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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052 2010

For calendar year 2010, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number SWIFT WINGS FOUNDATION 26-2883468 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O MOLLY ROSS, 924 W. WOLFENSBERGER RD 303-695-7629 City or town, state, and ZIP code C If exemption application is pending, check here CASTLE ROCK, CO 80109 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination 453,434. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 75,000 N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 11,045. 11,045 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 7,507 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 28,297. 7,507 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) 11 Other income 93,552 18,552 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Expen حرا ا **b** Accounting fees c Other professional fees and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion O 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative expenses. Add lines 13 through 23 0 0 0. 25,000 25,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 25,000 Add lines 24 and 25 0 25,000. 27 Subtract line 26 from line 12: 68,552 2 Excess of revenue over expenses and disbursements 18,552 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A 023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form **990-PF** (2010)

	190-PF (2010) . SWIFT WINGS FOUNDATION Attached schedules and amounts in the description	Beginning of year		2883468 Page:
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	10,863.	100,205.	100,205
2	_			
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			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts ▶			
န္း 8	Inventories for sale or use			
Assets	, ,		-	
1 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 2	308,246.	287,456.	<u>353,229</u>
ļ	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12				
13	}			
14	, , , , , , , , , , , , , , , , , , , ,			
	Less accumulated depreciation			
15	Other assets (describe		<u>-</u>	
1,0	Tabel and the far and the discount (Lore)	210 100	207 661	452 424
16		319,109.	387,661.	453,434.
17		12		
18	` `			
19 19				
apilities 20 21				
를 21 그 ₂₂	- · · · · · · · · · · · · · · · · · · ·			
22	Other habilities (describe		<u> </u>	
23	Total liabilities (add lines 17 through 22)	0.	0.	
20	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
ဗ္ဗ 24				
E 25	j -			
e 26	_ ` ` `			
פַ	Foundations that do not follow SFAS 117, check here			
로	and complete lines 27 through 31.			
ັດ ₂₇	Capital stock, trust principal, or current funds	0.	0.	
ğ 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥ 29		319,109.	387,661.	
Net Assets or Fund Balances		319,109.	387,661.	
_				
31	Total liabilities and net assets/fund balances	319,109.	387,661.	
Par	Analysis of Changes in Net Assets or Fund Ba	lances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3)	_	
	ist agree with end-of-year figure reported on prior year's return)		1	319,109.
	er amount from Part I, line 27a		2	68,552.
3 Oth	er increases not included in line 2 (itemize)		3	0.
	l lines 1, 2, and 3		4	387,661.
5 Dec	reases not included in line 2 (itemize)		5	

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

	nd Losses for Tax on I		t Income				<u> </u>	3408	Page 3
	pe the kind(s) of property sold (e.			(b) How	acquired	(c) Date a	caured	(d) Dat	e sold
2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation		(mo., day, yr.)		(mo., da	
a HALLIBURTON CO - 435 SHARES					D	12/17		02/0	
<u> </u>	- 510 SHARES				_P	VARIO	ous	05/0	7/10
<u>C</u>					— -				
d e	·								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		I_		ın or (loss) (f) mınus (
a 13,104.			12,95	9.		_			145.
b 15,193.			7,83	1.				7	,362.
<u>c</u>	- ·	_							
d	· · · · · · · · · · · · · · · · · · ·	-				····			
Complete only for assets showing	gain in column (h) and owned by	_l v the foundation	n on 12/31/69		/1	Gains (Co	l (h) gain	miniis	
	(j) Adjusted basis		cess of col. (1)			(k), but no	ot Ìeśs thar	า -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (from col. (n))	
a									145.
b								7	,362.
C									
d e									 -
	(If gain, also ent	er in Part I line	7	7					-
2 Capital gain net income or (net capi	tal loss) { If gain, also ent If (loss), enter -	-0- in Part I, line	<i>.</i> 7	2				7	,507.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) a	and (6):							
If gain, also enter in Part I, line 8, co	olumn (c).						37/3		
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) fo	r Reduced	Tay on Net	<u>) 3</u> Invest	ment Inc	ome	N/A		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify Enter the appropriate amount in ea	on 4942 tax on the distributable a v under section 4940(e). Do not c	complete this pa	ırt.					Yes	X No
(a) Base period years	(b)			(c)			Dietrib	(d) oution ratio	
Calendar year (or tax year beginning			Net value of non			(col. (b) divided by col. (c))			
2009		24,710.		2	<u>98,028</u>				
2008		0.			52,551	•		.00	<u>00000</u>
2007 2006							_		
2005									
2 Total of line 1, column (d)						2		.0	82912
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		.04	41456	
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4		342	,340.	
5 Multiply line 4 by line 3					5		14	,192 <u>.</u>	
6 Enter 1% of net investment income (1% of Part I, line 27b)				6			186.		
7 Add lines 5 and 6						7		14	,378.
8 Enter qualifying distributions from I If line 8 is equal to or greater than I	•	ne 1b. and comp	olete that part using	ı a 1% ta	x rate	8		25	,000.
See the Part VI instructions.		is is, and comp		, u i /o la					
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	n 990-PF (2010) SWIFT WINGS FOUNDATION excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>26-</u> 948	2883 - see i i	<u>468</u> nstru	ıctio	Page 4 ns)
۴a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			1	86.
	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, col. (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			1	86.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			1	86.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	<u>86.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded art VII-A Statements Regarding Activities	_ 11				
					Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			162	
	any political campaign? Did it spend more than \$100 during the year (other directly or indirectly) for political purposes (see instructions for definition)?			1a		<u>X</u>
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published istributed by the foundation in connection with the activities.	a or				
	Did the foundation file Form 1120-POL for this year?			4.		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1c		
۳	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$					
е	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?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
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?			6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
0-	If "Yes," complete Part II, col (c), and Part XV.					
ва	Enter the states to which the foundation reports or with which it is registered (see instructions)					
L	If the angular is "Voc" to line 7, has the foundation furnished a copy of Form 000 DE to the Attorney Copyrel (or designate)					
0	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)				.	
9	of each state as required by General Instruction G? If "No," attach explanation 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				X	——
9	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	iuai		9		y
10	· · · · · · · · · · · · · · · · · · ·	TMT	3	10	х	<u> </u>
	The state of the s	<u> </u>	J	10	_Z_	

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orm 990-PF (2010) SWIFT WINGS FOUNDATION			26-28834	68 Page 6	
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
• (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o		ectly.			
any voter registration drive?	• • •	Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		s X 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)?		☐ Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ournoses, or t		,6 ====		
the prevention of cruelty to children or animals?	or outdational purposses, or t		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the excentions described i		3 22 100		
section 53.4945 or in a current notice regarding disaster assistance (see instru		in regulations	N/A	5 b	
Organizations relying on a current notice regarding disaster assistance check h	•			-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		inad			
		. —			
expenditure responsibility for the grant?		I/A ∟ Y€	es L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[32]		
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb 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 s		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trustored Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highly	/		
List all officers, directors, trustees, foundation managers and their		(-) Companyation	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
	to position	enter -0-)	compensation	allowances	
	PRESIDENT				
924 W. WOLFENSBERGER RD.			i		
CASTLE ROCK, CO 80109	2.00	0.	0.	0.	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
A Name and address of such assistance and such assistance (FO 000)	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances	
NONE	· · · · · · · · · · · · · · · · · · ·				

	H				
Total number of other employees paid over \$50,000				0	
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) NONE) Compensation
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c)	Compensation
	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	enses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
	ount
1 N/A	
2	
All other program-related investments. See instructions.	,
3	
Total. Add lines 1 through 3	0.
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Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations, se	e instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	304,917.
b Average of monthly cash balances	1b	304,917. 42,636.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	347,553.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	347,553.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,213.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	342,340.
6 Minimum investment return. Enter 5% of line 5	6	17,117.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for foreign organizations check here and do not complete this part.)	oundations and certain	
1 Minimum investment return from Part X, line 6	1	17,117.
2a Tax on investment income for 2010 from Part VI, line 5	186.	<u> </u>
b Income tax for 2010. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	186.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	16,931.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	16,931.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	16,931.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0.5.000
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <u>a</u>	25,000.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	05.000
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	100
Income. Enter 1% of Part I, line 27b	5	186.
6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the	6	24,814.

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,	•		- 1	
line 7				16,931.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2010:			- 1/2	
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009 8,645.				
f Total of lines 3a through e	8,645.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 25,000.				
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				16,931.
e Remaining amount distributed out of corpus	8,069.			10/3310
5 Excess distributions carryover applied to 2010	0.		-	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	16 514			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	16,714.			
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 instr.			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)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	16,714.			
10 Analysis of line 9:				
a Excess from 2006		}		
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 8,645.				
e Excess from 2010 8,069.			<u></u> , ,	
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Part XV 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	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient	Contribution	7 11100111					
a Paid during the year AMERICAN FARMLAND TRUST 1200 18TH STREET NW, SUITE 800 WASHINGTON, DC 20036			TO HELP PROTECT FARM AND RANCH LAND	25,000.					
Total	T	1	▶ 3a	<u>25,000.</u>					
b Approved for future payment									
NONE									
				:					
Total			▶ 3b	0.					

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
c	I I				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	11,045.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<u> </u>
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			18	7,507.	
9 Net income or (loss) from special events	<u> </u>		1 1 1	7,5010	·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			 		
a					
b					
C	1 1				
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		().	18,552.	0
13 Total . Add line 12, columns (b), (d), and (e)	• • • • • • • • • • • • • • • • • • • •		<u> </u>		18,552
(See worksheet in line 13 instructions to verify calculations.)					

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

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment the foundation's exempt purposes (other than by providing funds for such purposes).						

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		WINGS FO							<u>5-2883468</u>		age 13
Part >			sfers To a	and Trans	actions a	and Rela	ations	hips With I	Noncharitabl	e	
	Exempt Organ									W	T 54 -
	the organization directly or indir			-	•		id in secti	on 501(c) of		Yes	NO
	Code (other than section 501(c)			•	political organ	lizations?					ĺ
	isfers from the reporting founda	ation to a noncharitat	ole exempt or	ganization or:					4.44		
	Cash								1a(1)		X
	Other assets								1a(2)		X
-	er transactions:										
	Sales of assets to a noncharital	· -							1b(1)		X
٠,	Purchases of assets from a nor	•	rganization						1b(2)		X
(3) Rental of facilities, equipment, or other assets								1b(3)		X	
	Reimbursement arrangements								1b(4)		X
	Loans or loan guarantees								1b(5)		X
	Performance of services or me								1b(6)	<u> </u>	X
	ring of facilities, equipment, ma								<u>1c</u>		X
	e answer to any of the above is									sets,	
	ervices given by the reporting fo				air market valt	ie in any tra	ansaction	or sharing arra	ingement, show in		
	mn (d) the value of the goods,										
(a) Line no	(b) Amount involved	(c) Name of		e exempt orga	nization	(0)	Description	of transfers, trans	sactions, and sharing a	rrangeme	ents
			N/A		_						
			_								
		_									
						.					
		<u> </u>									
				- <u></u> .							
									<u></u>		
						_					
	<u> </u>	<u> </u>									
2a Is th	e foundation directly or indirect	lly affiliated with, or r	elated to, one	or more tax-	exempt organ	zations des	scribed				_
ın s	ection 501(c) of the Code (other	than section 501(c)	(3)) or in sec	tion 527?					Yes	X	ON 🖸
b 1f "Y	es," complete the following sch	edule.		<u> </u>							
	(a) Name of org	anization	_	(b) Type of	organization			(c) Description	of relationship		
	N/A										
•	Under penalties of perjury, I declare								ledge and belief, it is t	rue, corre	ect,
Sign	and complete Declaration of prepa	rer (other than taxpayer o	or tiduciary) is b	ased on all infor	mation of which	preparer has	any knowle	edge			
Here							► PF	ESIDEN	r		
	Signature of officer or tru	istee			Date		T	itle			
	Print/Type preparer's na	ıme	Preparer's s	ignature		Date		Check	If PTIN		
	J. DANIEL	O'DONNELL	,					self- employed	1		
Paid	CPA		<u>-</u>			01/04	1/12				
Prepa		N, GUNSAU	LS & C	' DONNE	LL, P.		<u> </u>	Firm's EIN	 •		
Use C		,			, _ •						
	Firm's address ▶ 55	90 E. YAT.	E AVE.	#201						_	
			80222	-				Phone no.	_303-758-	-555	8
											$\overline{}$

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

Name of the organization	1	Employer identification number
s	WIFT WINGS FOUNDATION	26-2883468
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in male Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rego(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	-
aggregate contrit	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one controutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is chec purpose Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because tole, etc., contributions of \$5,000 or more during the year	ggregate to more than \$1,000. ely religious, chantable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line illing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •
LHA For Paperwork Rec	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)

Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroli Noncash (Complete Part II if there is a noncash contribution) Schedule B (Form 990, 990-EZ, or 990-PF) (2010) 023452 12-23-10

of Part II

Name of organization

Employer identification number

SWIFT WINGS FOUNDATION

26-2883468

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$\neg \uparrow$			
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(occ med detions)	
 3453 12-23-			990, 990-EZ, or 990-PF) (2

Schadula D Æ	m 990 9904E7 or 990-PE1/2010)		Dogo of -4D-41					
Schedule B (For Name of orga	m 990, 990-EZ, or 990-PF) (2010) Anization		Page of of Part I Employer identification number					
,								
SWIFT Part III	WINGS FOUNDATION Exclusively religious, charitable, etc., incomplete than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year (Enter this info	columns (a) through (e) and the foll us, charitable, etc, contributions of						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND	INTEREST E	FROM	SECURITIES	STATEMENT	1	
SOURCE			GROSS AMOU	JNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)	
DIVIDENDS			11,045.		0.	11,045.		
TOTAL TO FM 990-PF,	045.	0.	11,0	11,045.				
FORM 990-PF		COI	RPORATE STO	ОСК		STATEMENT	2	
DESCRIPTION					BOOK VALUE	FAIR MARKE	r	
STOCKS	287,456.	353,229.						
TOTAL TO FORM 990-PF	353,229.							
FORM 990-PF	STATEMENT	3						
NAME OF CONTRIBUTOR			ADDRESS					
MOLLY OWINGS ROSS 924 W. WOLFENSBERGER RD. CASTLE ROCK, CO 80109								

Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you	u are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		•	\mathbf{x}	
If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)			
	complete Part II unless you have already been granted a				rm 8868		
	onic filing (e-file). You can electronically file Form 8868 if y		•			oration	
	d to file Form 990-T), or an additional (not automatic) 3-mo						
	to file any of the forms listed in Part I or Part II with the exi						
	al Benefit Contracts, which must be sent to the IRS in pap						
	w irs gov/efile and click on e-file for Charities & Nonprofits		(see manachons) To more details on the	ie eiet	stronic imig or tris i	om,	
Part			hmit original (no copies needed)				
	pration required to file Form 990-T and requesting an autor			nloto			
Part I o	· · · · · · · · · · · · · · · · · · ·	natic offic	of the extension - check this box and con	ibiete	_		
		110 d A				Ш	
	r corporations (including 1120-C filers), partnerships, REM Icome tax returns	iiCs, and ti	rusts must use Form 7004 to request an	exten	ision of time		
				Ι			
Type o	Name of exempt organization			⊨mp	Employer identification number		
print	Chilem MINCO ECINDAMION			_	06 0000460		
File by the	SWIFT WINGS FOUNDATION			2	6-2883468		
due date i filing your	·						
return Se	6 C/O MODDI ROSS, 324 W. WODI						
instructioi	only, town or post office, state, and 211 code i of a re	oreign add	ress, see instructions				
	CASTLE ROCK, CO 80109						
						(
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
							
Applica	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90	01	Form 990-T (corporation)		-	07	
Form 9	90-BL	02	Form 1041-A			08	
Form 9	90-EZ	03	Form 4720			09	
Form 9	90·PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
		- C/0	MOLLY ROSS, 924 W.	WO	LFENSBERGE		
• The	books are in the care of ► RD CASTLE RO						
	phone No ► 303-695-7629	,	FAX No ▶				
	e organization does not have an office or place of business	s in the Un					
	s is for a Group Return, enter the organization's four digit (e ie fo	r the whole group o	hack this	
box ►							
	request an automatic 3-month (6 months for a corporation				ers the extension is	101	
•			tion return for the organization named a		The extension		
-	for the organization's return for:	i organiza	don return for the organization named a	DOVE	THE EXTENSION		
	► X calendar year 2010 or						
			d and a				
	tax year beginning	, and	a ending				
2 If	the tax year entered in line 1 is for less than 12 months, c	hook	on. Indeed services		_		
2 "	 ·	neck reas	on·	l retur	n		
ι	Change in accounting period						
	H			l			
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			_	
_	onrefundable credits See instructions			3a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•				_	
_	stimated tax payments made. Include any prior year overp			3b	\$	<u> </u>	
	alance due. Subtract line 3b from line 3a Include your pa	-	•				
	y using EFTPS (Electronic Federal Tax Payment System).			3с	\$	<u>0.</u>	
Cautio	n. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.	
LHA	For Paperwork Reduction Act Notice, see Instructions	i .			Form 8868 (Re	v 1-2011)	

023841 01-03-11

	8 (Rev. 1-2011)					Page 2	
	ire filing for an Additional (Not Automatic) 3-Month Ex					► LXJ	
	y complete Part II if you have already been granted an a			l Form	8868		
Part II	tre filing for an Automatic 3-Month Extension, comple						
Partii	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies	needed)		
Type or	Name of exempt organization				Employer identification number		
print						160	
File by the	SWIFT WINGS FOUNDATION 26-288346						
extended due date for	Number, street, and room or suite no If a PO box, s						
filing your return See	your C/O MODDI ROSS, 924 W. WODFENSBERGER RD.						
instructions	CASTLE ROCK, CO 80109	oreign add	ress, see instructions.				
	CADILL ROCK, CO 00109	- ,					
Enter the	Return code for the return that this application is for (file		to application for each return)				
Linter tile	rietum code for the return that this application is for this	e a separa	te application for each return)			0 4	
Applicati		Return	Application			- Datum	
Is For	211	Code	Is For			Return	
Form 990		01	13 F 01			Code	
Form 990		02	Form 1041-A			08	
Form 990		03	Form 4720			09	
Form 990		04	Form 5227			10	
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
STOP! Do	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	ıslv file	ed Form 8868		
Teleph	ooks are in the care of $ ightharpoonup$ RD CASTLE RO one No $ ightharpoonup$ 303-695-7629	OCK, (FAX No ▶	. WO	LFENSBI	RGER	
	organization does not have an office or place of business						
	s for a Group Return, enter the organization's four digit						
box 🕨	If it is for part of the group, check this box			memb	ers the exten	sion is for	
	quest an additional 3-month extension of time until						
	calendar year 2010, or other tax year beginning		 -				
6 If th	le tax year entered in line 5 is for less than 12 months, c \Box Change in accounting period	neck reas	on Initial return	Finali	return		
7 Stat	te in detail why you need the extension						
	GANIZATION NEEDS ADDITIONAL	TTME	TO CAMPED THE THEOR	MAT	TON NEC	TECCADY	
TO				TITAL	TON NEC	LANGGA	
<u> </u>	TIDD II COM BBIL AND ACCORA		101/14				
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax less any	1			
	refundable credits. See instructions	o, 0000, 0	ntor the tentative tax, less arry	8a	\$	0.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		-		
	payments made. Include any prior year overpayment all	•					
	viously with Form 8868	000 000	order and any amount paid	8b	\$	0.	
	ance due. Subtract line 8b from line 8a Include your pa	vment wit	h this form, if required, by using				
	PS (Electronic Federal Tax Payment System) See instru	-	,qaoa, 2, asg	8c	\$	0.	
			d Verification	, 50	1 *		
Under pena it is true, co	alties a perjury, I decide that I have examined this form, includi price than complete and that I am authorized to prince this fo	ing accomp		e best c	of my knowledge	and belief,	
Signature (and an Mille .	CPA		Date	<u>▶1/3/1</u>	' >	
	/					269 (Roy 1-2011)	