, stocks, other bonds, trust funds, real estate, and vehicles

NATURE OF ASSET	VALUE	HOW OBTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As an applicant for the Pat Moore Scholarship, I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that my submission of this application in no way guarantees that funds will be awarded. If selected, I understand that (1) I may attend the college of my choice, provided the institution is accredited, (2) all scholarship funds awarded will be paid directly to my college's Financial Aid Office, to be applied toward my expenses under the college's normal procedures for the administration of scholarships (The Foundation reserves the right to reclaim any funds which remain unused at the end of the school year, or consider the amount of those unused funds in determining the amount of future awards.), (3) I must submit a copy of my grades to the Foundation at the completion of each semester, as well as evidence of my enrollment for the subsequent semester, (4) I must disclose to the Foundation any additional financial assistance received following the submission of this application, (5) the Foundation reserves the right to cancel any scholarship for failure of a recipient to meet academic requirements, or because of a recipient's unlawful conduct, and (6) selection as a recipient for the upcoming school year does not guarantee funding for any subsequent year.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

**PERSONAL INFORMATION OF PARENT(S)/GUARDIAN(S)**

With whom do you reside?   ☐ both parents   ☐ father   ☐ mother   ☐ step father   ☐ step mother   ☐ other

Please check one of the boxes to the right if parents are divorced ☐      or separated ☐.

Are both parents living?   ☐ yes      ☐ no

Father's name. \_\_\_\_\_

Father's age: \_\_\_\_\_

Father's address (if same as applicant's, write "same"): \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Position held \_\_\_\_\_

Mother's name. \_\_\_\_\_

Mother's age. \_\_\_\_\_

Mother's address (if same as applicant's, write "same"): \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Position held: \_\_\_\_\_

List dependents (other than the applicant ) for federal income tax purposes in 2009 (If parents are divorced, list dependents for both )

Name	Relationship to applicant	Age	If living w/family, check here	Name of school, if attending	Grade level

Applicant's Name: \_\_\_\_\_

**FINANCIAL INFORMATION OF PARENTS/GUARDIANS**

**Annual Income and Deductible Expenses**

**Actual 2009 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2010**

Adjusted gross income \_\_\_\_\_

Adjusted gross income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

**Assets and Liabilities at the Time of This Application**

1. Market value of home, if owned: \$ \_\_\_\_\_

5. Other investments (stocks,  
bonds, etc.): \_\_\_\_\_

2. Market value of other real estate: \_\_\_\_\_

6. Total of lines 1 through 5 \_\_\_\_\_

3. Dollar value of share of business  
or farm \_\_\_\_\_

7. Total indebtedness \_\_\_\_\_

4. Total bank deposit accounts: \_\_\_\_\_

8. Net assets (Line 6 minus  
Line 7) \$ \_\_\_\_\_

**FINANCIAL INFORMATION OF NON-CUSTODY PARENT (IF PARENTS ARE DIVORCED)**

(If unavailable, parent with custody must provide a written statement to that effect, and explain why.)

**Annual Income and Deductible Expenses**

**Actual 2009 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2010**

Adjusted gross income \_\_\_\_\_

Adjusted gross income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

**Assets and Liabilities at the Time of This Application**

1. Market value of home, if owned: \$ \_\_\_\_\_

5. Other investments (stocks,  
bonds, etc.): \_\_\_\_\_

2. Market value of other real estate: \_\_\_\_\_

6. Total of lines 1 through 5 \_\_\_\_\_

3. Dollar value of share of business  
or farm \_\_\_\_\_

7. Total indebtedness: \_\_\_\_\_

4. Total bank deposit accounts: \_\_\_\_\_

8. Net assets (Line 6 minus  
Line 7): \$ \_\_\_\_\_

Applicant's Name \_\_\_\_\_

### ADDITIONAL INFORMATION

Other than parental assistance, and assets of the applicant listed on page 3 of this application, list any additional sources of support that are available to the applicant for use toward the cost of education

Explain any circumstances that create a financial hardship which would not be apparent from the information reported elsewhere on this application (Attach a separate sheet if necessary )

### CERTIFICATION BY PARENTS/GUARDIANS

**(If parents are divorced, the signature of the parent with custody is sufficient)**

I/We have reviewed this application for omissions and errors. To the best of my/our knowledge, the information reported is complete and accurate. I/We agree to inform Hayswood Foundation, Inc. of any major changes in our financial status as reported

Signature

Date \_\_\_\_\_

**Signature**

Date \_\_\_\_\_

**FOR FIRST-TIME APPLICANTS, AND THOSE WHO HAVE NOT PREVIOUSLY  
RECEIVED FUNDS FROM THE PAT MOORE SCHOLARSHIP PROGRAM**

It is crucial that the authors of your letter's of recommendation understand our requirements for the proper and timely submission of their letters. If a letter is not in our office by the application deadline, the application is incomplete and ineligible for consideration. To help this process operate as smoothly as possible, write your name on each of these three instruction forms, separate the forms, and provide one to each individual you select to write a letter. Remember that you are ultimately responsible for ensuring that the letters are submitted, so remember to follow up with each author to see if their letter has been completed and delivered.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Pat Moore Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher, current/past coach or school athletic director, or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, deliver or mail it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the disqualification of the student's application. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and it is necessary to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have any questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Pat Moore Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher, current/past coach or school athletic director, or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, deliver or mail it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the disqualification of the student's application. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and it is necessary to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have any questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Pat Moore Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher, current/past coach or school athletic director, or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, deliver or mail it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the disqualification of the student's application. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and it is necessary to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have any questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort.

## Have you remembered to do the following?

- ☐ **Review all information on the application for accuracy.**
- ☐ **Place your name at the tops of pages 2 - 6 of the application, and on each piece of supplemental information accompanying the application form.**
- ☐ **Provide a written statement of your goals, what receiving this scholarship would mean/has meant to you, and why you are deserving of consideration.**
- ☐ **Provide a recent black & white or color photo** (Applies only to first-time applicants, and those who are re-applying but have never received a scholarship.)
- ☐ **Provide a copy of your high school transcript** (Applies only to applicants currently in high school )
- ☐ **Provide a copy of your most recent ACT or SAT score** (Does not apply to current recipients applying to continue receipt of scholarship.)
- ☐ **Provide copies of all college transcripts, if applicable.**
- ☐ **Provide copies of your 2009 Forms W-2, if applicable.**
- ☐ **Provide copies of pages 1 and 2 of your 2009 federal income tax form, if applicable.**
- ☐ **Provide copies of your parents' 2009 Forms W-2** (If your parents are divorced, we need W-2's from both, or a signed statement from the parent with custody that the information is unavailable, and why.).
- ☐ **Provide copies of pages 1 and 2 of your parents' 2009 federal income tax return** (If your parents are divorced, we need W-2's from both, or a signed statement from the parent with custody that the information is unavailable, and why.).
- ☐ **Provide copies of your 2010 Free Application for Federal Student Aid and the Student Aid Report that you received in response** (SAR's not yet received are to be submitted upon receipt ).
- ☐ **Select three qualified individuals to submit letters of recommendations.**  
(Does not apply to current recipients applying to renew their scholarships.)
- ☐ **If your parents are divorced, and you are not providing a W-2, income tax return, and/or financial information requested on Page 6 for the non-custody parent, provide a signed statement from the parent with custody that the information is unavailable, and why** (Only one signed statement is required to cover any and all omissions.).
- ☐ **Sign the application at the bottom of page 3.**
- ☐ **Have your parent(s) or guardian(s) sign at the bottom of page 5** (If your parents are divorced, only the signature of the parent with custody is required )
- ☐ **Arrange for the delivery of your application to our office, along with all required information, before this year's deadline of 5:00 p.m. on Friday, April 23.**

# HEDGES-BARNETT SCHOLARSHIP

## 2010 Application Form and Instructions

Hayswood Foundation, Inc., Administrator  
1 West McDonald Parkway, Suite 3A  
Maysville, KY 41056

The attached application form is to be submitted when applying for the Hedges-Barnett Scholarship. Answer all questions as completely as possible, and pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete. If you have questions, contact the Bracken County High School Guidance Counselor's office, or the office of Hayswood Foundation by calling (606) 563-9333, or by email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net).

**ELIGIBILITY:** The Hedges-Barnett Scholarship is available to current and past members of the graduating class of Bracken County High School. First-time recipients will be selected from the current high school graduating class, only. Current recipients may reapply, but their merit will be evaluated against all other applications received. Applicants must be planning to attend an accredited post-secondary institution in the state of Kentucky, as a full-time student. The selection process is based on financial need, academics, and extra-curricular activities. Students who have already completed or attended four years of college are not eligible. Members of the families of the directors or staff of Hayswood Foundation, Inc., or of the family of the scholarship's donor, are not eligible.

**SUBMISSION DEADLINE:** Completed applications ("Completed" applications consist of the attached 5-page application form plus all materials required to be submitted in addition to the application form.) must be received in the Bracken County High School Guidance Counselor's office, or the office of Hayswood Foundation (address, above) no later than **3:00 P.M. Thursday, April 22, 2010.**

**ATTACHMENTS:** Pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete. Included is proof of submission of the Free Application for Federal Student Assistance (FAFSA). Start that submission process now, if you have not already done so. Make or print a copy of your FAFSA application to submit with this scholarship application.

**AWARDS:** Scholarships are awarded for one-year periods. The amount of the scholarship is subject to change from year to year. Past recipients must reapply for future consideration. Scholarships are paid directly to the financial aid office of the recipient's school in equal payments prior to each semester or quarter. Withdrawing from school for any reason, other than serious illness, injury, or other reason acceptable to the Foundation, will result in loss of funding. No scholarship will be paid after a student completes what would be considered the senior year of study.

**CONFIDENTIALITY:** While the information provided on or with this application form will be treated as confidential, it will be made available to the Bracken County High School Scholarship Selection Committee for evaluation and selection purposes, and to the Board of Directors and staff of Hayswood Foundation, Inc. for final approval. To ensure privacy during delivery, it is recommended that application materials be placed in a sealed envelope.

# HEDGES-BARNETT SCHOLARSHIP

APPLICATION DEADLINE 3:00 P.M THURSDAY, APRIL 22, 2010

## GENERAL INSTRUCTIONS

- Carefully review each section of this application and respond as requested. All responses to the questions on this form must be clearly typed or printed in ink. If you have a question, contact the Bracken County High School Guidance Office (735-3153) or the office of Hayswood Foundation (606-563-9333, or hfound@maysvilleky.net).
- Write only on the front of the application sheets, and on the front of any attachments to the application. Information placed on the back of sheets may be missed when copying. When additional sheets must be attached to answer any question, indicate in the answer space that separate sheets are attached, and indicate on those sheets the section of the application that is being supplemented.
- The applicant's name must appear on all supplemental information attached to or accompanying the application.
- Documents and letters required as supplements to this application are considered parts of a "completed" application, and are subject to the deadline stated above.

## VERY IMPORTANT: INFORMATION TO BE ATTACHED TO, OR PROVIDED FOR THIS APPLICATION

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not resubmit any item in this section which is marked with an asterisk (\*).**

- \*1. Attach a copy of your official transcript for all high school academic credits.
2. Attach a copy of your official transcript for any college or approved post-secondary courses completed.
- \*3. Attach a copy of your most recent ACT and/or SAT scores.
4. Attach a **BRIEF** statement about your ambitions (college & career plans), and about what receiving a scholarship would mean/has meant to you.
- \*5. Attach a recent black & white or color photograph. Photos of first-time recipients may be publicized in a news release. We will make every reasonable effort to return photos.
- \*6. Provide three letters of recommendation. Two must be written by current or past teachers/instructors who have taught you in a classroom environment. The third must come from someone outside of school. Each letter is to be mailed or delivered directly to the BCHS guidance office by the author. Letters not received at the BCHS guidance office by the application deadline of 3:00 p.m. Thursday, April 22, 2010 will not be accepted. Letters written by relatives of the applicant, or any employee or director of Hayswood Foundation, Inc. will not be accepted. Provide the attached handouts to the authors of your letters so that they will be aware of these requirements.
7. Attach a copy of your 2010 Free Application for Federal Student Aid (FAFSA), along with a copy of the Student Aid Report (SAR) that you received in response to your FAFSA (If you have not yet received your SAR, submit this application with the attached FAFSA copy, then submit the SAR copy as soon as it arrives. SAR's submitted after the application deadline will be accepted).
8. Attach a copy of any Forms W-2 that you received for employment in 2009, along with a signed copy of your 2009 federal income tax return, if you were required to file.
9. Attach copies of your parents' Forms W-2 for 2009, along with signed copies of their federal income tax returns filed for 2009.

## PERSONAL INFORMATION OF APPLICANT

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not answer any item in this section which is marked with an asterisk (\*).**

Name: \_\_\_\_\_ Last 4 Digits of Social Security No \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number.: \_\_\_\_\_ Phone number where you can be reached at college: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status. ( ) single ( ) married Number of dependents. \_\_\_\_\_

\*Rank in graduating class \_\_\_\_\_ of \_\_\_\_\_ total graduates

Current enrollment status: ( ) high school student ( ) college student, and in \_\_\_\_\_ year ( ) not currently enrolled

Current cumulative grade point average, or cumulative GPA at the end of last semester attended \_\_\_\_\_

Name(s) of parent(s)/guardian(s) \_\_\_\_\_

Address of parent(s)/guardian(s): \_\_\_\_\_

Do you have a brother or sister (including step brothers and sisters, and adopted siblings) who has received a Hedges-Barnett scholarship? If yes, write the name(s) below \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**PERSONAL INFORMATION OF APPLICANT, CONTINUED**

Extra-curricular activities for school, community, your family, and/or church (This section is important, so be specific and complete in your descriptions. Attach a separate sheet, if needed, and indicate below that there is an attachment ):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

College you plan to attend, or are attending, and its location: \_\_\_\_\_

Intended/current course of study: \_\_\_\_\_

### APPLICANT'S FINANCIAL NEED

Itemize, below, your expenses for attending college during the full upcoming school year. Include costs of tuition, housing, meal plans, books, and fees related to enrollment or classes (If you are uncertain of the exact amounts, estimates of expenses can be obtained by contacting your college's financial aid office.). **Do not list expenses for transportation or for personal items, as they are not considered when awarding scholarships.**

NATURE OF EXPENSE	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

DOLLAR AMOUNT

[illegible]

Total Expenses \$

## APPLICANT'S FINANCIAL ASSISTANCE

**SOURCE OF ASSISTANCE**

**AMOUNT AWARDED  
(IF APPLICABLE)**

[illegible]

**Total of Other Assistance**      \$ \_\_\_\_\_

If you received more financial aid in past years than was needed for your expenses, and surplus funds are available in your college account for future use, show the amount of that surplus here. Do not include funds from student loans, or personal or family contributions \$

Total of All Other Funds Available \$ \_\_\_\_\_

Indicate, below, your assets including checking and savings accounts, certificates of deposit, savings bonds, stocks, other bonds, trust funds, real estate, and vehicles.

## NATURE OF ASSET

**VALUE**

**HOW OBTAINED**

[illegible]

As an applicant for the Hayswood Foundation, Inc. scholarship programs, I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that my submission of this application in no way guarantees that funds will be awarded, or the amount of the award should I be selected. If selected, I understand that (1) I may attend the college of my choice, provided the institution is accredited, (2) all scholarship funds awarded will be paid directly to my college's Financial Aid Office, to be applied toward my expenses under the college's normal procedures for the administration of scholarships (The Foundation reserves the right to reclaim any funds which remain unused at the end of the school year, or consider the amount of those unused funds in determining the amount of future awards), (3) I must submit a copy of my grades to the Foundation at the completion of each semester, as well as evidence of my enrollment for the subsequent semester, (4) I must disclose to the Foundation any additional financial assistance received following the submission of this application (The Foundation reserves the right to reduce the amount of any scholarship awarded should the recipient receive additional funds from other sources), (5) the Foundation reserves the right to cancel any scholarship for failure of a recipient to meet academic requirements, or because of a recipient's unlawful conduct, and (6) selection as a recipient for the upcoming school year does not guarantee funding for any subsequent year.

**Signature of Applicant**

Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**PERSONAL INFORMATION OF PARENT(S)/GUARDIAN(S)**

With whom does applicant reside?   ☐ both parents   ☐ father   ☐ mother   ☐ step father   ☐ step mother   ☐ other

Please check one of the boxes to the right if parents are divorced ☐   or separated ☐.

Are both parents living?   ☐ yes   ☐ no

Father's name: \_\_\_\_\_

Father's age: \_\_\_\_\_

Father's address (if same as applicant's, write "same"): \_\_\_\_\_

Name and address of employer. \_\_\_\_\_

Position held \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's age \_\_\_\_\_

Mother's address (if same as applicant's, write "same") \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Position held: \_\_\_\_\_

List dependents (other than the applicant ) for federal income tax purposes in 2009

Name	Relationship to applicant	Age	If living w/family, check here	Name of school, if attending	Grade level

Applicant's Name \_\_\_\_\_

**FINANCIAL INFORMATION OF PARENTS/GUARDIANS**

**Annual Income and Deductible Expenses**

**Actual 2009 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2010**

Adjusted gross income \_\_\_\_\_

Adjusted gross income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

**Assets and Liabilities at the Time of This Application**

1. Market value of home, if owned: \$ \_\_\_\_\_

5 Other investments (stocks,  
bonds, etc.): \_\_\_\_\_

2. Market value of other real estate: \_\_\_\_\_

6 Total of lines 1 through 5 \_\_\_\_\_

3 Dollar value of share of business  
or farm. \_\_\_\_\_

7. Total indebtedness: \_\_\_\_\_

4. Total bank deposit accounts \_\_\_\_\_

8 Net assets (Line 6 minus  
Line 7) \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

Other than parental assistance, and assets of the applicant listed on page 3 of this application, list any additional sources of support that are available to the applicant for use toward the cost of education.

Explain any circumstances that create a financial hardship which would not be apparent from the information reported elsewhere on this application (Attach a separate sheet if necessary.).

**CERTIFICATION BY PARENTS/GUARDIANS**

I/We have reviewed this application for omissions and errors. To the best of my/our knowledge, the information reported is complete and accurate. I/We agree to inform Hayswood Foundation, Inc. of any major changes in our financial status as reported

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR FIRST-TIME APPLICANTS, AND THOSE WHO HAVE NOT PREVIOUSLY  
RECEIVED FUNDS FROM THE HEDGES-BARNETT SCHOLARSHIP PROGRAM**

It is crucial that the authors of your letter's of recommendation understand our requirements for the proper and timely submission of their letters. If a letter is not in our office by the application deadline, the application is incomplete and ineligible for consideration. To help this process operate as smoothly as possible, write your name on each of these three instruction forms, separate the forms, and provide one to each individual you select to write a letter. Remember that you are ultimately responsible for ensuring that the letters are submitted, so remember to follow up with each author to see if their letter has been completed and delivered.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Hedges-Barnett Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, direct it to the Guidance Counselor's office at Bracken County High School no later than **3:00 p.m. on Thursday, April 22, 2010.** A late letter will result in the disqualification of the student's application. Submission may be in person, or by mail at the following address. Bracken County High School, Attn: Tammi Wright, 350 West Miami Street, Brooksville, Kentucky, 41004. If by mail, ensure adequate time for delivery. If in person, have your letter in a sealed envelope addressed to Ms. Wright's attention. If you have any questions, please call Ms. Wright at (606) 735-3153, or contact the Foundation office at (606) 563-9333, or email [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort in support of this student.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Hedges-Barnett Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, direct it to the Guidance Counselor's office at Bracken County High School no later than **3:00 p.m. on Thursday, April 22, 2010.** A late letter will result in the disqualification of the student's application. Submission may be in person, or by mail at the following address. Bracken County High School, Attn: Tammi Wright, 350 West Miami Street, Brooksville, Kentucky, 41004. If by mail, ensure adequate time for delivery. If in person, have your letter in a sealed envelope addressed to Ms. Wright's attention. If you have any questions, please call Ms. Wright at (606) 735-3153, or contact the Foundation office at (606) 563-9333, or email [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort in support of this student.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for the 2010-2011 Hedges-Barnett Scholarship. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of Hayswood Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. Indicate in your letter if you are a current/past teacher or other individual acquainted with the applicant. **Do not give your completed letter to the applicant.** Instead, direct it to the Guidance Counselor's office at Bracken County High School no later than **3:00 p.m. on Thursday, April 22, 2010.** A late letter will result in the disqualification of the student's application. Submission may be in person, or by mail at the following address: Bracken County High School, Attn: Tammi Wright, 350 West Miami Street, Brooksville, Kentucky, 41004. If by mail, ensure adequate time for delivery. If in person, have your letter in a sealed envelope addressed to Ms. Wright's attention. If you have any questions, please contact Ms. Wright at (606) 735-3153, or contact the Foundation office at (606) 563-9333, or email [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). We appreciate your time and effort in support of this student.

## **Have you remembered to do the following?**

- ☐ Review all information on the application for accuracy.
- ☐ Place your name at the tops of pages 2 - 5 of the application, and on each piece of supplemental information accompanying the application form.
- ☐ Provide a written statement of your goals, and what receiving this scholarship would mean/has meant to you.
- ☐ Provide a recent black & white or color photo (Applies only to first-time applicants, and those who are re-applying but have never received a scholarship.).
- ☐ Provide a copy of your high school transcript (Applies only to applicants currently in high school ).
- ☐ Provide a copy of your most recent ACT or SAT score.  
(Does not apply to current recipients applying to continue receipt of scholarship.)
- ☐ Provide copies of all college transcripts, if applicable.
- ☐ Provide copies of your 2009 Forms W-2, if applicable.
- ☐ Provide copies of pages 1 and 2 of your 2009 federal income tax form, if applicable.
- ☐ Provide copies of your parents' 2009 Forms W-2.
- ☐ Provide copies of pages 1 and 2 of your parents' 2009 federal income tax return.
- ☐ Provide copies of your 2010 Free Application for Federal Student Aid and the Student Aid Report that you received in response (SAR's not yet received are to be submitted upon receipt.)
- ☐ Select three qualified individuals to submit letters of recommendations.  
(Does not apply to current recipients applying to renew their scholarships.)
- ☐ Sign the application at the bottom of page 3.
- ☐ Have your parent(s) or guardian(s) sign at the bottom of page 5.
- ☐ Arrange for the delivery of your application to the BCHS counselor's office, along with all required information, before this year's deadline of 3:00 p.m. on Thursday, April 22.

# 2010 Application Form and Instructions

## G. L. & Elsie H. Downing Scholarship Katie DeSpain Scholarship Matt Stahl Scholarship

Hayswood Foundation, Inc., Administrator  
1 West McDonald Parkway, Suite 3A, Maysville, KY 41056

The attached application form is shared by the three scholarship programs, above. Only one application is needed to apply for all three scholarships. Answer all questions as completely as possible. If you have questions, contact the Foundation office immediately by calling 563-9333, or by sending an email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net)

**ELIGIBILITY:** You must be under the age of 25 at the time of initial application. You must not have already completed or attended four years of college. Scholarships are not awarded for post-graduate studies. Members of the families of the directors or staff of Hayswood Foundation, or of the original donors of the scholarship programs, are ineligible. You must have graduated from an accredited high school, or have completed at least one year of studies at an accredited college or university in the United States. Applicants must be attending or planning to attend, an accredited U. S. college or university, as a full-time student. No more than two siblings can receive a scholarship from a given scholarship program ("Siblings" includes blood related, adopted, and step children within a given family unit.). Program-specific requirements are discussed, below, and are in addition to these general requirements.

**SUBMISSION DEADLINE:** Completed applications ("Completed" applications consist of the attached 5-page application form plus all materials required to be submitted in addition to the application form ) must be in the Foundation office (at the address, above) no later than **5:00 P.M. Friday, April 23, 2010**

**ATTACHMENTS:** Pay careful attention to the section on Page 1 that lists additional information that must be submitted in order for an application to be considered complete. Included is proof of submission of the Free Application for Federal Student Assistance (FAFSA). Start that submission process now, if you have not already done so. Make or print a copy of your FAFSA application to submit with this scholarship application.

**AWARDS:** Scholarships are awarded for one-year periods. Past recipients must reapply for future consideration. Scholarships are paid directly to the financial aid office of the recipient's school in equal payments prior to each semester or quarter. Withdrawing from school for any reason, other than serious illness, injury, or other reason acceptable to the Foundation, will result in loss of funding. No scholarship will be paid after a student completes what would be considered his or her senior year of study.

**CONFIDENTIALITY:** While the information provided on or with this application form will be treated as confidential, it will be made available to the Scholarship Committee, Board of Directors, and staff of Hayswood Foundation, Inc. for evaluation and selection purposes. To ensure privacy prior to receipt by the Foundation, it is recommended that application materials be placed in a sealed envelope for delivery.

### G. L. and Elsie H. Downing Scholarship

To be eligible, the applicant, or the applicant's parents, must have a principal residence in Mason County, and must have had that residence for at least two years immediately prior to an application's submission. The number of years that an applicant may qualify to receive funding will be determined by the total number of years of residency. The selection process is based on financial need, academics, and extra-curricular activities. To be considered, high school students must have a 3.00 cumulative grade point average or better; college applicants must have a 2.50 cumulative grade point average or better.

### Katie DeSpain Scholarship

To be eligible, applicants must have graduated from an accredited high school in Mason County. The selection process is based on financial need, academics, and extra-curricular activities. To be considered, first-time applicants from high school or college must have a 3.00 cumulative grade point average or better (Prior recipients must have a 2.50 GPA or better.)

### Matt Stahl Scholarship

To be eligible, applicants must have graduated from St. Patrick's or Mason County High School. The selection process is based on financial need, academics, and extra-curricular activities. To be considered, applicants from high school or college must have a 2.50 cumulative grade point average or better.

# G. L. & Elsie H. Downing, Katie DeSpain, and Matt Stahl Scholarships

## GENERAL INSTRUCTIONS

- All responses to questions on this form must be clearly typed or printed in ink. If you have questions, contact our office by calling 563-9333, or by email to [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net)
- Write only on the front of the application sheets, and on the front of any attachments to the application. Information placed on the back of sheets may be missed when copying. When additional sheets must be attached to answer any question, indicate in the answer space that separate sheets are attached, and indicate on those sheets the section of the application that is being supplemented
- The applicant's name must appear on all supplemental information attached to or accompanying the application

### VERY IMPORTANT: INFORMATION TO BE ATTACHED TO, OR PROVIDED FOR THIS APPLICATION

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not resubmit any item in this section which is marked with an asterisk (\*).**

- \*1 If you are currently a high school student, attach a copy of your official transcript for all high school academic credits.
2. Attach a copy of your official transcript for any college courses completed
- \*3. Attach a copy of your most recent ACT and/or SAT scores.
4. Attach a BRIEF statement about your ambitions, and tell us what receiving a scholarship would mean/has meant to you
- \*5. Attach a recent black & white or color photograph. Photos of first-time recipients will be used in a news release.
- \*6. Provide three letters of recommendation. Two must be written by current or past teachers who have taught you in a classroom environment. The third letter must come from a non-teacher source. Each letter is to be mailed or delivered directly to the Foundation office by the author, and must be received by the application deadline. Letters written by relatives of the applicant, or any employee or director of Hayswood Foundation, will not be accepted. Letters must be dated, and may not be dated prior to January 1, 2010. Provide the attached handouts to the authors of your letters so that they will be aware of these requirements
7. Attach a copy of your 2010 Free Application for Federal Student Aid (FAFSA), along with a copy of the Student Aid Report (SAR) that you received in response to your FAFSA. If you have not yet received your SAR, attach a copy of your FAFSA, then submit a copy of your SAR as soon as it arrives (SAR's submitted after the application deadline will be accepted).
8. Attach a copy of any Forms W-2 that you received for employment in 2009, along with a signed copy of pages 1 & 2 of your 2009 federal income tax return, if you were required to file.
9. Attach copies of your parents' Forms W-2 for 2009, along with signed copies of pages 1 & 2 of their 2009 federal income tax returns. If your parents are separated or divorced, we will need this tax information from **BOTH** parents. If unable to provide the second parent's information, the parent with custody must submit a signed statement that the information is unavailable, and give the reason

### PERSONAL INFORMATION OF APPLICANT

**NOTE: Current scholarship recipients who are submitting this application to retain their scholarships need not answer any item in this section that is marked with an asterisk (\*).**

Name: \_\_\_\_\_ Last 4 Digits of Social Security No.: \_\_\_\_\_

Principal Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Phone number where you can be reached at college: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status: ( ) single ( ) married Number of dependents: \_\_\_\_\_

\*High school attended: \_\_\_\_\_ \*Rank in HS graduating class: \_\_\_\_\_ of \_\_\_\_\_ total graduates

Current enrollment status: ( ) high school student ( ) college student, and in \_\_\_\_\_ year ( ) not currently enrolled

Current cumulative grade point average, or cumulative GPA at the end of last semester attended: \_\_\_\_\_

Name(s) of parent(s)/guardian(s): \_\_\_\_\_

Principal Address of parent(s)/guardian(s): \_\_\_\_\_

Number of years of residency in Mason County for applicant: \_\_\_\_\_ Number of years for applicant's parents: \_\_\_\_\_

Do you have a brother or sister (including step brothers and sisters, and adopted siblings) who has received one of these scholarships?

RECIPIENT'S NAME

SCHOLARSHIP PROGRAM

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**PERSONAL INFORMATION OF APPLICANT, CONTINUED**

List extra-curricular activities for school, community, your family, and/or church. This section is important, so be specific and complete in your descriptions. Attach a separate sheet, if needed, and indicate below that there is an attachment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

College you plan to attend, or are attending, and its location: \_\_\_\_\_

Intended/current course of study: \_\_\_\_\_

### APPLICANT'S FINANCIAL NEED

Itemize, below, your anticipated expenses for attending college during the full upcoming school year. Include costs of tuition, housing, meal plans, books, and fees related to enrollment or classes (If you are uncertain of the exact amounts, estimates of expenses can be obtained by contacting your college's financial aid office.). **Do not list expenses for transportation or for personal items, as they will not be considered when awarding scholarships.**

**NATURE OF EXPENSE**

DOLLAR AMOUNT

[illegible]

Total Expenses \$

\* Applicant's Name. \_\_\_\_\_

#### APPLICANT'S FINANCIAL ASSISTANCE

List other grants or scholarships for which you have applied (even if you have not been notified of receipt), and which have been awarded to you for the upcoming school year (indicate the amount you will receive for the FULL school year). **DO NOT LIST STUDENT LOANS** Seeking other sources of assistance will not lessen your chance of being selected. Should any of this information change, contact the Foundation office immediately. If selected, you will be required to submit a copy of the financial assistance award letter that you receive from your college.

SOURCE OF ASSISTANCE	INDICATE IF AWARDED OR APPLIED FOR	AMOUNT AWARDED (IF APPLICABLE)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total of Other Assistance \$ \_\_\_\_\_

If you received more financial aid in past years than was needed for your expenses, and surplus funds are available in your college account for future use, show the amount of that surplus here. Do not include funds from student loans, or personal or family contributions. \$ \_\_\_\_\_

Total of All Other Funds Available \$ \_\_\_\_\_

#### APPLICANT'S ASSETS

Indicate, below, your assets including checking and savings accounts, certificates of deposit, savings bonds, stocks, other bonds, trust funds, real estate, and vehicles

NATURE OF ASSET	VALUE	HOW OBTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As an applicant for the Hayswood Foundation, Inc. scholarship programs, I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that my submission of this application in no way guarantees that funds will be awarded, or the amount of the award should I be selected. If selected, I understand that (1) I may attend the college of my choice, provided the institution is accredited and located within the United States, (2) all scholarship funds awarded will be paid directly to my college's Financial Aid Office, to be applied toward my expenses under the college's normal procedures for the administration of scholarships (The Foundation reserves the right to reclaim any funds which remain unused at the end of the school year, or consider the amount of those unused funds in determining the amount of future awards), (3) I must submit a copy of my grades to the Foundation at the completion of each semester, as well as evidence of my enrollment for the subsequent semester, (4) I must disclose to the Foundation any additional financial assistance received following the submission of this application (The Foundation reserves the right to reduce the amount of any scholarship awarded should the recipient receive additional funds from other sources), (5) the Foundation reserves the right to cancel any scholarship for failure of a recipient to meet academic requirements, or because of a recipient's unlawful conduct, and (6) selection as a recipient for the upcoming school year does not guarantee funding for any subsequent year.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

**PERSONAL INFORMATION OF PARENT(S)/GUARDIAN(S)**

With whom do you reside?   ☐ both parents   ☐ father   ☐ mother   ☐ step father   ☐ step mother   ☐ other

Please check one of the boxes to the right if parents are divorced ☐      or separated ☐.

Are both parents living?   ☐ yes      ☐ no

Father's name \_\_\_\_\_

Father's age: \_\_\_\_\_

Father's address (if same as applicant's, write "same"). \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Position held \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's age: \_\_\_\_\_

Mother's address (if same as applicant's, write "same") \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Position held: \_\_\_\_\_

List dependents (other than the applicant ) for federal income tax purposes in 2009 (If parents are divorced, list dependents for both.):

Name	Relationship to applicant	Age	If living w/family, check here	Name of school, if attending	Grade level

Applicant's Name \_\_\_\_\_

**FINANCIAL INFORMATION OF PARENTS/GUARDIANS  
(OR FOR PARENT WITH CUSTODY, IF DIVORCED)**

**Annual Income and Deductible Expenses**

**Actual 2009 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2010**

Adjusted gross income \_\_\_\_\_

Adjusted gross income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

**Assets and Liabilities at the Time of This Application**

1. Market value of home, if owned: \$ \_\_\_\_\_

5. Other investments (stocks,  
bonds, etc.) \_\_\_\_\_

2. Market value of other real estate: \_\_\_\_\_

6. Total of lines 1 through 5: \_\_\_\_\_

3. Dollar value of share of business  
or farm: \_\_\_\_\_

7. Total indebtedness: \_\_\_\_\_

4. Total bank deposit accounts \_\_\_\_\_

8. Net assets (Line 6 minus  
Line 7): \$ \_\_\_\_\_

**FINANCIAL INFORMATION OF NON-CUSTODY PARENT (IF PARENTS ARE DIVORCED)**  
(If unavailable, parent with custody must provide a written statement to that effect, and explain why.)

**Annual Income and Deductible Expenses**

**Actual 2009 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2010**

Adjusted gross income \_\_\_\_\_

Adjusted gross income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Net taxable income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Tax-exempt income \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

Income derived from all other  
sources (including pre-paid living  
expenses, travel allowances,  
deferred retirement) \_\_\_\_\_

**Assets and Liabilities at the Time of This Application**

1. Market value of home, if owned: \$ \_\_\_\_\_

5. Other investments (stocks,  
bonds, etc.) \_\_\_\_\_

2. Market value of other real estate: \_\_\_\_\_

6. Total of lines 1 through 5 \_\_\_\_\_

3. Dollar value of share of business  
or farm. \_\_\_\_\_

7. Total indebtedness: \_\_\_\_\_

4. Total bank deposit accounts. \_\_\_\_\_

8. Net assets (Line 6 minus  
Line 7): \$ \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

### ADDITIONAL INFORMATION

Other than parental assistance, and assets of the applicant listed on page 3 of this application, list any additional sources of support that are available to the applicant for use toward the cost of education

[illegible]

Explain any circumstances that create a financial hardship which would not be apparent from the information reported elsewhere on this application (Attach a separate sheet if necessary ).

[illegible]**CERTIFICATION BY PARENTS/GUARDIANS**

**(If parents are divorced, the signature of the parent with custody is sufficient)**

To the best of my/our knowledge, the information reported is complete and accurate. I/We agree to inform Hayswood Foundation, Inc of any major changes in our financial status as reported.

**Signature**

Date \_\_\_\_\_

**Signature**

Date \_\_\_\_\_

**FOR FIRST-TIME APPLICANTS, AND THOSE WHO HAVE NOT PREVIOUSLY  
RECEIVED SCHOLARSHIP FUNDS FROM A HAYSWOOD FOUNDATION PROGRAM**

It is crucial that the authors of your letter's of recommendation understand our requirements. If a letter is not in our office by the application deadline, the application is incomplete and ineligible for consideration. To help this process operate as smoothly as possible, write your name on each of these three instruction forms, separate the forms, and provide one to each individual you select to write a letter. Remember that you are ultimately responsible for ensuring that the letters are submitted, so remember to follow up with each author to see if their letter has been completed and delivered. You may also contact the Foundation office to inquire.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a 2010-2011 scholarship offered by Hayswood Foundation, Inc. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. Your letter must be signed and dated, but the date must not be prior to January 1, 2010. Your letter should be no longer than one page, single side. **Do not give your completed letter to the applicant.** Instead, mail or deliver it directly to the Foundation office no later than **5:00 p.m. on Friday, April 23, 2010.** A late letter will result in the application's disqualification. Submission may be by mail or in person at the following address: Hayswood Foundation, Inc., 1 West McDonald Parkway, Suite 3A, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope ready in case our office is closed and you need to slide the letter under the office door. If you regularly write letters for many students, you may mail or deliver multiple letters at a time. If you have questions, please call the Foundation office at (606) 563-9333, or email us at [hfound@maysvilleky.net](mailto:hfound@maysvilleky.net). Your time and effort are greatly appreciated.

## Have you remembered to do the following?

- ☐ **Review all information on the application for accuracy.**
- ☐ **Place your name at the tops of pages 2 - 6 of the application, and on each piece of supplemental information accompanying the application form.**
- ☐ **Provide a written statement of your goals, and what receiving this scholarship would mean/has meant to you.**
- ☐ **Provide a recent black & white or color photo** (Applies only to first-time applicants, and those who are re-applying but have never been selected to receive a scholarship.).
- ☐ **Provide a copy of your high school transcript** (Applies only to applicants currently in high school )
- ☐ **Provide a copy of your most recent ACT or SAT score** (Does not apply to current recipients applying to continue receipt of scholarship ).
- ☐ **Provide copies of all college transcripts, if applicable.**
- ☐ **Provide copies of your 2009 Forms W-2, if applicable.**
- ☐ **Provide copies of pages 1 and 2 of your 2009 federal income tax form, if applicable.**
- ☐ **Provide copies of your parents' 2009 Forms W-2** (If your parents are divorced, we need W-2's from both, or a signed statement from the parent with custody that the information is unavailable, and why ).
- ☐ **Provide copies of pages 1 and 2 of your parents' 2009 federal income tax return** (If your parents are divorced, we need tax returns from both, or a signed statement from the parent with custody that the information is unavailable, and why.).
- ☐ **Provide copies of your 2010 Free Application for Federal Student Aid and the Student Aid Report that you received in response** (SAR's not yet received are to be submitted upon receipt.)
- ☐ **Select three qualified individuals to submit letters of recommendations.** (Does not apply to current recipients applying to renew their scholarships )
- ☐ **If your parents are divorced, and you are not providing a W-2, income tax return, and/or financial information requested on Page 6 for the non-custody parent, provide a signed statement from the parent with custody that the information is unavailable, and why** (Only one signed statement is required to cover any and all omissions.).
- ☐ **Sign the application at the bottom of page 3.**
- ☐ **Have your parent(s) or guardian(s) sign at the bottom of page 6** (If your parents are divorced, only the signature of the parent with custody is required ).
- ☐ **Arrange for the delivery of your application to our office, along with all required information, before this year's deadline of 5:00 p.m. on Friday, April 23.**

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	HAYSWOOD FOUNDATION INC.	23-7345996
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1 WEST MCDONALD PARKWAY 3 A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	MAYSVILLE, KY 41056	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► RANDY ANDERSON C.P.A.

Telephone No ► 606 564-6260

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20 10 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	4,687.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	2,800.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	1,887.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)