

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

OMB No 1545-0052

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 C	alenda	ar year 2010, or tax year beginning		, and ending	,	
GO	heck a	all that apply Initial return Ini	tial Return of a former p	oublic charity	Fin	al return
		Amended return	Address	change Nar	me change	
					A Employer identification nu	mber
THE						
INC	instructions)					
		X 1233			<u>'</u>	• ••
		I, TN 38302			(731) 426-549	
		,,			C If exemption application is	· • —
					D 1 Foreign organizations, che	ck here
Н)1(c)(3) exempt private t		2 Foreign organizations mee	ting the 85% test, check 🖳
	S∈	ection 4947(a)(1) nonexempt charitable			here and attach computation	
		rket value of all assets at end of year J Ac	counting method. X C	ash Accrual	E If private foundation status under section 507(b)(1)(A)	
	(from P	Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60	
•	\$	1,551,577. (Part	l, column (d) must be or	n cash basıs)	under section 507(b)(1)(B)), check here
Par	1 /	analysis of Revenue and		T		T
		xpenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investme		(d) Disbursements
	C	olumns (b), (c), and (d) may not neces	- expenses per books	ıncome	income	for charitable purposes
	S	arily equal the amounts in column (a)		ļ		(cash basis only)
		see the instructions))	 			
]	Contributions, gifts, grants, etc, received (att sch)		, 64 %		ريد هي المعربية
	2			·		- 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	3	Interest on savings and temporary cash investments	36,116.	36,11	36,116.	, , , , ,
	4		30,110.	30,11	36,116.	
	1 .	a Gross rents				
_		b Net rental income				
	١	or (loss)				
R		A Net gain/(loss) from sale of assets not on line 10 B Gross sales price for all				
E	_ '	assets on line 6a	· ,	, ,	*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ε] 7	Capital gain net income (from Part IV, line 2)	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7			
E N U	8	Net short-term capital gain				
Ĕ	9	Income modifications		*· · · · ·		A - ,
_	10:	a Gross sales less returns and		是我大意"。 是我太强"。	20 Tale 5 280 ga 5 3 5g th	
	Ι.	allowances h Less Cost of	(第2条件)	- 1 Early of my 12 m		, , ,
	- '	goods sold.	COMPANY OF THE PROPERTY OF THE		A 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	10.00
	(c Gross profit/(loss) (att sch)				X
	11	Other income (attach schedule)				13
						-
	12		36,116.	36,11	.6. 36,116.	
	13	Compensation of officers, directors, trustees, etc	0.			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits		-		
	16	a Legal fees (attach schedule)				
2 0 N		Accounting fees (attach sch)				
- 1	1.	c Other prof fees (attach sch) SEE ST 1	3,087.			
0 1	17	Interest .	3,007.			
	''		205	RE	CEIVED	
P SE T	18	Taxes (attach schedule)(see instr.) SEE STM 2	205.		O	
A A	19	Depreciation (attach sch) and depletion			0044 00	(-
l i	1	Occupancy .		- C DEC	` 1 D 2011 - 	i
N V		Travel, conferences, and meetings		147 020	13/	
A E		Printing and publications .				
A E	23	- •		10 C	ODEN, UT	
Ē	-	SEE STATEMENT 3	142.			
A EXD PENSES	24	Total operating and administrative	132.			
Ē	24	expenses. Add lines 13 through 23	3,434.			
3	25	•	5, 151.	•		
	26					
	20	Add lines 24 and 25	3,434.		0. 0.	0.
	27		1	* r ₂	; 	4 . 0, 42
		Excess of revenue over expenses		ž		
		and disbursements	32,682.			(t ' .)
	b	Net investment income (if negative, enter -0-).	建	36,11	6.	, - , ,
	1 0	Adjusted net income (if negative, enter -0-)	Control of the contro		36 116	

BAA For Paperwork Reduction Act Notice, see the instructions.

TEEA0504L 07/23/10

Form **990-PF** (2010)

'a	till Analysis of Changes in Net Assets of 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	1,518,895.
2	Enter amount from Part I, line 27a	2	32,682.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,551,577.
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	1 551 577

(a) List and descr	d Losses for Tax on Investmen the the kind(s) of property sold (e.g., robuse, or common stock, 200 shares ML	eal estate, C Company)	D) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			D Donation		
b					
<u>c</u>					
d					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
а		** ************************************			
b					
С					
d e		 			
	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Coli	ump (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		pain minus column (I an -0-) or Losses (fr	<), but not less
a					
<u>b</u>					
C					
d e			+	<u></u>	
2 Capital gain net income or (r	net capital loss) If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7	2		····
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	• –	-		
, ,	ne 8, column (c) (see the instructions)	```			
ın Part I, line 8	er Section 4940(e) for Reduce		3		
f 'Yes,' the foundation does not qu	ection 4942 tax on the distributable amualify under section 4940(e) Do not co	mplete this part		Yes	X No
	t in each column for each year, see th	e instructions before making a	any entries	4.5	
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use asset	s (col	(d) Distribution umn (b) divided	
2009	73,931.	1,486,	811.		0.049725
2008	38,825.	1,476,	421.		0.026297
2007				·	
2006 2005				···	-
2003				1 · · · · · · · ·	
2 Total of line 1, column (d)			2		0.076022
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the to on has been in existence if less than 5	tal on line 2 by 5, or by the judges	3		0.038011
4 Enter the net value of noncha	aritable-use assets for 2010 from Part	X, line 5	4		1,520,561.
5 Multiply line 4 by line 3			5		57,798.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		361.
7 Add lines 5 and 6			7		58,159.
8 Enter qualifying distributions	from Part XII, line 4		8		75,667.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that pa	rt using a 1%	tax rate See tl	ne

	m 990-PF (2010) THE RICHARDSON CHARITABLE FOUNDATION, 26-298494			age 4
Pa	rt VI 🐑 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instri	uctions)	
1	a Exempt operating foundations described in section 4940(d)(2), check here . and enter 'N/A' on line 1	S.		
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,			361.
	check here ► X and enter 1% of Part I, line 27b	'		\$4C -
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			, ,
2	Toy under section F11 (demontic control 4047(a)(1) to internal conditionals	• . •	•	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			361.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			361.
6		••		
	a 2010 estimated tax pmts and 2009 overpayment credited to 2010	1	_	
	b Exempt foreign organizations — tax withheld at source 6b	£3.		٠, ٠,
	c Tax paid with application for extension of time to file (Form 8868)	3×5	څر	9 1
	d Backup withholding erroneously withheld 6d			i Seri
	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 4			376.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
	Enter the amount of line 10 to be Credited to 2011 estimated tax			
	rt VII-A Statements Regarding Activities			-
			Yes	No
1 4	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?	1 a	 	X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		1 ,	× , , ,
	or distributed by the foundation in connection with the activities	- E. E		
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1c	13u%	X
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0	, ,	. C. 4-3	
(Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	Ť. <i>:</i>	30	(- 3
	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	4 - 7,		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		J .	
_	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	3		X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
I	of 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T	10 A	4 0	ž.,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	12.	-
	By language in the governing instrument, or	1		1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			3
	with the state law remain in the governing instrument?	6	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	7	X	
8 8	Enter the states to which the foundation reports or with which it is registered (see the instructions)	,		-* -\
	FL		-	
	o 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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	8ь	Х	
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	5) V 9	·	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
2ΔΔ	and addresses	10	<u> </u>	X (2010)

•				
Form 990-PF (2010) THE RICHARDSON CHA			26-29	84946 Page 6
Rart VII-B Statements Regarding Activiti		1 4/20 May Be Req	uirea (continuea)	
 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt 	•	on (section 4945(e))?	Yes X	No A
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra(3) Provide a grant to an individual for travel,	ation drive?	•		No No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	. Yes X	No 2
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific	c, literary, or		No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to	qualify under the excep	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ [_	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Region 1.	sibility for the grant?	•	N/A Yes]No
6a Did the foundation, during the year, receive are on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium	s Yes X	No S
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found				No 7b
Part VIII. Information About Officers, Dand Contractors				
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	tructions).	
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to	(e) Expense account, other allowances
JAMES E. RICHARDSON	PRESIDENT	0.	0.	0.
PMB 519 4903 DIAMOND RUBY 7 CHRISTIANSTED, ST CROIX 00820 V	1.00 TRGIN ISLANDS			
JOHN H. RICHARDSON	VP/SECRE/TRE	0.	0.	0.
P.O. BOX 1204	1.00			
ELEPHANT BUTTE, NM 87935 JOSEPH S. RICHARDSON	DIRECTOR	0.	0.	0.
PMB 519 4903 DIAMOND RUBY 7	1.00	0.	0.	0.
CHRISTIANSTED, ST CROIX 00820 V				
2 Compensation of five highest-paid employee	s (other than those in	luded on line 1— see it	estructions) If none a	Inter 'NONE '
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account.
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances
NONE				
			-	
Total number of other employees paid over \$50,000)	<u> </u>	<u> </u>	·
BAA	TEEA0306L	07/23/10	-	Form 990-PF (2010)

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 2

Form **990-PF** (2010)

BAA

Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes 1 a a Average monthly fair market value of securities 1b 1,543,717 **b** Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) 543, 1 d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0 1 e (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 3 543 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 23,156. (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 1,520,561. 6 76,028. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and do not complete this part.) and certain foreign organizations check here 1 76,028. Minimum investment return from Part X, line 6 2a Tax on investment income for 2010 from Part VI, line 5. 361 2 a 2b b Income tax for 2010 (This does not include the tax from Part VI.) 361 20 c Add lines 2a and 2b 3 75,667. 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 75, 667 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 75. 667 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1 b **b** Program-related investments — total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a SEE STATEMENT 5 3 b 75,667. b Cash distribution test (attach the required schedule). 75,667. 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 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). 361 5 75,306. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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.

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

	1	415		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,			,	75,667.
line 7	#4. ⁷ ·	· · · · · · · · · · · · · · · · · · ·		73,007.
2 Undistributed income, if any, as of the end of 2010:	1,53	•		
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	*			
b From 2006	[* > 1			
c From 2007] -			
d From 2008	į.	,		,
e From 2009.	-			
f Total of lines 3a through e.	0.		-	
4 Qualifying distributions for 2010 from Part			1	
XII, line 4 ► \$ 75,667.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years	5° 2 ° 3		٠.	,
(Election required – see instructions)	<u>.</u>	0.	,	
c Treated as distributions out of corpus				, , , , , , , , , , , , , , , , , , ,
(Election required – see instructions)	0.	- 35th	*	* • •
d Applied to 2010 distributable amount		The Cartie Said	7- 4-	75,667.
e Remaining amount distributed out of corpus	0.		, ,	• • • • • • • • • • • • • • • • • • •
5 Excess distributions carryover applied to 2010	0.	李	•	0.
(If an amount appears in column (d), the		1		
same amount must be shown in column (a))	The same	,		
			, ·	
6 Enter the net total of each column as indicated below:		,	٠, ح	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			, 1
				, i.e. 1
b Prior years' undistributed income Subtract line 4b from line 2b		0.	*	
c Enter the amount of prior years' undistribut-	E.			1
ed income for which a notice of deficiency has been issued, or on which the section	1		``	-
4942(a) tax has been previously assessed	San	0.	,	r £,
d C. blanck land Co from land Ch. Touchle	1 3 2		, , , , ;	
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.	1	,
e Undistributed income for 2009. Subtract line 4a from		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
line 2a. Taxable amount — see instructions		· · · · · · · · · · · · · · · · · · ·	0.	, '
	1	·		
f Undistributed income for 2010 Subtract lines	100			
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.		-	
·	<u> </u>	<u> </u>	<u> </u>	
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	, /:		•
9 Excess distributions carryover to 2011.				•
Subtract lines 7 and 8 from line 6a	0.	17.4	<u> </u>	
10 Analysis of line 9.				
a Excess from 2006.		7 - 100	1	
b Excess from 2007	[A.] .			
c Excess from 2008.		, f		
d Excess from 2009.] .			4 . 1 . 31 1
e Excess from 2010			·	· · · · · · · · · · · · · · · · · · ·

BAA

Form 990-PF (2010) THE RICHARDSON C			·	26-2984946	
Part Niv Private Operating Foundation			· · · · · · · · · · · · · · · · · · ·		N/A
1a If the foundation has received a ruling or o is effective for 2010, enter the date of the	determination letter ruling	r that it is a private	operating foundation	n, and the ruling	
b Check box to indicate whether the foundate	ion is a private ope	erating foundation o	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
each year listed. b 85% of line 2a			-		
c Qualifying distributions from Part XII.					
line 4 for each year listed d Amounts included in line 2c not used directly					
for active conduct of exempt activities		<u> </u>			
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter.					
(1) Value of all assets .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			 		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or mor	e in
assets at any time during th		istructions.)			
1 Information Regarding Foundation Manage a List any managers of the foundation who is		ore than 2% of the	total contributions re	eceived by the found	dation before the
close of any tax year (but only if they have NONE	contributed more	than \$5,000) (See	section 507(d)(2).)	5001100 Sy 1110 100111	action bottore the
b List any managers of the foundation who o	own 10% or more o	of the stock of a cor	poration (or an equa	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater inter	est	any large pertien or	and dwilership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only management in the foundation makes	nakes contributions	to preselected cha	iritable organizations	s and does not acce	pt unsolicited
complete items 2a, b, c, and d					
a The name, address, and telephone numbe	r of the person to	whom applications	should be addressed	d	
					
b The form in which applications should be s	submitted and infor	rmation and materia	als they should inclu	de	
c Any submission deadlines			_		
d Any restrictions or limitations on awards, s	uch as by geograp	ohical areas, charita	ible fields, kinds of i	nstitutions, or other	factors:
·		•			
					

Page 11

3 Grants and Contributions Paid During the	N/A			
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
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year	substantial contributor	recipient		
				ļ
Total .			<u>▶ 3</u> ;	<u> </u>
b Approved for future payment Total			▶ 31	b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Excluded	l by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a					
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	36,116.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	1	世間 一大学 しょうだん	2 m	"端河、守持城下	· The state of
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					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue		A PARTITION AND A STATE OF THE PARTY OF THE			er dang t
a				, <u>, , , , , , , , , , , , , , , , , , </u>	
b				-	
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)	7		美國家	36,116.	
13 Total. Add line 12, columns (b), (d), and (e)			1, 22,	13	36,116.
(See worksheet in line 13 instructions to verify calculation	ons.)				

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
	
	

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

									1	т
descrit	e organization directly bed in section 501(c) g to political organiza	of the Code (c	engage in any of other than section	the following wi 501(c)(3) orgai	th any of nizations	ther organizatio) or in section 5	n 527,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
a Transf	ers from the reporting	foundation to	a noncharitable	exempt organiz	ation of.			,,,,		'' ·
(1) Ca	sh							1 a (1)		Х
(2) Ot	her assets							1 a (2)	Ц	Х
	transactions							-		
- •	les of assets to a nor		• •					16(1)		X
• •	rchases of assets from			nization				1 b (2		X
	ntal of facilities, equi	•	er assets					1 b (3		X
• •	imbursement arrange							1b (4		X
1_1 .	ans or loan guarantee		6					1b (5	-,	X
	rformance of services g of facilities, equipm							1b (6)		X
Conann	g or lacilities, equipm	ient, maising ir	sis, other assets,	or paid employ	ees			<u>1c</u>	<u> </u>	
the god	enswer to any of the a ods, other assets, or s insaction or sharing a	services given	by the reporting	foundation if the	ne founda	ation received le	ess than fai	r market value ii	lue of	
(a) Line no	(b) Amount involved		of noncharitable exem		T	· · · · · · · · · · · · · · · · · · ·		ons, and sharing arr	angemen	ts
N/A										
					ļ					· <u>-</u>
								 -		
										
		 								
		 					-			
		 			-	·				
					-					
		†								
			***	• • •						
			• • • • • • • • • • • • • • • • • • • •	····						
describ	oundation directly or ed in section 501(c) o complete the followi	of the Code (o	ated with, or rela ther than section	ted to, one or n 501(c)(3)) or in	nore tax- section	exempt organiz 527?	ations	Ye	s X	No
	a) Name of organizati		(b) Type	of organization		(c)	Description	n of relationship		
N/A							· · · · · · · · · · · · · · · · · · ·			
						<u></u>				
										
			<u> </u>							
Sign Here	penalties of perjury, I declar i, and complete Declaration	of preparer (other	ined this return, includi than taxpayer or fiducia	ing accompanying sc ary) is based on all ii	nformation o	d statements, and to of which preparer has	the best of my s any knowledg	knowledge and belief, e	it is true	ı
(-	ignature of officer or trustee				Date		Title			
	Print/Type preparer's nam	ne	Preparer's s	igpetura () A /	ωΔM	Date	Check if	ıf PTIN		
Paid	DAVID A. SAT	CHER	Low	KHYDIEU	ecri	T10126///	self-emplo	느	4787	
Preparer	Firm's name	CEARCE, S	SATCHER & J	UNG, P.A.				59-1935870		
Use Only	Firm's address		AVE SUITE							
	W	INTER PAR	K, FL 3278	9			Phone no	(407) 647-	6441	
BAA								Form 9	90-PF	(2010)

2010

FEDERAL STATEMENTS THE RICHARDSON CHARITABLE FOUNDATION,

INC.

PAGE 1

26-2984946

STATEMENT 1 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
PROFESSIONAL FEES	TOTAL	\$ 3,087. \$ 3,087.	<u>\$ 0.</u>	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	INCOME	NET INCOME	<u>PURPOSES</u>
EXCISE TAX	\$ 205 TOTAL \$ 205		\$ 0.	<u>\$</u> 0.

STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS	TOTAL	\$ 142. \$ 142.	<u>\$ 0.</u>	\$ 0.	\$ 0.

STATEMENT 4 FORM 990-PF, PART VI, LINE 9 TAX DUE

STATEMENT 5 FORM 990-PF, PART XII, LINE 3B EXPLANATION FOR CASH DISTRIBUTION TEST

THE FOUNDATION IS CURRENTLY IN THEIR START-UP PERIOD AND HAS CHOSEN TO SET ASIDE THE DISTRIBUTABLE AMOUNTS FOR THE TAXABLE YEARS DURING THIS PERIOD. THESE AMOUNTS WILL BE DISTRIBUTED TO THE SIERRA VISTA HOSPITAL DEVELOPMENT ORGANIZATION LOCATED IN TRUTH OR CONSEQUENCES, NEW MEXICO AND WILL BE PAID WITHIN 60 MONTHS AFTER THE DATE OF THE APPLICABLE TAX YEAR.

THE PURPOSE OF THE SIERRA VISTA ORGANIZATION IS TO RAISE FUNDS TOWARD THE

2010

FEDERAL STATEMENTS THE RICHARDSON CHARITABLE FOUNDATION,

INC.

PAGE 2

26-2984946

STATEMENT 5 (CONTINUED)
FORM 990-PF, PART XII, LINE 3B
EXPLANATION FOR CASH DISTRIBUTION TEST

CONSTRUCTION OF A NEW HOSPITAL TO BETTER SERVE THE PATIENTS OF THE GREATER SIERRA COUNTY AREA. THE PROJECT IS TENTATIVELY SCHEDULED FOR COMPLETION SOMETIME DURING THE 2014 TAX YEAR.

TAX YEAR	SET-ASIDE AMOUNT
2008	\$38,825
2009	\$74,136
2010	\$75,667

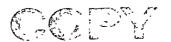
Form **8868** (Rev January 2011)

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 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 and click on e-file for Charities & Nonprofits Partis 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. Employer identification number Name of exempt organization Type or THE RICHARDSON CHARITABLE FOUNDATION, print 26-2984946 INC File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions P.O. BOX 1233 nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions JACKSON, TN 38302 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 Form 990-EZ 09 03 Form 990-PF 04 Form 5227 10 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) Form 8870 12 ◆ The books are in the care of
► WESLEY RICHARDSON FAX No. ► Telephone No. ► (731) 426-5498 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 8/15 _ _ _ , 20 11 _ , to file the exempt organization return for the organization named above. The extension is for the organization's return for. X calendar year 20 10 or ____, 20 ___, and ending tax year beginning 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 3a|\$ 0. nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 0. 3Ы\$ payments made. Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0. 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)



Form 8868	8 (Rev 1-2011)				Page 2	
	are filing for an Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II and check the	nis box	► X	
_	y complete Part II if you have already been granted					
-	are filing for an Automatic 3-Month Extension, cor			,		
	Additional (Not Automatic) 3-Month Exte			o copies need	ed)	
1-cit tital	Name of exempt organization	cijsion or		Employer identification		
	1					
Type or	THE RICHARDSON CHARITABLE FOUND			26 2004046		
print	INC.			26-2984946		
File by the	Number, street, and room or suite number. If a P O box, see inst					
extended due date for	lended a date for					
filing the return See	P.O. BOX 1233					
instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons			
	JACKSON, TN 38302					
Enter the I	Return code for the return that this application is for	or (file a seg	parate application for each return)		04	
	••					
Applicatio	on .	Return	Application		Return	
s For		Code	Is For		Code	
Form 990	· · · · · · · · · · · · · · · · · · ·	01				
Form 990-l	BL	02	Form 1041-A		08	
Form 990-l		03	Form 4720		09	
Form 990-l	······································	04	Form 5227	· ····································	10	
	T (section 401(a) or 408(a) trust)	05	Form 6069		11	
	T (trust other than above)	06	Form 8870		12	
	not complete Part II if you were not already grante			usly filed Form 81		
	oks are in care of WESLEY RICHARDSON	eu an auton	lade 3-month extension on a previo	usiy ilicu i olili oc		
-		FAX No ►			٠. 🗆	
	organization does not have an office or place of but				· - 🗀	
	is for a Group Return, enter the organization's four	-			If this is for the	
vhole grou	up, check this box $\dots ightharpoonup$. If it is for part of the gr	oup, check t	his box 🎤 🔝 and attach a list with	n the names and E	EINs of all	
nembers t	the extension is for.					
4 I requ	uest an additional 3-month extension of time until	11/15	, 20 <u>11</u>			
5 For c	calendar year 2010 , or other tax year beginning	9	, 20 , and ending		, 20	
	tax year entered in line 5 is for less than 12 mont			Final return	า	
Пс	Change in accounting period		_			
	e in detail why you need the extension ALL	OF THE	INFORMATION NECESSARY T	O PREPARE A	COMPLETE	
	ACCURATE RETURN IS NOT CURRENT					
221		=				
0 - 16 41		700 000)		····	
nonre	s application is for Form 990-BL, 990-PF, 990-T, 47 efundable credits. See instructions	/20, or 6065	e, enter the tentative tax, less any	8a \$	0.	
	s application is for Form 990-PF, 990-T, 4720, or 6	060 ontor o	any refundable gradite and estimated			
pavm	nents made. Include any prior year overpayment al	llowed as a	credit and any amount paid previous	l tax		
	Form 8868			8b\$	0.	
c Balar	nce due. Subtract line 8b from line 8a Include you	ır pavment v	with this form, if required, by using	1 1		
	S (Electronic Federal Tax Payment System). See			8c \$	0.	
			d Verification			
Inder penalties	es of perjury, I declare that I have examined this form, including accomplete, and that I am actionized to Arepare this form	ompanying sch	edules and statements, and to the best of my kno	wledge and belief, it is	true,	
	Nama A Salate Tille >	,	304		2/2/11	
ignature 🟲	Name of Barrers Title		y p	Date -	113111)	
ΑΔ		EIEZ0503I	11/15/10	Form 8	868 (Rev 1.2011)	

