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`Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2010

For	alen	dar year 2010, or tax year beginning JAN	27, 2010	, and ending	DEC 31, 2010)
		all that apply: Initial return		rmer public charity	Final return	
- (Amended return	Address chang		Name change	
Nar	ne of	foundation			A Employer identification	n number
		WM CRAIG AND TENEEN L	DOBBS		' '	
		CHARITABLE FOUNDATION			27-6429985	
Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	_
		2360 TREESDALE CIRCLE			3178485377	7
City	or to	own, state, and ZIP code			C If exemption application is a	pending, check here
		CARMEL, IN 46032			D 1. Foreign organization	s, check here 🕨 🔲
H_ (heck	type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations m check here and attach c	eeting the 85% test, omputation
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation sta	atus was terminated
I Fa	ır ma	rket value of all assets at end of year J Accounting	•	Accrual	under section 507(b)(1	
-			her (specify)		F If the foundation is in a	
_	\$		mn (d) must be on cash b	pasis)	under section 507(b)(1	T
Pa	<u>ırt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	191,500.		N/A	
	2	Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary	2.0	30		CMAMPARPARM 1
	3	cash investments	30.	30.		STATEMENT 1
	4	Dividends and interest from securities				
		Gross rents				
	_	Net rental income or (loss)				
ne	Da h	Net gain or (loss) from sale of assats not on line of Gross sales price for all				
Revenue	7	assets on line 6a		0.		
Be	,	Capital gain net income (from Part IV, line 2) Net short-term cap tal gain G 2 2 2011				-
	ů	Income modulications		TIT F		
	10a	Gross sales less returns and allowances				
	ı	Less Cost of goods sold				
	I	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	191,530.	30.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
ë	b	Accounting fees	,			
Expens	C	Other professional fees				
<u>×</u>	17	Interest				
and Administrative	18	Taxes				
nist	19	Depreciation and depletion				
Ē	20	Occupancy				
Ψ	21	Travel, conferences, and meetings				ļ
anc	22	Printing and publications				
ģ	23	Other expenses STMT 2	1,343.	0.		0.
Operating	24	Total operating and administrative		_		
be		expenses. Add lines 13 through 23	1,343.	0.		0.
	25	Contributions, gifts, grants paid	182,520.			182,520.
•	26	Total expenses and disbursements	100 000	•		100 500
	_	Add lines 24 and 25	183,863.	0.		182,520.
	l	Subtract line 26 from line 12:				
	ı	Excess of revenue over expenses and disbursements	7,667.			
1	l	Net investment income (if negative, enter -0-)		30.		
0235		Adjusted net income (if negative, enter -0-)			N/A	Form 000 PE (0010)

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918

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

023511 12-07-10

Form **990-PF** (2010)

Decreases not included in line 2 (itemize)

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

	ribe the kind(s) of proper arehouse; or common sto			(0) F P. D	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a	.						
	NE						
<u> </u>							
<u> </u>							
e (e) Gross sales price	(f) Depreciation all (or allowable		st or other basis expense of sale		i	(h) Gain or (loss (e) plus (f) minus	
1							
)							
3							
	<u> </u>			\dashv	-		
Complete only for assets show	T		·····			i) Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted bate as of 12/31/6		xcess of col. (I) r col. (J), If any			l. (k), but not less tha Losses (from col.	(h))
					_		
				_			
Capital gain net income or (net c	apıtal loss) { If gaı	n, also enter in Part I, line ss), enter -0- in Part I, line	7 e 7	}	2		
Net short-term capital gain or (lo If gain, also enter in Part I, line 8		3 1222(5) and (6):		٦	!		
If (loss), enter -0- in Part I, line 8				Ŋ	3		
Part V Qualification U	Jnder Section 49	40(e) for Reduced	d Tax on Net	Inv	estment In	come	
section 4940(d)(2) applies, leave to as the foundation liable for the sec	ction 4942 tax on the dist lify under section 4940(e). Do not complete this p	art.				Yes !
Enter the appropriate amount in (a)	each column for each ye		e making any entri				(d)
Base periód years Calendar year (or tax year beginn	ing in) Adjusted q	(b) ualifying distributions	Net value of no	(c) nchar	ıtable-use asset	Distri (col. (b) di	bution ratio vided by col. (c))
2009							
2008 2007							
2007			 			+	
2005			 				
2000	1		<u> </u>				
Total of line 1, column (d)						2	
Average distribution ratio for the	5-year base period - divi	de the total on line 2 hv 5	, or by the number	of ve	ars		
the foundation has been in existe		oo allo total on lillo E by o	,,	J. 90		3	
	ii iooo alan o yould						
Enter the net value of noncharita	ble-use assets for 2010 f	rom Part X, line 5				4	
Multiply line 4 by line 3						5	
Enter 1% of net investment inco	me (1% of Part I, line 27b))				6	
Add lines 5 and 6						7	
Enter qualifying distributions from						8	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in	Part VI, line 1b, and com	plete that part usin	g a 19	% tax rate.		

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			5429			age 4
		740 -	see ii	istru	Clioi	15)
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 letter if necessary-see instructions)					4
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				1.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			_	1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>1.</u>
	Credits/Payments:					
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld	}				_
7	Total credits and payments. Add lines 6a through 6d	7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				1.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
Pa	art 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 participate or intervene	ın			Yes	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		ļ	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ļ			
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .		ļ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax_imposed on foundation					
	managers ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		į			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	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 instructions)					
	IN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		_X
40	Did any paraona hannes authoroptical contributors during the tay year?	mmm	1	40	v	l

wm craig and teneen L do crm 990-PF (2010) CHARITABLE FOUNDATION	BBS	,	27-642998	35 Page	
orm 990-PF (2010) CHARITABLE FOUNDATION Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	und)	J Paye	-0
	Way De F	ioquii ou (contint	160)		
5a During the year did the foundation pay or incur any amount to:	4045(0)\0		s X No		
(1) *Carry on propaganda, or otherwise attempt to influence legislation (section			S LALINO		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly of indire		. .		
any voter registration drive?	•		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		∟ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A E	b	_
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ned			
expenditure responsibility for the grant?	N	[/A 🗌 Ye	s 🔲 No 📗		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?	, ,	Ye	s 🗓 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		6	66 X	
If "Yes" to 6b. file Form 8870					_
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b	_
Information About Officers Directors Trust	ees Foundation Ma	nagers. Highly		- 1	_
Part VIII Paid Employees, and Contractors	ooo, r ouridation ma		•		
List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense	 e
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, oth allowances	
VM CRAIG DOBBS	TRUSTEE	enter-0-7	compensation	diioivanooo	_
	IKOSIEE				
2360 TREESDALE CIRCLE	0.00	0.	0.	0	١.
CARMEL, IN 46032	TRUSTEE	0.			•
TENEEN L DOBBS	TKOSTEE				
2360 TREESDALE CIRCLE	0.00		_	0	
CARMEL, IN 46032	0.00	0.	0.	0	<u>.</u>
	-				
					—
	1				
					_
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, oth	e ier
(a) Name and addition of outsite on project parts in the state of the	devoted to position	(6) compensation	compensation	allowances	3
NONE	_				
	1				
					_
	1				
	1				
	1	1	1		

023551 12-07-10

Form **990-PF** (2010)

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

Form **990-PF** (2010)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Page 8

P	art X Minimum Investment Return (All domestic foundations must compl	lete this part. Foreign four	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purp	oses:	1	
a	Average monthly fair market value of securities		1a	0.
ь	Average of monthly cash balances		1b	9,582.
c	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	9,582.
е	Reduction claimed for blockage or other factors reported on lines 1a and			<u>, </u>
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	9,582.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruc	tions)	4	144.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	· '	5	9,438.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TA		6	438.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privious foreign organizations check here and do not complete this part.)		id certain	
1	Minimum investment return from Part X, line 6		1	438.
2a	Tax on investment income for 2010 from Part VI, line 5	1.		
Ь	Income tax for 2010. (This does not include the tax from Part VI.)	· , · · ·		
C	Add lines 2a and 2b		2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	•	3	437.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	437.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	437.
P	art XII Qualifying Distributions (see 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	182,520.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pur	poses	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	- "
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII,	line 4	4	182,520.
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		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	182,520.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula 4940(e) reduction of tax in those years	ting whether the foundation of	qualifies for th	e section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				437.
				43/•
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only b Total for prior years:				
g rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2010:				-
a From 2005				
b From 2006	İ			
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 182,520.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount			**	437.
e Remaining amount distributed out of corpus	182,083.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		38.4	0.
6 Enter the net total of each column as				
indicated below:	100 000			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	182,083.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	182,083.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 182,083.				

CHARITABLE FOUNDATION

27-6429985 Page 11

Grants and Contributions Paid During the	t real or Approved for Future I	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	_
Name and address (home or business)	any foundation manager	status of	contribution	Amount
Harrie and address (notice of business)	or substantial contributor	recipient		
a Paid during the year				_
E ATTACHED STATEMENT				182,520
			· 	
		1		
				i
Tatal		l	▶ 3a	182,52
Total				102,32
Approved for future payment				1
	ĺ			
NONE				
				ļ
	i			
				1
				1

nter gross amounts unless otherwise indicated.	Unrelated I	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	7 tillount	Tariottori income
a	_				
b	_ _				
C					-
d					
e					
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	30.	
Dividends and interest from securities					
Net rental income or (loss) from real estate:					·
a Debt-financed property		-			
b Not debt-financed property		•			
Net rental income or (loss) from personal					
property					
Other investment income		·			
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		·	- - 	·	
Other revenue:		•			
a			1		
b	_				
	4 1				
d					
	_				
e Subtotal. Add columns (b), (d), and (e)	_		. 	3.0	(
Total. Add line 12, columns (b), (d), and (e)	<u> </u>		J • I		3(
ee worksheet in line 13 instructions to verify calculations				13	3(
	<u> </u>				
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of	Exempt P	urposes	
• N. Forborbelov bound by the forborbelov by					
ine No Explain below how each activity for which the foundation's exempt purposes (other to				importantly to the accomp	dishment of
the foundation's exempt purposes (other t	nan by providing idild	s for such purposes)	•		
ı					

 the roundation's exempt purposes (other than by providing laines for such purposes).

023621 12-07-10

27-6429985

<u> </u>	Exempt Organizations						
1 Did the o	rganization directly or indirectly engage in any	of the followin	g with any other organization	n described in section 501(c) of		Yes	No
the Code	(other than section $501(c)(3)$ organizations) of	r ın section 52	7, relating to political organi	izations?			
	s from the reporting foundation to a noncharital	ble exempt or	ganization of:				
(1) Cash					1a(1)		X
(2) Othe					1a(2)		X
	nsactions:				45.44		v
	s of assets to a noncharitable exempt organizat				1b(1)		X
	hases of assets from a noncharitable exempt o al of facilities, equipment, or other assets	rgamzation			1b(2)		X
٠,	nbursement arrangements				1b(3) 1b(4)		X
` '	ns or loan guarantees				1b(4)		X
` '	ormance of services or membership or fundrai	sina solicitatio	ene		1b(6)		X
٠,,	of facilities, equipment, mailing lists, other asse	-			1c		X
	swer to any of the above is "Yes," complete the			vavs show the fair market value of the goods.		ets.	
	es given by the reporting foundation. If the four					•	
column (d) the value of the goods, other assets, or serv	ices received.					
a) Line no	(b) Amount involved (c) Name of	noncharitable	e exempt organization	(d) Description of transfers, transactions, and	sharing ar	rangeme	ents
		N/A					
							
						-	
	***	····					
	,						
		·					
2a Is the fou	undation directly or indirectly affiliated with, or i	elated to, one	or more tax-exempt organiz	zations described			
	n 501(c) of the Code (other than section 501(c)			[Yes	X	No
b If "Yes," o	complete the following schedule.						
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		
	N/A						
	·						
Tue	day of a large shart base as a second			d statements, and to the best of my knowledge and b	alias it ia ti		
سمما	der penalties of perjum, I declare that I have examined the complete. Deparation of preparer (other than taxpayer				eller, it is tr	ue, com	ect,
Sign Here	1,111,4		18-15	-11 DUKTER			
	Signature of officer or trustee		Date	Title			
	Print/Type preparer's name	Preparer's s		Date / Check If PTIN			
	Typo proparor o marito	1	111	self- employed			
Paid	DAVID A. RESNICK	//Ain	Loken CA	8/10/11	0919	23	/
Preparer	Firm's name ► KSM BUSINESS	SERVI	CES, INC.	Firm's EIN ▶			
Use Only				, and other			
•	Firm's address ▶ P.O. BOX 40	857					
	INDIANAPOLI		46240-0857	Phone no. (317	7) 58	0-2	2000
					orm 990		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2010

WM CRAIG AND TENEEN L DOBBS CHARITABLE FOUNDATION 27-6429985 Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	AIG AND TENEEN L DOBBS TABLE FOUNDATION	;	2.7	-6429985
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
1	WM CRAIG & TENEEN L DOBBS 2360 TREESDALE CIRCLE CARMEL, IN 46032	_ \$191,5 _	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		 \$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		_ \$ _ \$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$ 		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$ \$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribu	tions	(d) Type of contribution
		_		Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

of Part II

Name of organization

Employer identification number

WM CRAIG AND TENEEN L DOBBS CHARITABLE FOUNDATION

27-6429985

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
(a)		(a)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	Date received
3453 12-23-	10		990, 990-EZ, or 990-PF) (

f Part III

ZATION C AND TENEEN I. DOBBS		Employer identification number				
BLE FOUNDATION		27-6429985				
Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III. enter the total of exclusively religion	columns (a) through (e) and the tus, charitable, etc., contributions	n 501(c)(7), (8), or (10) organizations aggregating following line entry For organizations completing of				
(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
	(a) Transfer of gift					
(e) Transfer of giπ Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift	<u> </u>				
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
	G AND TENEEN L DOBBS BLE FOUNDATION Exclusively religious, charitable, etc., incomore than \$1,000 for the year. Complete Part III, enter the total of exclusively religious \$1,000 or less for the year (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	G AND TENEEN L DOBBS BLE FOUNDATION Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the Part III, enter the total of exclusively religious, charitable, etc., contributions \$1,000 or less for the year (Enter this information once. See instructions). (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift				

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CAS	H IN	VESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MORGAN STANLEY				•		30.
TOTAL TO FORM 990-PF, PART I,	, LINE 3, CO	LUMN A				30.
FORM 990-PF OTHER EXPENSES					STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
ORGANIZATIONAL EXPENSES OFFICE EXPENSE	1,250.		0.			0.
TO FORM 990-PF, PG 1, LN 23	1,343.	-	0.			0.
FORM 990-PF	OTHER F	UNDS			STATEMENT	3
DESCRIPTION			BEGI	(A) NNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND				0.	7,6	67.
TOTAL TO FORM 990-PF, PART I	I, LINE 29	_	-	0.	7,6	67.

STATEMENT 4 FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

WM CRAIG & TENEEN L DOBBS

2360 TREESDALE CIRCLE CARMEL, IN 46032

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

WM CRAIG DOBBS TENEEN L DOBBS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. WM. CRAIG DOBBS 2360 TREESDALE CIRCLE CARMEL, IN 46032

TELEPHONE NUMBER

317-848-5377

FORM AND CONTENT OF APPLICATIONS

SEND LETTER STATING TYPE OF ORGANIZATION & MISSION STATEMENT, AMOUNT OF DONATION, ADDRESS OF ORGANIZATION, NAME AND TELEPHONE NUMBER OF CONTACT PERSON.

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

ASSISTANCE WILL ONLY BE PROVIDED TO ORGANIZATIONS THAT PROVIDE THE FOLLOWING SERVICES: CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, AND/OR EDUCATIONAL.

RECIPIENT NAME	ADDRESS	AMOUNT	STATUS	PURPOSE
Bethel College	1001 Bethel Circle, Mishawaka, IN 46545	1,000	Public Charity	General Fund
Brebeuf Jesuit Preparatory School	2801 West 86th Street, Indianapolis, IN 46268	25,000	Public Charity	General Fund
Brebeuf Jesuit Preparatory School	2801 West 86th Street, Indianapolis, IN 46268	1,750	Public Charity	General Fund
Children's Leukemia Foundation	7316 Avenue U, Brooklyn, NY 11234	100	Public Charity	General Fund
Dollars Against Diabetes	815 16th Street, NW Ste 600, Washington, DC 20006	250	Public Charity	General Fund
Guide Dogs of America	13445 Glenoaks Boulevard, Sylmar, CA 91342	2,000	Public Charity	General Fund
Indiana Hunter & Jumper Association	222 North New Jersey Street, Indianapolis, IN 46204	120	Public Charity	General Fund
Indiana University Dance	1025 E 7th Street, HPER 112, Bloomington, IN 47405	100	Public Charity	General Fund
Indy Storm AAU Youth Basketball	11108 Fall Drive, Indianapolis, IN 46229	200	Public Charity	General Fund
Kentucky Horse Park Foundation	4089 Iron Works Parkway, Lexington, KY 40511	2,000	Public Charity	General Fund
Lee National Denim Day	1201 West 5th Street, Suite T-700, Los Angeles, CA 90017	20	Public Charity	General Fund
Markley Cancer Foundation	800 Rose Street, Roach Bldg-CC160, Lexington, KY 40536	1,100	Public Charity	General Fund
Mount Union College	1972 Clark Ave, Alliance, OH 44601	1,000	Public Charity	General Fund
Parents as Teachers	6530 New Hamshire Avenue, Hammond, IN 46323	450	Public Charity	General Fund
Purdue University	504 Northwestern Avenue, West Lafayette, IN 47907	1,000	Public Charity	General Fund
Special Olympics Indiana	6100 West 96th St, Suite 270, Indianapolis, IN 46278	100	Public Charity	General Fund
St. Lukes	100 West 86th Street, Indianapolis 46260	10,000	Public Charity	General Fund
Theraplay	9919 Towne Rd, Carmel, IN 46032	4,000	Public Charity	General Fund
UA/MCA Charity Foundation	4923 W. Cypress Street, Tampa, FL 33607	200	Public Charity	General Fund
United States Equestrian	4047 Iron Works Parkway, Lexington, KY 40511	3,500	Public Charity	General Fund
USHJA Foundation	3870 Cigar Lane, Lexington, KY 40511	100,000	Public Charity	General Fund
USHJA Foundation	3870 Cigar Lane, Lexington, KY 40511	25,000	Public Charity	General Fund

182,520

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple-	te only Pa	rt I and check this box		•	X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not d	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868		
Electror	nic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	oration	
	to file Form 990-T), or an additional (not automatic) 3-mor			-	·•		
•	o file any of the forms listed in Part I or Part II with the ex		•		•		
	Benefit Contracts, which must be sent to the IRS in pap	•	•				
	w irs gov/efile and click on e-file for Charities & Nonprofits		(000			,	
Part I			bmit original (no copies needed)				
	ration required to file Form 990-T and requesting an autor			nolete			
Part I on		nano o mo	man oxionolon oneon and box and bon	.p.0.0		• 🗆	
All other	corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time		
Type or Name of exempt organization Employer ident					loyer identification	n number	
print	THE COLTA AND MENTERN T. DODDO						
e	CHARITABLE FOUNDATION 27-64299			7-6429985			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions 9 your 2360 TREESDALE CIRCLE						
return See instruction:	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions				
	CARMEL, IN 46032						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
		T	T :				
Applica	tion	Return	Application			Return	
is For		Code	ls For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 99	0-EZ	03	Form 4720			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	WM CRAIG DOBBS						
	pooks are in the care of 2360 TREESDALE	CIRC	<u>LE - CARMEL, IN 4603</u>	2			
Telep	phone No ▶ <u>3178485377</u>		FAX No 🕨				
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		•	-	
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group,	check this	
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension i	s for	
1 Ir	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time un	til			
_	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	above	The extension		
IS	for the organization's return for		•				
>	calendar year or						
>	X tax year beginning JAN 27, 2010	, an	id ending <u>DEC 31, 2010</u>		_		
2 If	the tax year entered in line 1 is for less than 12 months, c	check reas	on Initial return Fina	al retur	'n		
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
_	onrefundable credits. See instructions			3a	\$	0.	
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and]	_	
es	timated tax payments made. Include any prior year over	oayment a	llowed as a credit	3b	\$	0.	
с В	alance due. Subtract line 3b from line 3a include your pa	ayment wit	th this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System)	See instru	ctions	3c	\$	0.	
<u>Cautior</u>	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	structions	
LHA	For Paperwork Reduction Act Notice, see Instructions	s.			Form 8868 (F	Rev 1-2011)	

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