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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

|   | landar vaar 2010 - ar i                         | tay your hoginning                                      |                 | 12/              | 07 , 2010,                                       | and endi            | ina          |   | 12/31 <b>,20</b> 10                     |
|---|---|---|-----------------|------------------|--|---------------------|--------------|---|---|
|   | lendar year 2010, or seck all that apply        | X Initial return  | l Ir            |                  | of a former pu                                   |                     |              |   | Final return                            |
| G Cile  | cck all triat apply                             | Amended return  | L "i            |                  | s change   | .b.io onan          | <del></del>  | ame change  |   |
| Name o  | of foundation                                   | Amended return  | 1               | Addice           | o change   |                     |              | A Employer identif  | ication number                          |
| i vanic c   | or roundation                                   |   |                 |                  |  |                     |              | .,,   |   |
| нат.т   | ON FOUNDATION,                                  | TNC.  |                 |                  |  |                     | 1            | 27-   | -4292584                                |
|   |   | number if mail is not delivere                          | d to street add | ress)            |  | Room/su             | uite         | B Telephone number (  | see page 10 of the instructions)        |
|   |   |   |                 |                  |  |                     |              |   |   |
| 2413  | NASHVILLE RD,                                   | SUITE C4  |                 |                  |  |                     |              | (2  | 70) 393-7214                            |
|   | town, state, and ZIP cod                        |   |                 |                  |  |                     |              | C If exemption application pending check here   | tion is                                 |
|   |   |   |                 |                  |  |                     |              | D 1 Foreign organiza  |   |
| BOWL  | ING GREEN, KY                                   | 42101   |                 |                  |  |                     |              | 2 Foreign organiza  |   |
| H Che   | eck type of organization                        | on X Section 501  |                 |                  |  |                     |              | 85% test, check l<br>computation  |   |
|   | Section 4947(a)(1) nonex                        | kempt charitable trust                                  |                 |                  | vate foundati                                    |                     |              | E If private foundation   | status was terminated                   |
| l Faii  | r market value of all as                        |   |                 | hod XC           |  | crual               |              | under section 507(b   | )(1)(A), check here . ►                 |
|   | ear (from Part II, col                          | (c), line   | Other (speci    | fy)              |  |                     |              | •   | n a 60-month termination                |
|   | ▶ \$  |   | 1               | ) must be or     | cash basis )                                     | )<br>               |              | under section 507(b   | o)(1)(B) check here                     |
| Part  | Analysis of Revent<br>total of amounts in co.   | ue and Expenses (The<br>lumns (b) (c) and (d)           | (a) Nev         | enue and         | (b) Net inve                                     | estment             | (c           | ) Adjusted net  | (d) Disbursements for charitable        |
|   | mav not necessaniv e                            | equal the amounts in                                    |                 | nses per<br>ooks | incon  | ne                  |              | ıncome  | purposes                                |
|   | -   | 11 of the instructions) )                               | -               | 0.               |  |                     | +            |   | (cash basis only)                       |
| 1   | if the fou                                      | received (attach schedule) .undation is not required to |                 |                  |  |                     | <del> </del> |   |   |
| 2   |   | sch B   |                 |                  |  |                     | ļ            | -   |   |
| 3   | •   | mporary cash investments from securities                |                 |                  |  |                     |              |   | <del>-</del>                            |
| 5 a   |   | nom securities  |                 |                  |  |                     |              |   |   |
|   | Net rental income or (loss                      |   |                 |                  |  | -                   |              |   |   |
| ١.  | Net gain or (loss) from sal                     |   | -               |                  | 1.0.0  |                     | 1            |   |   |
| ם ב   |   |   |                 |                  |  |                     |              |   |   |
| Revenue   |   | e (from Part IV, line 2)                                |                 |                  |  |                     |              |   |   |
| Ř 8   |   | gain  | 1               |                  |  | RE                  |              |   |   |
| 9   | Income modifications                            | . <sub>.</sub>  |                 |                  |  |                     | 100          | 15 3  |   |
| 10 a  | Gross sales less returns and allowances • • • • |   |                 |                  |  | - OP                |              | ${Q}$   | <del>\</del>                            |
| l t   | Less Cost of goods sold                         | . L   | _               |                  |  | - Par               |              | 5011  | <u>}</u> \                              |
| c   | •   | attach schedule)  |                 |                  | <del>                                     </del> | $\overline{}$       | SEP.         | (a) 1 (a) 1 (b) 1 (c) 1 |   |
| 11  |   | schedule)   | I               | 0                | <u> </u>   |                     | AR.          |   | <del></del>                             |
| 12  |   | <u>ugh 11</u>   |                 | 0                | -  | <del>/&amp;/-</del> | 00           |   |   |
| 13  |   | directors, trustees, etc                                |                 | 0.               |  | 1                   | E NO         |   |   |
| 0 14  |   | es and wages  | •               |                  |  |                     | 1            |   | -                                       |
| 15  | Pension plans, employ                           |   | ·               |                  |  |                     | 1            |   |   |
| e le  | Accounting fees (attach                         | edule)  |                 |                  |  |                     | 1            |   |   |
| Ä ,   |   | s (attach schedule)                                     |                 |                  |  |                     | İ            |   |   |
| Administrative Expens<br>12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ·   | s (attach schedule)                                     |                 |                  |  |                     |              |   |   |
| 18  |   | (see page 14 of the instructions)                       | •               |                  |  |                     |              | _   |   |
| <u>S</u> 19   |   | chedule) and depletion                                  |                 |                  |  |                     |              |   |   |
| 를 20  |   |   |                 |                  |  |                     |              |   |   |
| <b>Ž</b>  21  |   | and meetings  | 4               |                  |  |                     | <u> </u>     |   |   |
| D 21  | Printing and publication                        | ons   |                 |                  |  |                     | <u> </u>     |   |   |
| <u> </u> 23   | Other expenses (attac                           | ch schedule)  |                 |                  |  |                     |              |   |   |
| Operating 24  | Total operating and a                           | dministrative expenses.                                 | .               |                  |  |                     |              |   |   |
|   | Add lines 13 through 2                          | 23  |                 | 0                | <del></del>                                      | -                   | <u> </u>     |   |   |
| 25  | Contributions, gifts, gr                        | ants paid   |                 | 0                | <del> </del>                                     |                     |              |   |   |
| 26  |   | sements Add lines 24 and 25                             |                 | 0                | <del> </del>                                     |                     | +            |   |   |
| 27  | Subtract line 26 from I                         |   |                 | ^                |  |                     |              |   |   |
| - 1   |   | penses and disbursements                                | -               | 0                | 1  |                     |              |   | ·   · · · · · · · · · · · · · · · · · · |
|   |   | ne (if negative, enter -0-)                             | r-              |                  |  | 0                   | +-           |   |   |
|   |   | (if negative, enter -0-).  t Notice, see page 30 of     |                 | nne              | <u> </u>   |                     | L<br>JSA     |   | Form <b>990-PF</b> (2010)               |

SCANNED SEP 3 0 For Paperwork Reduction Act Notice, see page 30 of the instructions

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| Part II                       | Attached schedules and amounts in the description column should be for end-of-year                 | Beginning of year             | End o  | of year               |  |
|-------------------------------|--|-------------------------------|--|-----------------------|--|
|                               | amounts only (See instructions )   | (a) Book Value                | (b) Book Value                                   | (c) Fair Market Value |  |
| 1                             | Cash - non-interest-bearing  | 0.                            | 0.   | 0                     |  |
| 2                             | Savings and temporary cash investments   |                               |  |                       |  |
| 3                             | Accounts receivable  |                               |  |                       |  |
|                               | Less allowance for doubtful accounts   |                               |  |                       |  |
| 4                             | Pledges receivable   |                               |  |                       |  |
|                               | Less allowance for doubtful accounts   |                               |  |                       |  |
| 5                             | Grants receivable  | 1                             |  |                       |  |
| 6                             | Receivables due from officers, directors, trustees, and other                                      |                               |  |                       |  |
|                               | disqualified persons (attach schedule) (see page 15 of the instructions)                           |                               |  |                       |  |
| 7                             | Other notes and loans receivable (attach schedule)   |                               |  |                       |  |
| `                             | Less allowance for doubtful accounts   |                               |  |                       |  |
| . 8                           | Inventories for sale or use  |                               |  |                       |  |
| ssets                         | Prepaid expenses and deferred charges  |                               |  |                       |  |
| SSI                           | Investments - U S and state government obligations (attach schedule)                               |                               | ······   |                       |  |
| -1                            | Investments - corporate stock (attach schedule)  |                               |  | -                     |  |
| - 1                           | Investments - corporate bonds (attach schedule)  |                               |  |                       |  |
| 11                            | Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) |                               | <del>,                                    </del> |                       |  |
| 12                            | Investments - mortgage loans   |                               |  |                       |  |
| 13                            | Investments - other (attach schedule)  |                               |  |                       |  |
| 14                            | Land buildings, and  |                               |  |                       |  |
|                               | equipment basis Less accumulated depreciation (attach schedule)                                    |                               |  |                       |  |
| 15                            | Other assets (describe   |                               | ·····  |                       |  |
| 16                            | Total assets (to be completed by all filers - see the  |                               |  |                       |  |
| 1.0                           | instructions Also, see page 1, item 1)   | 0.                            | 0.   |                       |  |
| 17                            | Accounts payable and accrued expenses  | 0.                            | 0.   |                       |  |
| 18                            | Grants payable   |                               |  |                       |  |
|                               | Deferred revenue   |                               |  | -                     |  |
| Liabilities<br>02<br>12<br>03 | Loans from officers, directors, trustees, and other disqualified persons                           |                               |  | 1                     |  |
| E 21                          | Mortgages and other notes payable (attach schedule)  |                               | <del></del>                                      |                       |  |
| 를 22                          | Other liabilities (describe  |                               |  |                       |  |
| **                            | Other habilities (describe P)  |                               |  | 1                     |  |
| 23                            | Total liabilities (add lines 17 through 22)  | 0.                            | 0.   |                       |  |
| <del> </del> -                | Foundations that follow SFAS 117, check here   |                               |  | -                     |  |
|                               | and complete lines 24 through 26 and lines 30 and 31.  |                               |  |                       |  |
| S 24                          | Unrestricted   | 0.                            | 0.   | 1                     |  |
| 24<br>25                      | Temporarily restricted   |                               | <del> </del>                                     | =                     |  |
|                               | Permanently restricted   |                               |  |                       |  |
| or Fund Ba                    | Foundations that do not follow SFAS 117,   |                               |  |                       |  |
| ᇍ                             | check here and complete lines 27 through 31. ▶ 🔃   | }                             |  |                       |  |
| <sub>ට</sub> 27               | Capital stock, trust principal, or current funds   |                               |  |                       |  |
| <b>५</b> ३ 28                 | Paid-in or capital surplus, or land, bldg , and equipment fund                                     |                               |  |                       |  |
| ဖ္တို့ 29                     | Retained earnings, accumulated income, endowment, or other funds                                   |                               |  |                       |  |
| Net Assets<br>30<br>88        | Total net assets or fund balances (see page 17 of the  |                               |  |                       |  |
| Ž                             | instructions)  | 0.                            | 0.   | j                     |  |
| 31                            | Total liabilities and net assets/fund balances (see page 17  |                               |  | ]                     |  |
|                               | of the instructions)   | 0.                            | 0.   |                       |  |
| Part I                        | Analysis of Changes in Net Assets or Fund  |                               |  |                       |  |
|                               | I net assets or fund balances at beginning of year - Part  |                               | nust agree with                                  |                       |  |
|                               | of-year figure reported on prior year's return)  |                               |  |                       |  |
|                               | er amount from Part I, line 27a  |                               |  | (                     |  |
|                               |  |                               |  |                       |  |
|                               | lines 1, 2, and 3  |                               | · <del></del>                                    | (                     |  |
|                               | reases not included in line 2 (itemize)  |                               | 5  | ļ. ·                  |  |
|                               | Il net assets or fund balances at end of year (line 4 minus lin                                    | e 5) - Part II, column (b) In |  | (                     |  |

| P          | art IV Capital Gains  | and Losses for Tax on Inv  | estment Income  |  |   |                  |  |  |
|------------|---|--|---|--|---|------------------|--|--|
|            | (a) List and  | e g , real estate,<br>shs MLC Co )   | (b) How acquired P-Purchase D-Donation  | (c) Date<br>acquired<br>(mo , day, yr )      | (d) Date sold<br>(mo , day, yr )        |                  |  |  |
| 1 a        |   |  |   |  |   |                  |  |  |
| ь          |   |  |   |  |   |                  |  |  |
| С          |   |  |   |  |   |                  |  |  |
| d          |   |  |   | ļ  |   |                  |  |  |
| <u>e</u>   |   | . <u>.</u>   |   |  | <u> </u>                                |                  |  |  |
|            | (e) Gross sales price   | (f) Depreciation allowed (or allowable)  | (g) Cost or other basis<br>plus expense of sale                                       | (h) Gain or (loss)<br>(e) plus (f) minus (g) |   |                  |  |  |
| a          |   |  |   |  |   |                  |  |  |
| <u>b</u>   |   |  |   |  |   |                  |  |  |
| _ <u>c</u> |   |  |   |  |   |                  |  |  |
| <u>_d</u>  |   |  | <del></del>   |  |   |                  |  |  |
| <u>e</u>   |   |  | 1   |  |   |                  |  |  |
| _          | Complete only for assets s  | howing gain in column (h) and owned b  |   |  | Gains (Col (h) g<br>(k), but not less t |                  |  |  |
|            | (i) F M V as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of col (i)<br>over col (j), if any   | 4  | Losses (from co                         |                  |  |  |
| <u>a</u>   |   |  |   |  |   |                  |  |  |
| _b         |   |  |   | ļ  |   |                  |  |  |
| C          |   |  |   | ļ  |   |                  |  |  |
| <u>d</u>   |   |  |   |  |   |                  |  |  |
| <u>e</u>   |   |  | Samuel Death Inc. 7   | 1  |   |                  |  |  |
| 2          | Capital gain net income or (  |  | f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7            | 2  |   |                  |  |  |
|            |   | or (loss) as defined in sections 122.  |   |  |   |                  |  |  |
|            |   | line 8, column (c) (see pages 13 an  |   |  |   |                  |  |  |
|            |   | line 8   |   | 3  |   |                  |  |  |
|            |   |  | uced Tax on Net Investment In<br>section 4940(a) tax on net investmen                 |  |   |                  |  |  |
| Wa         |   | outo tino part blank   | T AVAILABLE FOR INITIAL  able amount of any year in the base o not complete this part |  | ETURNS                                  | Yes No           |  |  |
| <u></u>    |   |  | see page 18 of the instructions befor   | e makıng                                     | any entries                             |                  |  |  |
| ÷          | (a)   | (b)  | (c)   |  | (d)                                     |                  |  |  |
| c          | Base period years Calendar year (or tax year beginning in)                                | Adjusted qualifying distributions  | Net value of nonchantable-use assets  |  | Distribution ra<br>(col (b) divided by  |                  |  |  |
|            | 2009  |  |   | <u> </u>                                     | •                                       |                  |  |  |
| _          | 2008  |  |   |  |   |                  |  |  |
|            | 2007  |  |   |  |   |                  |  |  |
|            | 2006  |  |   |  |   |                  |  |  |
|            | 2005  |  |   |  |   |                  |  |  |
| 2          | •   | for the 5-year base period - divide the form of the fo | -   |  |   |                  |  |  |
| 4          | Enter the net value of non-   | charitable-use assets for 2010 from  | n Part X, line 5  | 4  |   |                  |  |  |
| 5          | Multiply line 4 by line 3   |  |   | 5  |   | <del></del> - ·· |  |  |
| 6          | Enter 1% of net investmen   | nt income (1% of Part I, line 27b)   |   | 6  |   |                  |  |  |
| 7          | Add lines 5 and 6   |  |   | 7  |   |                  |  |  |
| 8          | Enter qualifying distribution If line 8 is equal to or grant VI instructions on page 1.5. | eater than line 7, check the box   | ın Part VI, line 1b, and complete   | that part                                    | using a 1% ta                           | x rate See the   |  |  |

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| Par | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the inst  | ruction       | ons) |            |
|-----|--|---------------|------|------------|
| 1a  | 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 ruling letter if necessary - see instructions)  |               |      |            |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check   |               |      | 0.         |
|     | here and enter 1% of Part I, line 27b  |               |      |            |
| С   | 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   |               |      |            |
| 3   | Add lines 1 and 2  |               |      | 0.         |
| 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   |               |      | 0.         |
| 6   | Credits/Payments   |               |      |            |
| а   | 2010 estimated tax payments and 2009 overpayment credited to 2010   6a   |               |      |            |
| b   | Exempt foreign organizations-tax withheld at source  |               |      |            |
| С   | Tax paid with application for extension of time to line (rollin 8000)  |               |      |            |
| d   | Backup withholding erroneously withheld  |               |      | 0          |
| 7   | Total credits and payments Add lines 6a through 6d   |               |      | 0.         |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   |               |      | 0.         |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |               |      | <u> </u>   |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |               |      |            |
| 11  | Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded 11   |               |      |            |
| Par | t VII-A Statements Regarding Activities  |               |      |            |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   |               | Yes  | No<br>X    |
|     | participate or intervene in any political campaign?  | 1a            |      | _^_        |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19   |               |      | Х          |
|     | of the 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  | i             |      |            |
|     | published or distributed by the foundation in connection with the activities   | .             |      | v          |
|     | Did the foundation file Form 1120-POL for this year?   | 1c_           |      | X          |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  (2) On foundation managers (3) |               |      |            |
|     | (1) Of the foundation   1  | ļ             |      |            |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed  |               |      |            |
|     | on foundation managers > \$  |               |      | Х          |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | _2_           |      | _ ^        |
|     | 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  |               |      | Х          |
|     | incorporation, or 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            |      | _ ^        |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b            |      | X          |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |               |      |            |
|     | 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   | _             | Х    | İ          |
| _   | conflict with the state law remain in the governing instrument?  | <u>6</u><br>7 |      | Х          |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV                         |               | _    |            |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see page 19 of the  |               |      |            |
|     | instructions)   KY,  |               |      |            |
| ь   |  | 0.            | Х    |            |
| _   | (or designate) of each state as required by General Instruction G? If "No," attach explanation   | 8b            | 23   |            |
| 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 on page   |               |      | X          |
|     | 27)? If "Yes,"complete Part XIV  | _ 9           |      | _^         |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their   | 4-            |      | X          |
|     | names and addresses  | 10            |      | _ <u> </u> |

3b

4a

N/A

Х

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

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?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

| orm 99           | 90-PF (20  |  |   | 27-429  |  |         | Page <b>6</b>           |
|------------------|------------|--|---|---|--|---------|-------------------------|
| art              | VII-B      | Statements Regarding Activities  | for Which Form 47   | 20 May Be Requi                                 | red (continued)  |         | r                       |
|                  |            | ne year did the foundation pay or incur any amo<br>y on propaganda, or otherwise attempt to influe       |   | 945(e)) <sup>?</sup>                            | Yes X No   |         |                         |
|                  | direc      |  | <i></i>   |   |  |         |                         |
|                  |            | ride a grant to an individual for travel, study, or<br>ride a grant to an organization other than a cha  |   |   | . Yes X No   |         |                         |
|                  | secti      | ion 509(a)(1), (2), or (3), or section 4940(d)(2)?   | (see page 22 of the instri                                      | uctions)  | . Yes X No   |         |                         |
| ,                | . ,        | ride for any purpose other than religious, charit<br>poses, or for the prevention of cruelty to children |   |   | . Yes X No   |         |                         |
|                  |            | nswer is "Yes" to 5a(1)-(5), did any of the trons section 53 4945 or in a current notice reg             |   |   |  | 5b      | N/A                     |
|                  | •          | ations relying on a current notice regarding disa  |   |   | ▶ □  | İ       | 1                       |
|                  | because    | swer is "Yes" to question 5a(4), does the found<br>it maintained expenditure responsibility for the      | grant?  | m the tax                                       | . Yes X No   |         |                         |
|                  |            | attach the statement required by Regulations   |   |   |  |         |                         |
|                  |            | foundation, during the year, receive any funds, sonal benefit contract?                                  |   |   | Yes X No   |         |                         |
|                  | •          | foundation, during the year, pay premiums, dire  |   |   |  | 6Ь      | l x                     |
|                  |            | to 6b. file Form 8870  | out of mandally, and port                                       |   |  | • •     |                         |
|                  |            | me during the tax year, was the foundation a p   | arty to a prohibited tax she                                    | elter transaction?                              | Yes X No   | ,       |                         |
|                  | •          | did the foundation receive any proceeds or ha  | •   | -   | · <u> </u>   | 7b      | Х                       |
|                  | VIII       | Information About Officers, Direct   |   |   |  | loyees, |                         |
| 1 L              | ist all o  | <u>and Contractors</u><br>officers, directors, trustees, foundation i                                    | managers and their co   | mpensation (see pa                              | age 22 of the instructi  | ons).   |                         |
|                  |            | (a) Name and address   | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid, enter<br>-0-) | (d) Contributions to<br>employee benefit plans<br>and deferred compensation    |         | se account,<br>owances  |
| <br>T <u>T</u> F | ACHN       | MENT 1   |   | 0   | . 0.   |         |                         |
|                  |            |  | ·   |   |  |         |                         |
|                  |            |  |   |   |  |         |                         |
|                  |            |  |   |   |  |         |                         |
|                  |            | nsation of five highest-paid employees (<br>enter "NONE."  | other than those inclu  | ded on line 1 - see                             | page 23 of the instruc   | tions). |                         |
|                  | <u>-</u> - | d address of each employee paid more than \$50,000   | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                                | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation |         | se account,<br>lowances |
|                  |            |  |   |   |  | •       |                         |
|                  |            |  |   |   |  |         |                         |
|                  |            |  |   |   |  |         |                         |
|                  |            |  |   |   |  |         |                         |
|                  |            |  |   |   |  |         |                         |

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|---------------|--|---------------------------------------|--------------------|
| Part VIII     | Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued)   |                                       |                    |
| 3 Five        | nighest-paid independent contractors for professional services (see pa   | ge 23 of the instructions). If n      | one, enter "NONE." |
|               | (a) Name and address of each person paid more than \$50,000  | (b) Type of service                   | (c) Compensation   |
|               |  |                                       |                    |
|               |  |                                       |                    |
|               |  | ,,,_                                  |                    |
|               |  |                                       |                    |
|               |  |                                       |                    |
| Total numb    | er of others receiving over \$50,000 for professional services   | ·                                     | NONE               |
| Part IX-A     | Summary of Direct Charitable Activities  |                                       |                    |
|               | ndation's four largest direct chantable activities during the tax year include relevant statistic<br>s and other beneficiaries served, conferences convened, research papers produced, etc | cal information such as the number of | Expenses           |
| 1 N/A         |  |                                       |                    |
|               |  |                                       |                    |
| 2             |  |                                       |                    |
|               |  |                                       |                    |
| 3             |  |                                       |                    |
|               |  |                                       |                    |
| 4             |  |                                       |                    |
|               |  |                                       |                    |
| Part IX-B     |  |                                       |                    |
|               | two largest program-related investments made by the foundation during the tax year on lines 1 a  | nd 2                                  | Amount             |
| 1 NONE        |  |                                       |                    |
|               |  |                                       |                    |
| 2             |  |                                       |                    |
|               |  |                                       |                    |
| =             | gram-related investments. See page 24 of the instructions  |                                       |                    |
| 3 NONE        |  |                                       |                    |
|               |  |                                       |                    |
| Total. Add    | lines 1 through 3  |                                       |                    |
|               |  |                                       | - 000 DE           |

| Pai | Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)                                | n foundations,   |                |
|-----|--|------------------|----------------|
| 1   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,  |                  |                |
|     | purposes   |                  |                |
| а   | Average monthly fair market value of securities  | 1a               | 0.             |
| b   | Average of monthly cash balances   | 1b               | 0.             |
| С   | Fair market value of all other assets (see page 25 of the instructions)  | 1c               | 0.             |
|     | Total (add lines 1a, b, and c)   | 1d               | 0.             |
| е   | Reduction claimed for blockage or other factors reported on lines 1a and   |                  |                |
|     | 1c (attach detailed explanation)   |                  |                |
| 2   | Acquisition indebtedness applicable to line 1 assets   | 2_               | 0.             |
| 3   | Subtract line 2 from line 1d   | 3                | 0.             |
| 4   | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of   |                  |                |
|     |  | 4                | 0.             |
| 5   | the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                               | 5                | 0.             |
| 6   | Minimum investment return. Enter 5% of line 5  | 6                | 0.             |
| Pa  | TEXT Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private   | operating        |                |
|     | foundations and certain foreign organizations check here  and do not complete this pa  |                  |                |
| 1   | Minimum investment return from Part X, line 6  | 1                | 0.             |
|     | Tax on investment income for 2010 from Part VI, line 5   |                  |                |
| b   | Income tax for 2010 (This does not include the tax from Part VI) 2b  |                  | •              |
| С   | Add lines 2a and 2b  | 2c               | 0.             |
| 3   | Distributable amount before adjustments Subtract line 2c from line 1   | 3                | 0.             |
| 4   | Recoveries of amounts treated as qualifying distributions  | 4                |                |
| 5   | Add lines 3 and 4  | 5                | 0.             |
| 6   | Deduction from distributable amount (see page 25 of the instructions)  | 6                |                |
| 7   | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,  |                  |                |
|     | line 1   | 7                | 0.             |
| Pa  | rt XII Qualifying Distributions(see page 25 of the instructions)   |                  |                |
| 1   | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes  |                  |                |
| а   | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a               | 0.             |
| b   |  | 1b               | 0.             |
| 2   | Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., |                  | <u>-</u> :     |
|     | purposes   | 2                | 0.             |
| 3   | Amounts set aside for specific charitable projects that satisfy the  |                  |                |
| а   | Suitability test (prior IRS approval required)   | 3a               | 0.             |
| b   | Cash distribution test (attach the required schedule)  | 3b               | 0.             |
| 4   | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4                | 0.             |
| 5   | 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 page 26 of the instructions)   | 5                |                |
| 6   | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6                | 0.             |
| •   | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal  | culating whether | the foundation |
|     | qualifies for the section 4940(e) reduction of tax in those years  |                  |                |

| Form   | 990-PF (2010)  | 27-4292584            |                     |             |      |  |  |  |
|--------|--|-----------------------|---------------------|-------------|------|--|--|--|
| Pa     | rt XIII Undistributed Income (see page   | 26 of the instruction | ns)                 |             |      |  |  |  |
|        |  | (a)                   | (b)                 | (c)         | (d)  |  |  |  |
| 1      | Distributable amount for 2010 from Part XI,  | Corpus                | Years prior to 2009 | 2009        | 2010 |  |  |  |
|        | line 7   |                       |                     |             | 0.   |  |  |  |
| 2      | Undistributed income, if any, as of the end of 2010  |                       |                     |             |      |  |  |  |
|        | Enter amount for 2009 only   |                       |                     |             |      |  |  |  |
| b      | Total for prior years 20 08 ,20 07 ,20 06  |                       |                     |             |      |  |  |  |
| 3      | Excess distributions carryover, if any, to 2010  |                       |                     |             |      |  |  |  |
|        | From 2005  |                       |                     |             |      |  |  |  |
|        | From 2006  |                       |                     |             |      |  |  |  |
|        | From 2007  |                       |                     |             |      |  |  |  |
|        | From 2008  |                       |                     |             |      |  |  |  |
|        | From 2009  |                       |                     |             |      |  |  |  |
|        | Total of lines 3a through e  |                       |                     |             |      |  |  |  |
| 4      | Qualifying distributions for 2010 from Part XII, line 4 > \$                                 |                       |                     |             |      |  |  |  |
|        |  |                       |                     |             |      |  |  |  |
| а      | Applied to 2009, but not more than line 2a   |                       |                     | <del></del> |      |  |  |  |
| b      | Applied to undistributed income of prior years (Election                                     |                       |                     |             |      |  |  |  |
|        | required - see page 26 of the instructions)  |                       |                     | 1           |      |  |  |  |
| С      | Treated as distributions out of corpus (Election   |                       |                     |             |      |  |  |  |
| _      | required - see page 26 of the instructions)  |                       |                     |             |      |  |  |  |
|        | Applied to 2010 distributable amount   | 0.                    |                     | Party       |      |  |  |  |
| е<br>5 | Remaining amount distributed out of corpus  Excess distributions carryover applied to 2010   |                       |                     |             |      |  |  |  |
| 3      | (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:                                       |                       |                     |             |      |  |  |  |
|        | Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 0.                    |                     |             |      |  |  |  |
|        | ,  | <del>_</del>          |                     |             |      |  |  |  |
| D      | Prior years' undistributed income Subtract line 4b from line 2b                              |                       |                     |             |      |  |  |  |
| С      | 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                     |                       |                     |             |      |  |  |  |
| ч      | Subtract line 6c from line 6b Taxable  |                       |                     |             |      |  |  |  |
| _      | amount - see page 27 of the instructions   |                       |                     |             |      |  |  |  |
| е      | Undistributed income for 2009 Subtract line  |                       |                     |             |      |  |  |  |
|        | 4a from line 2a Taxable amount - see page 27 of the instructions                             |                       |                     |             |      |  |  |  |
|        | Undistributed income for 2010 Subtract lines   |                       |                     |             |      |  |  |  |
| •      | 4d and 5 from line 1 This amount must be   |                       |                     |             |      |  |  |  |
|        | distributed in 2011  |                       |                     |             |      |  |  |  |
| 7      | Amounts treated as distributions out of corpus to satisfy requirements imposed by section    |                       |                     |             |      |  |  |  |
|        | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the   |                       |                     |             |      |  |  |  |
|        | instructions)  |                       |                     |             |      |  |  |  |
| 8      | Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the |                       |                     |             |      |  |  |  |
|        | instructions)  |                       |                     |             |      |  |  |  |
| 9      | Excess distributions carryover to 2011.  | _                     |                     |             |      |  |  |  |
|        | Subtract lines 7 and 8 from line 6a  | 0.                    |                     |             |      |  |  |  |
|        | Analysis of line 9   |                       |                     |             |      |  |  |  |
|        | Excess from 2006   |                       |                     |             |      |  |  |  |
| b      | Excess from 2007   |                       |                     |             |      |  |  |  |
| C      |  |                       |                     |             |      |  |  |  |
| d      |  |                       |                     |             |      |  |  |  |
| е      | Excess from 2010 0 .   |                       |                     |             | 1    |  |  |  |

| Pa  | rt XIV Private Oper   | ating Foundations         | see page 27 of the      | instructions and Pa     | rt VII-A, question 9) | NOT APPLICABLE                                   |
|-----|---|---------------------------|-------------------------|-------------------------|-----------------------|--|
| 1 a | If the foundation has   | received a ruling or d    | etermination letter tha | it it is a private oper | ating                 |  |
|     | foundation, and the ruling                                      |                           |                         |                         | . ▶                   |  |
| b   | Check box to indicate whe                                       |                           |                         |                         | 49420                 | (3) or 4942(J)(5)                                |
| ~   | Oncok box to indicate inno                                      | Tax year                  |                         | Prior 3 years           |                       |  |
| 2 a | Enter the lesser of the ad-                                     | <del></del>               | (F) 2000                | 1                       | (d) 2007              | (e) Total  |
|     | justed net income from Part  I or the minimum investment        | (a) 2010                  | (b) 2009                | (c) 2008                | (4) 2001              | <del>                                     </del> |
|     | return from Part X for each                                     |                           |                         |                         |                       |  |
|     | year listed   |                           |                         | <u> </u>                | <u> </u>              |  |
| 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  | <del></del>               |                         |                         |                       |  |
| e   | Qualifying distributions made<br>directly for active conduct of |                           |                         |                         |                       |  |
|     | exempt activities Subtract line                                 |                           |                         |                         |                       |  |
| _   | 2d from line 2c   |                           |                         |                         |                       |  |
| 3   | Complete 3a, b or c for the<br>alternative test relied upon     |                           |                         |                         |                       |  |
| а   | "Assets" alternative test - enter                               |                           |                         |                         |                       |  |
|     | (1) Value of all assets   |                           |                         |                         |                       |  |
|     | (2) Value of assets qualifying                                  |                           |                         |                         |                       |  |
|     | under section   |                           |                         |                         |                       |  |
| ь   | 4942(j)(3)(B)(i)<br>"Endowment" alternative test-               |                           |                         |                         |                       |  |
|     | enter 2/3 of minimum invest-                                    |                           |                         |                         |                       |  |
|     | ment return shown in Part X,                                    |                           |                         |                         |                       |  |
|     | line 6 for each year listed                                     |                           |                         |                         |                       |  |
| С   | "Support' alternative test - enter                              | 1                         |                         |                         |                       |  |
|     | (1) Total support other than gross investment income            |                           |                         |                         |                       |  |
|     | (interest dividends rents,                                      |                           |                         |                         |                       |  |
|     | payments on securities  |                           |                         |                         |                       |  |
|     | loans (section 512(a)(5)),<br>or royalties)                     |                           |                         |                         |                       |  |
|     | (2) Support from general  |                           |                         |                         |                       |  |
|     | public and 5 or more<br>exempt organizations as                 |                           |                         |                         |                       | }  |
|     | provided in section 4942  |                           |                         |                         |                       |  |
|     | (j)(3)(B)(iii)  |                           |                         |                         | <del></del>           |  |
|     | port from an exempt   |                           |                         |                         |                       |  |
|     | organization  |                           |                         |                         |                       | <del>- </del>                                    |
|     | (4) Gross investment income                                     | 1.6                       |                         | and if the forms        | lation had 65 000     | or more in essets                                |
| 126 |   |                           |                         |                         | ation nad \$5,000     | or more in assets                                |
|     |   | during the year - se      |                         | istructions.)           |                       |  |
| 1   | Information Regarding   | , -                       |                         |                         |                       |  |
| а   | List any managers of  | the foundation who l      | nave contributed mor    | re than 2% of the total | al contributions rece | ived by the foundation                           |
|     | before the close of any   | y tax year (but only if t | ney nave contributed    | more than \$5,000) (    | See section 507(a)(2) | 1  |
|     | N/A   |                           |                         |                         |                       |  |
|     | List any managers of  | the foundation who        | own 10% or more o       | of the stock of a corr  | oration (or an equal  | ly large portion of the                          |
| -   | ownership of a partner  |                           |                         |                         |                       | ,, .a.g. p                                       |
|     | James of a partito  |                           |                         |                         |                       |  |
|     | NT /70  |                           |                         |                         |                       |  |
| _   | N/A Information Regarding                                       | - Contribution Grant      | Gift Loan Scholarch     | in atc. Programs:       | ***                   | -  |
| 2   | <u> </u>  | -                         |                         |                         |                       |  |
|     | Check here ▶ X If   | the foundation only       | makes contributions     | to preselected char     | ritable organizations | and does not accept                              |
|     |   |                           |                         |                         | e 28 of the instruct  | ions) to individuals or                          |
|     | organizations under of  | ther conditions, compl    | ete items 2a, b, c, and | d d                     |                       |  |
| а   | The name, address, ar   | nd telephone number o     | f the person to whom    | applications should be  | addressed             |  |
|     |   | ·                         | •                       |                         |                       |  |
|     | The form in which appl  | ications should be sub    | mitted and information  | and materials they sh   | ould include          |  |
| -   | The form in windin appr   | iodiono onodia de cab     |                         | and materials triby on  | 00.00.000             |  |
|     |   |                           |                         |                         |                       |  |
| _   | <del></del>   |                           | <del></del>             | <del></del>             |                       |  |
| С   | Any submission deadli   | nes                       |                         |                         |                       |  |
|     |   |                           |                         |                         |                       |  |
| _   |   |                           |                         |                         |                       |  |
| d   | Any restrictions or I   | imitations on awards      | s, such as by geogr     | raphical areas, charit  | able fields, kınds of | f institutions, or other                         |
|     | factors   |                           |                         |                         |                       |  |
|     |   |                           |                         |                         |                       |  |

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| Form | 990-PF (2010)   |   |                      | 27-4292584                       | Page <b>11</b> |
|------|---|---|----------------------|----------------------------------|----------------|
| Pai  | rt XV Supplementary Information (   | continued)  |                      |                                  |                |
| 3    | Grants and Contributions Paid Durin Recipient Name and address (home or business) | ng the Year or App                                      | roved for f          | uture Payment                    |                |
|      | Recipient   | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount         |
|      | Name and address (home or business)   | any foundation manager<br>or substantial contributor    | recipient            | contribution                     |                |
| а    | Paid during the year  |   |                      |                                  |                |
|      |   |   |                      |                                  |                |
|      |   |   |                      |                                  |                |
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|      |   |   |                      | i                                |                |
|      |   |   |                      |                                  |                |
|      |   |   |                      |                                  |                |
|      | Total   |   |                      | ▶ 3a                             |                |
| b    | Approved for future payment   |   |                      |                                  |                |
|      | , ,   |   |                      |                                  |                |
|      |   |   |                      |                                  |                |
|      |   |   |                      |                                  |                |
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|      |   |   |                      |                                  |                |
|      |   |   |                      | L                                |                |

|                    | mounts unless otherwise indicated  | Unitela              | ited business income | Excluded by           | section 512, 513, or 514 | (e) Related or exempt                                   |
|--------------------|--|----------------------|----------------------|-----------------------|--------------------------|---|
| Program            | service revenue  | (a)<br>Business code | (b)<br>Amount        | (c)<br>Exclusion code | (d)<br>Amount            | function income<br>(See page 28 of<br>the instructions) |
| -                  | SCIVICE TEVENIUE   |                      |                      |                       |                          |   |
|                    |  |                      |                      |                       |                          |   |
|                    |  | •                    |                      |                       |                          |   |
|                    |  |                      |                      |                       |                          |   |
|                    |  |                      |                      |                       |                          |   |
| f                  |  |                      |                      |                       |                          |   |
| g Fees a           | and contracts from government agencies   |                      |                      |                       |                          |   |
| Members            | ship dues and assessments  |                      |                      |                       |                          |   |
|                    | savings and temporary cash investments   |                      |                      |                       |                          |   |
| Dividend:          | s and interest from securities   |                      |                      |                       |                          |   |
| Net renta          | Il income or (loss) from real estate   |                      |                      |                       |                          |   |
| a Debt-            | financed property  |                      |                      |                       |                          |   |
|                    | ebt-financed property  |                      |                      |                       |                          |   |
|                    | income or (loss) from personal property .  |                      |                      |                       |                          |   |
| Other inv          | restment income  |                      |                      |                       |                          |   |
|                    | ess) from sales of assets other than inventory   |                      |                      | -                     |                          | <del></del>   |
|                    | me or (loss) from special events   |                      |                      | -                     |                          |   |
|                    | ofit or (loss) from sales of inventory   |                      |                      |                       | -                        | <u> </u>  |
| Other rev          | venue a  |                      |                      | <del></del>           |                          | <del> </del>  |
| ь                  |  |                      |                      |                       |                          |   |
|                    |  |                      |                      |                       |                          | <del>  </del>   |
| d                  |  |                      | <u> </u>             | <del></del>           |                          | <del> </del>  |
| e                  | Add columns (b), (d), and (e)  |                      |                      |                       |                          |   |
|                    |  |                      | 10013                |                       |                          |   |
| irt XVI-<br>ne No. | Explain below how each activity  | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly to<br>ses) (See page 29 o             |
| rt XVI-            | B Relationship of Activities   | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly to<br>ses) (See page 29 o             |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly to<br>ses) (See page 29 o             |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly to                                    |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly ties) (See page 29 d                  |
| rt XVI-<br>le No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly tipes) (See page 29                   |
| t XVI-<br>e No.    | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly tipes) (See page 29                   |
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| t XVI-<br>e No.    | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly ties) (See page 29 d                  |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly ties) (See page 29 d                  |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly ties) (See page 29                    |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly ties) (See page 29                    |
| rt XVI-<br>ne No.  | B Relationship of Activities  Explain below how each activity accomplishment of the foundation | to the Ac            | complishment of E    | ın column (           | e) of Part XVI-A contrib | outed importantly tipes) (See page 29                   |

| Form 990- | PF (20  | 10)   |                        |                        |                     | 27             | -4292584                                       |                         |            | Pa         | age 13  |
|-----------|---------|---|------------------------|------------------------|---------------------|----------------|--|-------------------------|------------|------------|---------|
| Part X    |         |   | Regarding Trans        | ansfers To ar          | nd Transac          | tions ar       | nd Relation                                    | nships With             | Nonc       | harit      | able    |
| ın        |         | organization directly<br>on 501(c) of the C       | or indirectly ei       |                        |                     |                |  |                         |            | Yes        | No      |
| a Tr      | ansfers | from the reporting fou                            | indation to a noncha   | arıtable exempt orga   | anization of        |                |  |                         |            |            |         |
| (1)       | Cash    |   |                        |                        |                     |                |  |                         | 1a(1)      |            | X       |
| (2)       | ) Othe  | rassets   |                        |                        |                     |                | · · · · · · · ·                                |                         | 1a(2)      |            | X       |
|           |         | nsactions   |                        |                        |                     |                |  |                         | 4. 44      |            | v       |
|           |         | s of assets to a noncha                           |                        |                        |                     |                |  |                         |            |            | X       |
|           | •       | hases of assets from a                            |                        |                        |                     |                |  |                         |            |            | X       |
|           |         | al of facilities, equipme<br>abursement arrangeme |                        |                        |                     |                |  |                         |            |            | X       |
|           |         | is or loan guarantees                             |                        |                        |                     |                |  |                         |            |            | X       |
|           |         | ormance of services or                            |                        |                        |                     |                |  |                         |            |            | Х       |
| • •       |         | of facilities, equipment,                         |                        |                        |                     |                |  |                         |            |            | Х       |
|           | _       | answer to any of                                  | -                      |                        |                     | hedule Co      | olumn (b) sho                                  | ould always sho         | w the      | fair       | market  |
|           |         | the goods, other                                  |                        |                        |                     |                |  |                         |            |            |         |
| va        | lue in  | any transaction of                                | sharing arrange        | ment, show in c        | column (d) the      | value of       | the goods,                                     | other assets, or        | service    | es rec     | ceived  |
| (a) Line  | no      | (b) Amount involved                               | (c) Name of nor        | charitable exempt org  | anization           |                | tion of transfers,                             | transactions, and sha   | ring arrar | gemer      | its     |
|           |         | N/A   |                        |                        |                     | N/A            |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           | -       |   | · -                    | <del></del>            |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            | ,          |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   |                        |                        |                     |                | <u>.                                      </u> |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
| .,        |         |   |                        |                        |                     |                | <del> </del>                                   |                         |            |            |         |
|           |         |   | ļ                      |                        |                     |                |  | -                       |            |            |         |
|           |         |   |                        |                        |                     |                | -  |                         |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         | foundation directly d in section 501(c) of        | •                      |                        |                     |                |  | -                       | Y          | es 🗌       | No      |
| b If      | "Yes,"  | complete the following                            |                        |                        |                     |                |  |                         |            |            |         |
|           |         | (a) Name of organization                          | 1                      | (b) Type of            | organization        |                | (c)  | Description of relation | iship      |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         | -   |                        | <u> </u>               |                     |                |  | ····-                   |            |            |         |
|           |         |   |                        |                        |                     |                |  |                         |            |            |         |
|           |         |   | -                      |                        |                     |                |  |                         |            |            |         |
|           | Under   | penalties of perjury, I d                         | leclare that I have ex | amined this return, in | ncluding accompa    | nying schedi   | ules and stateme                               | ents, and to the bes    | of my l    | nowled     | ige and |
| Sign      | belief, | it is true, correct, and co                       | mplete Declaration of  | preparer (other than t | taxpayer or fiducia | ry) is based o | on all information                             | of which preparer h     | as any kn  | owledg     | je      |
| Here      |         | Co  | ~                      |                        | 6/                  | 29/11          | <b>.</b>                                       | CFO                     |            |            |         |
|           | Sı      | gnature of officer or truste                      | е                      |                        | Date                |                | Title  |                         |            |            |         |
|           |         | Print/Type preparer's                             | name                   | Preparer's signa       | ature               |                | Date   |                         | PTIN       |            |         |
| Paid      |         | Value P Da  | anier CDA              | Down D                 | herei               | COA            | 8/20/1   | Check X If              |            |            |         |
| Prepa     | rer     | JAMES 1. KE                                       | gnier, CPA             | TXMMOR                 | ·rzma               | 141            | 0.0011   | self-employed           |            |            | ე5      |
|           |         |   | KD, LLP                |                        | <u> </u>            |                | F  | irm's EIN ▶ 44-         | 01602      | <u>6</u> 0 |         |
| Use C     | лпу     | Firm's address ▶ 4 (                              |                        |                        | PO BOX 119          |                |  |                         | 701 0      |            |         |
|           |         |   | BOWLING                | GREEN, KY              |                     | 4210           | 02-1196   F                                    | hone no 270-            | 781-0      | 111        |         |

ATTACHMENT

FORM 990PF, PART VIII

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 1

## Form **8868**

(Rev January 2011)

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

OMB No 1545-1709

Department of the Treasury

| nternal Revenue  | Service  | File a   | separate app                                   | plication for each return   |  |           |                            |  |  |  |  |  |
|--|--|--|--|---|--|-----------|----------------------------|--|--|--|--|--|
| If you are   | filing for an  | Automatic 3-Month Extension, co                          | omplete on                                     | ly Part I and check this box  |  |           | ▶ X                        |  |  |  |  |  |
| If you are   | filing for an  | Additional (Not Automatic) 3-Mor                         | nth Extensi                                    | ion, complete only Part II (on page   | 2 of this for  | m)        |                            |  |  |  |  |  |
|  |  |  |  | matic 3-month extension on a previous   |  |           |                            |  |  |  |  |  |
| Electronic fil   | ling (e-file)  | You can electronically file Form                         | 8868 if yo                                     | u need a 3-month automatic extens   | sion of time   | to file ( | 6 months for               |  |  |  |  |  |
| a corporation  | required t   | o file Form 990-T), or an addition                       | al (not aut                                    | tomatic) 3-month extension of time  | You can ele  | ectronic  | ally file Form             |  |  |  |  |  |
| 8868 to req  | uest an ext  | ension of time to file any of the                        | forms liste                                    | d in Part I or Part II with the excep   | otion of For   | m 8870    | , Information              |  |  |  |  |  |
| Return for   | Transfers A  | ssociated With Certain Persona                           | Benefit (                                      | Contracts, which must be sent to  | the IRS in   | paper     | format (see                |  |  |  |  |  |
|  |  |  |  | sit www.irs.gov/efile and click on e-f  | ile for Charit   | es & No   | onprofits                  |  |  |  |  |  |
|  |  | Month Extension of Time. On                              |  |   |  |           |                            |  |  |  |  |  |
| A corporation  | required to  | file Form 990-T and requesting an                        | automatic                                      | 6-month extension - check this box a  | ind complete   | t ·       |                            |  |  |  |  |  |
| Part I only  |  |  |  |   |  |           |                            |  |  |  |  |  |
| All other corp   | oorations (in  | cluding 1120-C filers), partnerships                     | s, REMICs,                                     | and trusts must use Form 7004 to re   | quest an ext   | ension c  | of time                    |  |  |  |  |  |
| to file income   | e tax returns  |  |  |   |  |           |                            |  |  |  |  |  |
| Type or  | Name of ex   | empt organization  |  |   | Employer identification number                                   |           |                            |  |  |  |  |  |
| print  | HALTON   | FOUNDATION, INC.   |  |   | 27-4292584   |           |                            |  |  |  |  |  |
| File by the  | Number, str  | eet, and room or suite no. If a P.O. box                 | , see instruc                                  | tions   | ee instructions e application for each return)  lication  Return |           |                            |  |  |  |  |  |
| due date for   | 2413 NA  | ASHVILLE RD, SUITE C4                                    |  |   |  |           |                            |  |  |  |  |  |
| filing your  |  | post office, state, and ZIP code For a                   | foreign add                                    | ress, see instructions  |  |           |                            |  |  |  |  |  |
| return See<br>Instructions   |  | G GREEN, KY 42101  | -  |   |  |           |                            |  |  |  |  |  |
|  | Боивтис  | GREEN, KI 12101  |  |   |  |           |                            |  |  |  |  |  |
| Enter the Re   | turn code fo   | r the return that this application is f                  | or (file a se                                  | eparate application for each return)  |  |           | 04                         |  |  |  |  |  |
| Application  |  |  | Return   | Application   |  |           | Return                     |  |  |  |  |  |
| ls For   |  |  | Code   | Is For  |  |           | 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                         |  |  |  |  |  |
|  |  | as 409(a) truet)   | 05   | Form 6069   |  |           | 11                         |  |  |  |  |  |
|  | orm 990-T (sec. 401(a) or 408(a) trust) orm 990-T (trust other than above)   |  | 06   |   |  | -         | 12                         |  |  |  |  |  |
| Form 990-1   | (trust other t   | nan above)   | 1 00   | Form 8870   |  |           | 12                         |  |  |  |  |  |
| Telephone If the orga If this is for   | e No ▶<br>anization doe<br>or a Group R<br>e group, che  | eturn, enter the organization's fou<br>eck this box      | usiness in t<br>r digit Grou<br>f it is for pa | •   |  | If        | ▶ ☐<br>f this is<br>attach |  |  |  |  |  |
|  |  | EINs of all members the extension                        |  |   |  |           |                            |  |  |  |  |  |
| until<br>for the<br>▶  | organization   | 08/15 , 20 11 , to file the earls return for ear 20 or   | exempt org                                     | ired to file Form 990-T) extension of anization return for the organization r | named above  |           |                            |  |  |  |  |  |
|  | •  | red in line 1 is for less than 12 mor<br>counting period | nths, check                                    | reason X Initial return   | Final return   |           |                            |  |  |  |  |  |
|  | a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative to nonrefundable credits. See instructions |  |  |   |  |           | 0.                         |  |  |  |  |  |
| <b>b</b> If this   | application  | ıs for Form 990-PF, 990-T,                               | 4720, o  | r 6069, enter any refundable c  | redits and   |           | -                          |  |  |  |  |  |
| estima   | ted tax pay  | ments made Include any prior yea                         | ar overpayn                                    | nent allowed as a credit  |  | 3b \$     |                            |  |  |  |  |  |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, |  |  |  |   |  |           |                            |  |  |  |  |  |
| (Electronic Federal Tax Payment System) See instruc  |  |  |  | •   | -  | 3c \$     | 0.                         |  |  |  |  |  |
|  |  |  |  | with this Form 8868, see Form   | 8453-EO ar   |           | 8879-EO for                |  |  |  |  |  |
| payment ins  | -  | ing in many and another faile                            |  | •   |  | •         |                            |  |  |  |  |  |
|  |  | Act Notice see Instructions                              |  |   |  | Form 886  | 68 (Rev. 1-2011)           |  |  |  |  |  |

| Form 8   | 868 (Rev  | 1-2011)   |   |  |                                |          |       | Page 2             |  |  |  |
|--|---|---|---|--|--------------------------------|----------|-------|--------------------|--|--|--|
| • If y   | ou are  | filing for an Additional (Not Automatic) 3-Mor  | nth Extens  | ion, complete only Part II and che                       | ck this box                    |          |       | <b>▶</b> X         |  |  |  |
| Note.  | Only c  | omplete Part II if you have already been grante   | d an auton  | natic 3-month extension on a previou                     | sly filed Forr                 | n 8      | 368   |                    |  |  |  |
| <ul><li>If y</li></ul>                                       | ou are  | filing for an Automatic 3-Month Extension, co   | omplete on  | nly Part I ( on page 1)                                  |                                |          |       |                    |  |  |  |
| Part   | 111   | Additional (Not Automatic) 3-Month Ex   | tension o   | f Time. Only file the original (no                       | copies nee                     | ede      | d)    |                    |  |  |  |
|  |   | Name of exempt organization   |   |  | Employer identification number |          |       |                    |  |  |  |
| print  |   |   | 27-4292584  |  |                                |          |       |                    |  |  |  |
| File by  |   | tions   | •   |  |                                |          |       |                    |  |  |  |
| extend   | ed  | 2413 NASHVILLE RD, SUITE C4   |   |  |                                |          |       |                    |  |  |  |
| filing yo  | our   | City, town or post office, state, and ZIP code For a foreign address, see instructions  |   |  |                                |          |       |                    |  |  |  |
|  |   |   |   |  |                                |          |       |                    |  |  |  |
| IIISH GC   | 10115   | 25.121.10   |   |  | - <del></del>                  |          |       | •                  |  |  |  |
| Enter  | the Re  | turn code for the return that this application is f   | or (file a se   | eparate application for each return)                     |                                |          | • • • | 04                 |  |  |  |
| Application  |   |   | Return  | Application  |                                |          |       | Return             |  |  |  |
|  |   |   | Code  | Is For   |                                |          |       | Code               |  |  |  |
| Is For   |   |   | 01  | 10 1 01  |                                |          |       | +                  |  |  |  |
|  |   |   | 02  | Form 1041-A  |                                |          |       | 08                 |  |  |  |
|  | HALTON FOUNDATION, INC.  Number, street, and room or suite no if a P O box 2413 NASHVILLE RD, SUITE C4 City, town or post office, state, and ZiP code For a BOWLING GREEN, KY 42101  ter the Return code for the return that this application is for me 990 mm 990 mm 990-BL mm 990-FT mm 990-T (sec 401(a) or 408(a) trust) mm 990-T (trust other than above)  OP! Do not complete Part II if you were not already gra The books are in the care of COMPANY BOOKKE. Telephone No 270 393-7214  If the organization does not have an office or place of b if this is for a Group Return, enter the organization's fou the whole group, check this box |   | 03  | Form 4720  |                                |          |       | 09                 |  |  |  |
|  |   |   | 03  | Form 5227  |                                |          |       | 10                 |  |  |  |
|  |   |   |   |  |                                |          |       | 11                 |  |  |  |
|  |   |   | 05  | Form 6069  |                                |          |       | 12                 |  |  |  |
|  |   |   | 06  | Form 8870  | oviously file                  | E        |       |                    |  |  |  |
| Te     If 1     If 1     for th     list w     4     5     6 | elephone the orga this is fo e whole ith the r I reque For cal If the ta C State ir   | a No ▶ 270 393-7214  Inization does not have an office or place of but a Group Return, enter the organization's found a group, check this box ▶ | usiness in too digit Ground it is for pass for the state of the state | p Exemption Number (GEN) rt of the group, check this box | Final retu                     | 12       | and   | f this is attach a |  |  |  |
|  | nonrefu<br>If this<br>estima  | undable credits See instructions application is for Form 990-PF, 990-T, ted tax payments made Include any pri                                   | 4720, or  | r 6069, enter any refundable c                           | redits and                     | 8a<br>8b |       | 0                  |  |  |  |
|  | Balanc  | ee Due. Subtract line 8b from line 8a Include onic Federal Tax Payment System) See instru   | ctions  |  | sing EFTPS                     |          |       | 0                  |  |  |  |
|  |   | of perjury, I declare that I have examined this form,   | including acc   | nd Verification companying schedules and statements, and | to the best of                 | my       | kno   | wledge and belie   |  |  |  |
| Signature >  |   |   |   | Title .  | Data B                         |          |       |                    |  |  |  |
| Signat   | ture 🚩  | · · · · · · · · · · · · · · · · · · ·   |   | Title  | Date                           |          |       | 00 (5)             |  |  |  |
|  |   |   |   |  |                                | ron      | 11 60 | 68 (Rev 1-2011     |  |  |  |