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## Form 990-PF

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

OMB No 1545-0052

2010

| Internal F        | nt of the Treasury<br>evenue Service               |   |  | nis return to satisfy state repor     |   |  |
|-------------------|--|---|--|---------------------------------------|---|--|
|                   |  |   |  | 0, and ending $12/3$                  | <del></del>   | <del></del>                                      |
| G Che             | eck all that apply:                                | ——————————————————————————————————————            | ial Return of a former p                   | · —                                   | لـــا   | nal return                                       |
|                   |  | Amended return                                    | Address                                    |                                       | change<br>Employer Identification nu                      |  |
| 110 022           | onle Fathon!                                       | a Foundation                                      |  | A                                     | • •   | mber   |
|                   | County Road  | s Foundation,                                     |  | В                                     | 27-6987913 Telephone number (see the                      | e instructions)                                  |
| Cisc              | o, TX 76437.                                       | 1003  |  | 6                                     | 254-631-4727  | •  |
| CIDC              | o, 111 /045/ ,                                     |   |  | c                                     | If exemption application is                               | <u> </u>   |
|                   |  |   |  | D                                     | · · · · · · · · · · · · · · · · · · ·                     |  |
| H C               | heck type of organi                                | zation: Y Section 50                              | 1(c)(3) exempt private t                   |                                       | 2 Foreign organizations mee                               | L  |
| " ĭ               |  | i) nonexempt charitable tr                        |  | private foundation _                  | here and attach computati                                 | on .   |
| I Fa              | ur market value of all as                          |   | counting method X                          |                                       | If private foundation statu                               | s was terminated                                 |
|                   | rom Part II, column (c), I                         |   | Other (specify)                            | F                                     | under section 507(b)(1)(A<br>If the foundation is in a 60 |  |
| <b>►</b> \$       | 6.70   | 0,072. (Part I                                    | column (d) must be of                      |                                       | under section 507(b)(1)(B                                 |  |
| Part              | Analysis of F                                      |   | (a) Revenue and                            | (b) Net investment                    | (c) Adjusted net  |  |
| <u> </u>          | Expenses (T  | ne total of amounts in                            | expenses per books                         | income                                | income  | (d) Disbursements for charitable                 |
|                   | columns (b), (c)                                   | , and (d) may not neces-<br>amounts in column (a) | ' '  |                                       |   | purposes   |
|                   | (see the instruct                                  |   |  |                                       |   | (cash basis only)                                |
|                   |  | ts, grants, etc, received (att sch)               | 6,700,000.                                 |                                       |   | / , .  |
|                   |  | e foundn is <b>not</b> req to att Sch B           |  |                                       |   |  |
|                   | 3 Interest on sa<br>cash investm                   | avings and temporary                              | 82.  | , 82                                  | . 82.   | , ,  |
|                   |  | iterest from securities                           | 02.  | 1 02                                  | 02;   | <del> </del>                                     |
|                   | 5 a Gross rents                                    |   |  |                                       |   | <del>                                     </del> |
|                   | b Net rental income or (loss)                      |   |  |                                       | ,   | <del>                                     </del> |
| R                 | _  | om sale of assets not on line 10                  |  |                                       |   |  |
| E                 | b Gross sales price<br>assets on line 6a           |   |  |                                       |   |  |
| Ě                 |  | ncome (from Part IV, line 2)                      |  |                                       |   | `  |
| E<br>N            | _  | m capital gain                                    |  |                                       |   |  |
| U<br>E            | 9 Income modi                                      | fications .                                       | [  |                                       | -   | <u> </u>   |
| _                 | 10 a Gross sales less<br>returns and<br>allowances |   |  | ,                                     | , ,   | <b>1</b> ',                                      |
|                   | h Less. Cost of                                    |   |  | · · · · · · · · · · · · · · · · · · · | <del></del>   | <b>,</b> , , , , , , , , , , , , , , , , , ,     |
|                   | goods sold c Gross profit/(los                     | s) (att sch)                                      | <u> </u>                                   | <del></del>                           |   | <del> </del>                                     |
|                   |  | e (attach schedule).                              |  |                                       |   | <b></b>  |
|                   |  | (   |  |                                       |   | ,,,,,,,,,,,,,,,,,,,,,                            |
|                   | 12 Total. Add lin                                  | es 1 through 11                                   | 6,700,082.                                 | . 82                                  | 82,   | `  |
|                   | •  | officers, directors, trustees, etc                | 0.   |                                       |   |  |
|                   |  | salaries and wages                                |  |                                       |   |  |
|                   |  | s, employee benefits                              |  |                                       | <del>-</del>  |  |
| A<br>D<br>M       | 16 a Legal fees (attac                             | · · · · · · · · · · · · · · · · · · ·             |  | RECEIVED                              |   |  |
| M                 | b Accounting fees                                  | •   | L  | ·                                     |   |  |
| ON                | c Other prof fees (a                               | attach sch) .                                     | 4  | NOV 07 2011                           | <del>8</del> 1  |  |
| O I S T R A       | 17 Interest 18 Taxes (attach schedule              | eVees metr )                                      | <u>                                   </u> | NOV 0.7 2011                          | <b>♥</b>  | <del>                                     </del> |
| Ř Ř<br>A A        | 19 Depreciation                                    |   |  |                                       | 12  | , , , , , , , , , , , , , , , , , , ,            |
| ÎÎ                | sch) and dep                                       |   |  | TRACK IT                              |   | , , , , , , , , , , , , , , , , , , ,            |
| Ň V<br>G E        | 20 Occupancy                                       |   | F 1 100 1                                  |                                       | g   yad   |  |
|                   |  | rences, and meetings .                            |  |                                       |   |  |
| A E<br>N X<br>D P |  | publications<br>ses (attach schedule)             |  |                                       |   |  |
| E                 | 25 Outer expens                                    | See Statement 1                                   | 10.  | 10.                                   | 10.   |  |
| N<br>S            | 24 Total operation                                 | ng and administrative                             |  |                                       |   |  |
| E<br>S            | expenses. Ac                                       | ld lines 13 through 23                            | 10.  | 10.                                   | 10.   |  |
|                   | 25 Contributions, gif                              | -   |  |                                       |   |  |
|                   | 26 Total expense Add lines 24                      | es and disbursements.                             | 10,  | 10.                                   | 10.   | 0.   |
|                   | 27 Subtract line                                   |   | ***************************************    | 10.                                   | 10.   | , , , , , , , , , , , , , , , , , , ,            |
|                   |  | renue over expenses                               | :  | ,                                     |   | A  |
|                   | and disburse                                       | ments   | 6,700,072.                                 |                                       |   | *          |
|                   |  | come (if negative, enter -0-)                     |  | 72.                                   |   |  |
|                   | C Adjusted net inco                                | me (if negative, enter -0-)                       |  | <u> </u>                              | 72.   | "  |

|     |  | 112.1 |            |
|-----|--|-------|------------|
| Par | till Analysis of Changes in Net Assets or Fund Balances  |       |            |
| 1   | Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1     | 0.         |
| 2   | Enter amount from Part I, line 27a   | 2     | 6,700,072. |
| 3   | Other increases not included in line 2 (itemize)   | 3     |            |
| 4   | Add lines 1, 2, and 3  | 4     | 6,700,072. |
| 5   | Decreases not included in line 2 (itemize)   | 5     |            |
| 6   | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30  | 6     | 6,700,072. |

Total net assets or fund balances (see the instructions) . .

Total liabilities and net assets/fund balances

| Form 990-PF (2010) Heavenly                                    |  | ·  |                           | 27-6987913                                      | Page                                |
|--|--|--|---------------------------|---|-------------------------------------|
|  | Losses for Tax on Investme   |  | 1.75                      | 1400  |                                     |
| (a) List and described 2-story brick wareho                    | be the kind(s) of property sold (e.g., i<br>buse; or common stock, 200 shares Ml                     | real estate,<br>_C Company)                          | P — Purchase D — Donation | (C) Date acquired (month, day, year)            | (d) Date sold<br>(month, day, year) |
| 1a N/A   |  | 1//  |                           |   |                                     |
| ь  |  | N/H  |                           |   |                                     |
| С  |  |  |                           |   |                                     |
| d  |  |  |                           | <u> </u>  |                                     |
| е  |  |  | <u> </u>                  | <u>.l</u>                                       |                                     |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)  | (g) Cost or other ba<br>plus expense of sa           |                           | (h) Gain or<br>(e) plus (f) m                   |                                     |
| a  |  |  |                           |   |                                     |
| b  |  |  |                           |   | <del></del> _                       |
| c  |  | \  |                           |   | <u>-</u>                            |
| d  |  |  |                           |   |                                     |
| <u>e</u>   | <u>, L</u>   | <u> </u>   |                           |   |                                     |
|  | ring gain in column (h) and owned by   |  |                           | (I) Gains (Colu                                 |                                     |
| (i) Fair Market Value as of 12/31/69                           | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of column<br>over column (j), if a        |                           | gain minus column (i<br>han -0-) or Losses (fr  |                                     |
| a  |  |  |                           |   |                                     |
| b  |  | /  |                           |   |                                     |
| c  | ,  |  |                           |   |                                     |
| d  |  |  |                           |   |                                     |
| е  |  | 1/   |                           |   |                                     |
| 2 Capital gain net income or (ne                               |  | enter in Part I, line 7<br>ter -0- in Part I, line 7 | - 2                       |   |                                     |
| 3 Net short-term capital gain or                               | (loss) as defined in sections 1222(5) a  | and (6):   |                           |   |                                     |
| If gain, also enter in Part I. line                            | e 8, column (c) (see the instructions).  | If (loss), enter -0-                                 | _                         |   |                                     |
| ın Part I, line 8  |  |  | 3                         |   |                                     |
| Part V.   Qualification Unde                                   | er Section 4940(e) for Reduce  | ed Tax on Net Investm                                | ent Income                |   |                                     |
|  | his part blank.<br>stion 4942 tax on the distributable amo<br>lify under section 4940(e). Do not con | 1  | A<br>period?              | Yes   | No                                  |
|  | in each column for each year; see the  | <del></del>  | ny ontrine                |   |                                     |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions  | (c)  Net value of noncharitable-use ass              |                           | ( <b>d)</b><br>Distribution<br>lumn (b) divided |                                     |
| 2009   |  |  |                           |   |                                     |
| 2008   |  |  |                           |   |                                     |
| 2007   |  |  |                           |   |                                     |
| 2006   |  | <u> </u>   |                           |   |                                     |
| 2005   |  |  |                           | 1-1111  |                                     |
| 2 Total of line 1, column (d)                                  |  |  | . 2                       |   |                                     |
| 3 Average distribution ratio for th                            | ne 5-year base period – divide the tota  | al on line 2 by 5, or by the                         |                           |   |                                     |
| number of years the foundation                                 | n has been in existence if less than 5   | years .  | 3                         |   |                                     |
| 4 Enter the net value of nonchar                               | itable-use assets for 2010 from Part X   | , line 5 / .   | . 4                       |   |                                     |
| 5 Multiply line 4 by line 3 .                                  |  | . /  | 5                         |   |                                     |
| 6 Enter 1% of net investment inc                               | come (1% of Part I, line 27b)  |  | 6                         |   |                                     |
| 7 Add lines 5 and 6  |  | /  | 7                         |   |                                     |
| 8 Enter qualifying distributions fro                           | om Part XII, line 4  | 1  | 8                         |   | <del></del>                         |
| If line 8 is equal to or greater to                            | han line 7, check the box in Part VI, li   | ne 1b, and complete that pa                          |                           | x rate. See the                                 |                                     |
| Part VI instructions.  |  |  | <del> </del>              | Form  | 990-PF (2010)                       |

| Forr | n 990-PF (2010) Heavenly Father's Foundation  | 27-6               | 98791                | L3   | F                | Page 4               |
|------|---|--------------------|----------------------|--|------------------|----------------------|
|      | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –   | see th             | e instr              | uctions)   |                  |                      |
|      | a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter 'N/A' on line 1.   |                    |                      |  |                  | 1                    |
|      | Date of ruling or determination letter. (attach copy of letter if necessary — see instr.)   |                    | - 1                  |  | ,,,,             | ,                    |
| ı    | b Domestic foundations that meet the section 4940(e) requirements in Part V,  | -                  | 1                    |  |                  | 1.                   |
|      | check here. ► and enter 1% of Part I, line 27b  |                    |                      | <del></del>                                      | 7                |                      |
|      | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)   | ĺ                  | ļ ,                  | Sign of  | $\sim$ $\propto$ |                      |
|      |   |                    |                      | <u> </u>   | ٠.'              | Series               |
| 2    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)   |                    | 2                    |  | •                | 0.                   |
| 3    | Add lines 1 and 2   | [                  | 3                    |  |                  | 1.                   |
| 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-   | <u> </u>           | 5                    |  |                  | 1.                   |
| 6    | Credits/Payments:   | T                  |                      | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del> | <del>,</del>     | <del>,,,,,,,,,</del> |
| ,    | a 2010 estimated tax pmts and 2009 overpayment credited to 2010   |                    |                      |  | r sing           |                      |
|      | b Exempt foreign organizations — tax withheld at source   | $\neg$             |                      | 400  | 3                | 20                   |
|      | c Tax paid with application for extension of time to file (Form 8868) . 6c  |                    | ĺ                    |  | ensi.            | . 71                 |
|      | d Backup withholding erroneously withheld   | 23.                | 11                   | 12 J. (1)  | N. S. S.         | 13                   |
| 7    | Total credits and payments. Add lines 6a through 6d   |                    | 7                    |  |                  | 23.                  |
| Я    | Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached  | ·  -               | 8                    |  |                  |                      |
| ٩    | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | . ▶                | 9                    |  |                  | 0.                   |
| 10   | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | <b>▶</b>           | 10                   |  |                  | 22.                  |
| 11   | Enter the amount of line 10 to be: Credited to 2011 estimated tax   |                    | 11                   | -  |                  | 0.                   |
| _    | rt VI-A Statements Regarding Activities   |                    | <del>''</del>        |  |                  | <del></del> -        |
|      |   |                    |                      | 7 7 7  | Yes              | No                   |
| 1 a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if participate or intervene in any political campaign?  | i                  |                      | 1a   |                  | Χ,                   |
| ı    | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?  | ,                  |                      | 16   |                  | Χ.                   |
|      | If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities  | i publis           | hed                  |  |                  | ×.                   |
|      | Did the foundation file Form 1120-POL for this year?  |                    |                      | 1 1 6  | j` `             | X                    |
|      | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  | •                  |                      |  |                  | 1                    |
|      | (1) On the foundation ►\$ 0. (2) On foundation managers ►\$   |                    | 0                    | ).   |                  | W.                   |
| •    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos   | ed on              |                      | <b>-</b>   |                  | . *                  |
|      | foundation managers $\blacktriangleright$ \$ 0.   |                    |                      | KQ2  | K 😯              | <u> </u>             |
| 2    | Has the foundation engaged in any activities that have not previously been reported to the IRS?   |                    |                      | 2  |                  | LX,                  |
|      | If 'Yes,' attach a detailed description of the activities   |                    |                      | (8)  |                  |                      |
| 3    | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   | icles              |                      |  | (m) ^.           | M                    |
|      | of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes   | ;                  |                      | 3  |                  | X,                   |
|      | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   |                    |                      | 4a   | <u> </u>         | <u>X</u> ,           |
| ŀ    | olf 'Yes,' has it filed a tax return on Form 990-T for this year?   |                    |                      | 4b   | N                | <del></del>          |
| 5    | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  |                    |                      | . 5  |                  | X                    |
|      | If 'Yes,' attach the statement required by General Instruction T  |                    |                      | ** X   | 344              | · · · ·              |
| 6    | · · · · · · · · · · · · · · · · · · ·   |                    |                      | 5 %  | 130              | 1479                 |
|      | By language in the governing instrument, or   |                    |                      |  | 1 "              | V. VA                |
|      | • By state legislation that effectively amends the governing instrument so that no mandatory directions that  | at confl           | ıct                  | 17.7   | 125              | 1.700                |
|      | with the state law remain in the governing instrument?  |                    |                      | 6  | <b>—</b> —       | Χ,                   |
|      | ,   | •                  |                      | 7  | X                | ļ                    |
| 88   | Enter the states to which the foundation reports or with which it is registered (see the instructions) . $TX_{\sigma}$  |                    |                      |  |                  |                      |
| t    | of 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                | نسسنا                |
| _    |   | ••                 |                      | (1,000)  |                  | 200                  |
| 9    | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' compared to the section of the taxable year beginning in 2010 (see instructions for Part XIV)? | or 494<br>olete Pa | 12(J)(5)<br>art XIV. | 9  | Susin            | X.                   |
| 10   | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing the and addresses  See Statem  | eir nam<br>ient    | es<br>2              | 10_  | Χ.               |                      |
| BAA  | ······································  |                    |                      | Form 99  |                  | (2010)               |

the tax year beginning in 2010?

charitable purposes? . .

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**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

| Form 990-PF (2010) Heavenly Father's  |  |   | 27-69  |                                       |
|---|--|---|--|---------------------------------------|
| Part VII-B Statements Regarding Activit   | ties for Which For                                       | <u>m 4720 May Be Red</u>                              | quired (continued)   | )                                     |
| 5a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt   | •  | n (section 4945(e))?                                  | Yes $\overline{X}$   | No S                                  |
| (2) Influence the outcome of any specific pub   | lic election (see section                                |   |  |                                       |
| on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,  |  | ourposes?   | Yes X  | No No                                 |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section  | nan a charitable, etc, or<br>4940(d)(2)? (see instru     | ganization described ctions)                          | Yes X  | No                                    |
| (5) Provide for any purpose other than religion<br>educational purposes, or for the prevention  | us, charitable, scientific<br>n of cruelty to children o | , literary, or or animals?                            | Yes X  | No                                    |
| b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)?                                    | he transactions fail to q<br>a current notice regard     | ualify under the exception<br>ing disaster assistance | ons  | 5b N/A                                |
| Organizations relying on a current notice regain  | ding disaster assistanc                                  | e check here  | ► [  |                                       |
| c If the answer is 'Yes' to question 5a(4), does t<br>tax because it maintained expenditure response<br>If 'Yes,' attach the statement required by Region | sibility for the grant?                                  | • •   | N/A. Yes   | ] No                                  |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract?  |  |   | . ∏Yes 🏻   | No                                    |
| <b>b</b> Did the foundation, during the year, pay premi   | ums, directly or indirect                                | ly, on a personal benefi                              |  | 6b X                                  |
| If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the found   | lation a party to a prohil                               | oited tax shelter transac                             | tion? Yes X  | No S                                  |
| b if yes, did the foundation receive any proceeds   | ,  |   |  | N/A. 7b                               |
| Part VIII Information About Officers, Dand Contractors  |  |   |  |                                       |
| 1 List all officers, directors, trustees, foundation  | managers and their co                                    | mnensation (see instru                                | rtions)  |                                       |
| List all officers, affectors, trustees, foundation  | (b) Title and average                                    | (c) Compensation                                      | (d) Contributions to   | (e) Expense account,                  |
| (a) Name and address  | hours per week devoted to position                       | (If not paid, enter -0-)                              | employee benefit<br>plans and deferred<br>compensation                         | other allowances                      |
| Dan H. Wilks  | Trustee  | 0.  | 0.   | 0                                     |
| 425 County Road 168<br>Cisco, TX 76437  | 4.00   |   |  |                                       |
| Staci Wilks ,   | Trustee.   | 0.  | 0.   | 0                                     |
| 425 County Road 168<br>Cisco, TX 76437  | 4.00   | i   |  |                                       |
|   |  |   |  |                                       |
|   |  |   |  |                                       |
|   |  |   |  |                                       |
| 2 Compensation of five highest-paid employees   | (other than those inclu                                  | ided on line 1— see insti                             | ructions). If none, ente   | r 'NONE.'                             |
| (a) Name and address of each employee paid more than \$50,000   | (b) Title and average hours per week devoted to position | (c) Compensation                                      | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense account, other allowances |
| None  |  |   |  |                                       |
|   |  |   |  |                                       |
|   |  |   |  |                                       |
|   | AL 4-7-1-1-1   |   | ···  |                                       |
|   |  |   |  |                                       |
|   |  |   | <del>.</del>   |                                       |
|   |  |   |  |                                       |
| Total number of other employees paid over \$50,000 BAA  | TEEA0306L 0  |   |  | Form <b>990-PF</b> (2010)             |

BAA

Form 990-PF (2010)

| Pa     | Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)   | oreign fo   | oundations,    |
|--------|---|-------------|----------------|
| 1      | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  | 3.2         |                |
| ΄ ε    | Average monthly fair market value of securities   | 1a          | <del></del>    |
| t      | Average of monthly cash balances  | 1b          | 9,178.         |
| •      | Fair market value of all other assets (see instructions)  | 1c          |                |
|        | i Total (add lines 1a, b, and c)  | 1 d         | 9,178.         |
| •      | Reduction claimed for blockage or other factors reported on lines 1a and 1c   |             |                |
|        | (attach detailed explanation) 1e 0.   |             |                |
| 2      | Acquisition indebtedness applicable to line 1 assets  | 2           | 0.             |
| 3      | Subtract line 2 from line 1d  | 3           | 9,178.         |
| 4      | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4           | 138.           |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  | 5           | 9,040.         |
| 6      | Minimum investment return. Enter 5% of line 5   | 6           | 452.           |
| Par    |   | ating fou   | indations      |
|        | and certain foreign organizations check here ► and do not complete this pa  |             |                |
| 1      | Minimum investment return from Part X, line 6   | 1 1         | 452.           |
| 2 8    | Tax on investment income for 2010 from Part VI, line 5  | ."          |                |
|        | Income tax for 2010. (This does not include the tax from Part VI.)  |             |                |
|        | : Add lines 2a and 2b   | 2c          | 1.             |
| 3      | Distributable amount before adjustments. Subtract line 2c from line 1.  | 3           | 451.           |
| 4      | Recoveries of amounts treated as qualifying distributions .   | 4           |                |
| 5      | Add lines 3 and 4   | 5           | 451.           |
| 6      | Deduction from distributable amount (see instructions)  | 6           |                |
| 7      | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7           | 451,           |
| Pa     | t XIL Qualifying Distributions (see instructions)   | •           |                |
| 1      | Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:  Expenses, contributions, gifts, etc – total from Part I, column (d), line 26           | 1a          |                |
|        | Program-related investments — total from Part IX-B  | 1b          |                |
|        | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes  | 2           |                |
| 4      |   |             |                |
| 3<br>8 | Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)   | " . t       |                |
|        | Cash distribution test (attach the required schedule)   | 3b          | - <del> </del> |
| 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 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 calculating whether to qualifies for the section 4940(e) reduction of tax in those years. | the foundat | ion            |

TEEA0308L 07/06/09

# Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus                           | (b)<br>Years prior to 2009  | <b>(c)</b><br>2009                      | <b>(d)</b><br>2010 |
|--|---|---|---|--------------------|
| 1 Distributable amount for 2010 from Part XI, line 7   |   |   |   | 451.               |
| 2 Undistributed income, if any, as of the end of 2010  |   |   | 1 / / / / / / / / / / / / / / / / / / / |                    |
| a Enter amount for 2009 only   |   | 0.  | 0.                                      | <del></del>        |
| <b>b</b> Total for prior years: 20, 20, 20   |   | U .   |   |                    |
| 3 Excess distributions carryover, if any, to 2010:   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | . ,   | , ,                                     | - A ( ) ( )        |
| <b>b</b> From 2006   |   | , v.  |   | 2                  |
| c From 2007.   |   | , , ,   |   | ( ) , ' ) .        |
| <b>d</b> From 2008   |   |   |   |                    |
| e From 2009  |   |   |   |                    |
| f Total of lines 3a through e  | 0.                                      |   |   |                    |
| 4 Qualifying distributions for 2010 from Part  |   |   |   |                    |
| XII, line 4: ► \$  |   |   | 0.                                      |                    |
| <b>b</b> Applied to undistributed income of prior years  |   | 0.  |   |                    |
| (Élection required – see instructions)   | <u></u>                                 | · · · · · · · · · · · · · · · · · · ·   |   |                    |
| c Treated as distributions out of corpus (Election required – see instructions)                    | 0.                                      | (, , / )  |   |                    |
| d Applied to 2010 distributable amount   | ,, , , , , , , , ,                      |   | , ,                                     | 0.                 |
| e Remaining amount distributed out of corpus .   | 0.                                      | · · · · · · · · · · · · · · · · · · ·   |   | ,`                 |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the          | 0.                                      |   | . , ,                                   | 0.                 |
| same amount must be shown in column (a) )  | · ` · · / · / / / / / / / / / / / / / / |   |   | , "                |
|  |   |   |   |                    |
| 6 Enter the net total of each column as<br>indicated below:  |   |   | , , , , , , , , , , , , , , , , , , ,   |                    |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  | 0.                                      |   |   | 24.0               |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                          | , | 0.  |   |                    |
| c Enter the amount of prior years' undistribut-  |   |   | , y","                                  |                    |
| ed income for which a notice of deficiency has been issued, or on which the section                | 1.7 × 16.7                              |   |   |                    |
| 4942(a) tax has been previously assessed   |   | 0.  |   |                    |
| d Subtract line 6c from line 6b. Taxable amount — see instructions                                 |   | 0.  |   |                    |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions. |   |   | 0.                                      |                    |
| me za. Tuanio amount 300 matrations.   |   |   | <u> </u>                                |                    |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be          |   |   |   |                    |
| distributed in 2011  | ·                                       |   |   | 451.               |
| 7 Amounts treated as distributions out of<br>corpus to satisfy requirements imposed                |   |   |   |                    |
| by section 170(b)(1)(F) or 4942(g)(3)  | 0.                                      |   | A CONTRACT OF                           |                    |
| (see instructions)   | <u> </u>                                |   |   |                    |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)      | 0.                                      | \$4, \$4, \$4, \$4, \$2. \$2. \$4. \$2. \$2. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4 |   |                    |
| 9 Excess distributions carryover to 2011.<br>Subtract lines 7 and 8 from line 6a                   | o.                                      |   |   |                    |
| 10 Analysis of line 9:   | .v *%\%\                                |   | 14 7 32                                 |                    |
| a Excess from 2006   |   |   |   |                    |
| <b>b</b> Excess from 2007  |   |   |   |                    |
| c Excess from 2008.  |   |   |   |                    |
| d Excess from 2009   |   |   |   |                    |
| e Excess from 2010   | <u> </u>                                | L   |   | Form 990 PF (2010) |

| Form 990-PF (2010) Heavenly Father'   |  |  | \/\\  | 27-698791               |                              |
|---|--|--|---|-------------------------|------------------------------|
| Part XIV Private Operating Foundati   |  |  |   |                         | N/A                          |
| 1a If the foundation has received a ruling or d is effective for 2010, enter the date of the  | ruling   |  |   | 1                       | 40.40(1)                     |
| <b>b</b> Check box to indicate whether the foundate   |  | ating foundation de                          |   | 4942(j)(3) or           | 4942()(5)                    |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum   | Tax year                                       | 4-> 0000                                     | Prior 3 years                               | (d) 2007                | 4-3.7- A-1                   |
| investment return from Part X for each year listed  | (a) 2010                                       | <b>(b)</b> 2009                              | (c) 2008                                    | (d) 2007                | (e) Total                    |
| <b>b</b> 85% of line 2a   |  | N/A  |   |                         |                              |
| 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   |  |  |   |                         |                              |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities.<br/>Subtract line 2d from line 2c.</li> </ul>                      |  |  |   |                         |                              |
| 3 Complete 3a, b, or c for the<br>alternative test relied upon:   |  |  |   |                         |                              |
| a 'Assets' alternative test - enter:  |  | \  |   |                         |                              |
| (1) Value of all assets .   |  |  |   |                         |                              |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |  |  |   |                         | <del></del>                  |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed  |  |  |   |                         |                              |
| c 'Support' alternative test enter:   |  | /  |   |                         |                              |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securios loss (section 512(c)(f)) expanding (section field)       | ,  |  |   |                         |                              |
| 512(a)(5)), or royalties)   | <del></del>                                    |  |   | <del> </del>            |                              |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)  | /  |  |   |                         |                              |
| (3) Largest amount of support from an exempt organization   |  |  |   |                         |                              |
| (4) Gross investment income Part XV   Supplementary Information   | 1  |  |   |                         |                              |
| assets at any time during the state of any tax year (but only if they have See Statement 3.  b List any managers of the foundation who have see Statement 3.    | ers: ave contributed mo contributed more to    | re than 2% of the to<br>nan \$5,000). (See s | oration (or an equal                        |                         |                              |
| None .  |  |  |   |                         |                              |
| 2 Information Regarding Contribution, Grant Check here X I if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. | nakes contributions<br>s gifts, grants, etc, ( | to preselected chari<br>see instructions) to | itable organizations<br>individuals or orga | nizations under other   | t unsolicited<br>conditions, |
| a The name, address, and telephone numbe  | rorthe person to w                             | nom applications sh                          | noula de addressed                          | •                       |                              |
| $\wedge$  | [/A  |  |   |                         |                              |
| <b>b</b> The form in which applications should be s   | ubmitted and inform                            | nation and materials                         | s they should includ                        | e:                      |                              |
| c Any submission deadlines:   |  |  |   | - 1 - 1 - 1 - 1         |                              |
| d Any restrictions or limitations on awards,  | uch as by geograph                             | ical areas, charitab                         | le fields, kinds of in                      | stitutions, or other fa | ctors:                       |
| · · · · · · · · · · · · · · · · · · ·   |  |  |   |                         |                              |
| BAA   | TE   | EA0310L 02/16/11                             |   | F                       | orm <b>990-PF</b> (2010      |

| 3 Grants and Contributions Paid During the Y | N/A   |                      |                                  |        |
|--|---|----------------------|----------------------------------|--------|
| Recipient                                    | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business)          | substantial contributor   | recipient            |                                  |        |
| a Paid during the year                       | N /   |                      |                                  |        |
| Total  |   | <del>,</del>         | ▶ 3ε                             | 1      |
| b Approved for future payment  Total         | N/A   |                      | ▶ 31                             |        |

TEEA0501L 07/23/10

### Part YVA A Analysis of Income-Producing Activities

| nter gros | s amounts unless otherwise indicated.   | Unrelat                            | ed business income                      | Excluded by                                      | section 512, 513, or 514              | (e)  |
|-----------|---|------------------------------------|---|--|---------------------------------------|--|
| 1 Prog    | ram service revenue:  | (a)<br>Business<br>code            | <b>(b)</b><br>Amount                    | (c)<br>Exclu-<br>sion<br>code                    | <b>(d)</b><br>Amount                  | Related or exempt function income (see the instructions) |
|           |   |                                    |   | <del>                                     </del> | ···                                   | ······································                   |
|           |   |                                    |   |  |                                       |  |
|           |   |                                    |   | +  | ·                                     |  |
|           |   |                                    |   | 1  | · · · · · · · · · · · · · · · · · · · |  |
| f         |   |                                    |   | T L  |                                       |  |
| g Fees    | and contracts from government agencies.   |                                    |   |  |                                       |  |
|           | bership dues and assessments  |                                    |   |  |                                       |  |
|           | st on savings and temporary cash investments  |                                    |   | 14   | 82.                                   |  |
|           | lends and interest from securities  | 7 " " ;                            | , | <del> </del>                                     |                                       |  |
|           | rental income or (loss) from real estate: -financed property  |                                    |   | <del>†</del>                                     |                                       |  |
|           | -financed property  |                                    | · · · · · · · · · · · · · · · · · · ·   | <del>                                     </del> |                                       |  |
|           | ental income or (loss) from personal property .   |                                    | · · · · · · · · · · · · · · · · · · ·   |  |                                       |  |
|           | r investment income   |                                    |   |  |                                       |  |
| 8 Gain    | or (loss) from sales of assets other than inventory   |                                    |   |  |                                       |  |
| 9 Net     | ncome or (loss) from special events .   |                                    |   |  |                                       |  |
| 10 Gros   | s profit or (loss) from sales of inventory  |                                    |   | 2  |                                       |  |
| 11 Othe   | r revenue:  |                                    | `                                       | <u> </u>   |                                       |  |
|           |   |                                    |   |  |                                       |  |
|           |   |                                    |   | <del> </del>                                     |                                       |  |
|           | .,  |                                    |   | <del>                                     </del> |                                       |  |
| u         |   |                                    | <del></del>                             | <del> </del>                                     |                                       |  |
|           |   |                                    |   |  |                                       |  |
| e         | otal, Add columns (b), (d), and (e)   |                                    | <del></del>                             | ,  | 82.                                   | ·····  |
| e         | otal. Add columns (b), (d), and (e)   |                                    |   |  | 82.<br>. 13                           | 82.  |
| e         | ·   | • •                                |   |  |                                       | 82.  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations                                       | <br>s.)                            |   | h  | . 13                                  | 82.  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | <br>s.)<br>Accompli                | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | <br>s.)<br>Accompli                | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | <br>s.)<br>Accompli                | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | <br>s.)<br>Accompli                | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | <br>s.)<br>Accompli                | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13<br>s                             |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                |  |
| e         | Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculations     Relationship of Activities to the | Accompliance is reporturposes (oth | shment of Exemp                         | t Purpose  | . 13 s                                | 82.  |

BAA

Form 990-PF (2010)

| Part XVII            | Information Re<br>Exempt Organ   | egarding Tran                                   | sfers To and Trans   | sactions ar                             | nd Relations                                 | hips With Non                                | charitab        | le           |           |
|----------------------|--|---|--|---|--|--|-----------------|--------------|-----------|
|                      | Excilipt Organ   |   | <del>,</del>   |   |  | -  | 7               | Yes          | No        |
| descrit              | oed in section 501(c) c  | of the Code (other                              | ge in any of the following<br>than section 501(c)(3) o   | g with any oth<br>rganizations)         | ner organization<br>or in section 52         | 7,   | 4,35            | .03          |           |
|                      | g to political organizations from the reporting  |   | oncharitable exempt org  | anization of                            |  |  | 1               |              | Ι".       |
| (1) Ca               |  |   | monantable exempt org  | ariization or.                          |  |  | 1a (1)          |              | Х         |
| *.*                  | her assets   |   |  |   |  | •  | 1a (2)          |              | X         |
| • • •                | transactions:  |   |  |   | •  | • •  | , , ,           |              | , <u></u> |
|                      | ales of assets to a non  | ocharitable evemnt                              | organization   |   |  |  | 16(1)           |              | Х         |
| • •                  | irchases of assets from  | •   | -  |   | •  |  | 1b(2)           |              | X         |
| <b>\</b>             | ental of facilities, equip   |   | , ,  | •                                       | • •  |  | 1 b (3)         |              | X         |
| ` '                  | embursement arrange  | •   | 30.0   |   |  |  | 1b (4)          |              | X         |
| • •                  | ans or loan guarantee  |   | •••  | •                                       |  | •  | 1b (5)          |              | X         |
| • •                  | •  |   | r fundraising solicitation   | s                                       |  |  | 1 b (6)         |              | X         |
| • •                  |  | •   | ther assets, or paid em  |   |  |  | 1c              |              | X         |
| the go               | ods, other assets, or s<br>ansaction or sharing ar   | services given by t<br>rrangement, show         | plete the following sche<br>he reporting foundation.<br>in column (d) the value<br>incharitable exempt organizatio | If the founda<br>of the goods,          | ition received le<br>, other assets, o       | ss than fair market                          | value in<br>i.  |              |           |
| (a) Line no.<br>N/A  | (b) Amount involved  | (C) Name of nor                                 | ichantable exempt organizatio  | "                                       | Description of train                         | siers, transactions, and                     | Sharing arran   | yement       | ,         |
| N/A                  |  | 1   | / /2   |   |  | <del></del>                                  |                 |              |           |
|                      |  | <del> ///</del>                                 |  |   |  | · · · · · · · · · · · · · · · · · · ·        |                 |              |           |
|                      |  |   | <del>/ /1</del>  |   |  |  |                 |              |           |
|                      | -, · · · · · · · · · · · · · · · · ·   |   |  |   |  |  |                 |              |           |
|                      |  | -   |  |   |  |  |                 |              |           |
|                      |  |   |  |   |  |  | ·····           |              |           |
|                      |  |   |  |   |  |  |                 |              |           |
|                      |  | <del> </del>                                    |  |   |  |  |                 |              |           |
|                      |  |   |  | <del></del>                             |  |  |                 |              |           |
|                      |  |   |  |   |  |  |                 |              |           |
|                      |  | <del></del>                                     |  |   |  |  |                 |              |           |
|                      |  | <del> </del>                                    | <del></del>  |   |  |  |                 |              |           |
|                      |  | <del> </del>                                    | /  |   | <del> </del>                                 |  |                 |              |           |
|                      |  | <del> /-</del>                                  |  |   |  | <del></del>                                  | <del></del>     |              |           |
|                      |  | /   |  |   |  |  |                 |              |           |
| describ<br>b If 'Yes | foundation directly or in section 501(c) or in section 501(c) or complete the following.  (a) Name of organization | of the Code (other ng schedule.                 | with, or related to, one than section 501(c)(3)) (   | or in section 5                         | 527?.  | tions ) Description of rel                   | Yes             | X            | No<br>,   |
| N/A                  | ay . taile of organizati   | ,   | J /A   |   |  |  |                 |              |           |
|                      |  |   | •/11   |   |  |  |                 |              |           |
|                      |  |   |  |   |  |  |                 |              |           |
|                      |  |   | <del>)</del>   |   |  |  |                 |              |           |
|                      |  | 1   | /  |   |  |  |                 |              |           |
|                      | r penalties of penury, I declar<br>ct, and complete Declaration  | re that I have examined of preparer (other than | this return, including accompar<br>taxpayer or fiduciary) is based   | nying schedules a<br>on all information | nd statements, and to<br>of which preparer h | o the best of my knowled<br>as any knowledge | dge and belief. | it is tru    | е,        |
| Sign  <br>Here       | Sour   | Jul   |  | 110                                     | 127/2011                                     | & PRESI                                      | DENT            |              |           |
|                      | Signature of officer or trustee  |   |  | Date                                    |  | Title  | T-2.            |              |           |
|                      | Print/Type preparer's na   | me  | Preparer's signature   |   | Date   | Check if X if                                | PTIN            |              |           |
| Paid                 | Victor K. Mu   |   | Uniton!  | undon                                   | 10/19/11                                     | self-employed                                | P01215          | 687          |           |
| Preparer             | Firm's name  | Victor K. Mu                                    | nson, CPA  |   |  | Firm's EIN ► 75-2                            | 151816          |              | ٠         |
| Jse Only             | . 6  |   |  | ite 560                                 |  |  |                 |              |           |
|                      | Firm's address D   | allas, TX 7                                     | 5206   |   |  | Phone no (214                                | ) 237-2         | <u> 2920</u> |           |

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

Department of the Treasury Internal Revenue Service

990EZ, or 990-PF.

#### Schedule of Contributors

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

2010

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

OMB No 1545 0047

Employer identification number Name of the organization 27-6987913 Heavenly Father's Foundation Organization type (check one): Section: Filers of: \_) (enter number) organization 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF |X|501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990,

|               | <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)    | Page 1                            | of 1 of Part I   |
|---------------|--|-----------------------------------|--|
| Name of org   |  | ' '                               | er identification number   |
|               | nly Father's Foundation                          | 27-6                              | 987913   |
| Part I        | Contributors (see instructions )                 | T                                 | <del></del>  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
| 1             | Dan Wilks  |                                   | Person X,  |
|               | 425 County Road 168 , Cisco, TX 76437            | \$3,350,000.                      | (Complete Part II if there is a noncash contribution)                          |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
| 2             | Staci Wilks 425 County Road 168                  | \$ 3,350,000.                     | Person X Payroll Noncash (Complete Part II if there                            |
| (a)<br>Number | Cisco, TX 76437  (b)  Name, address, and ZIP + 4 | (c) Aggregate contributions       | (d)  Type of contribution  |
|               |  | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|               |  | <br> \$                           | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|               |  | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |

Page

of Part II

of 1 of P

Heavenly Father's Foundation

27-6987913

| Part II                   | Noncash Property (see instructions.)         |  | <del></del>          |
|---------------------------|--|--|----------------------|
| (a)<br>No. from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           | N/A  |  |                      |
|                           |  |  |                      |
|                           |  | \$   |                      |
| (a)<br>lo. from<br>Part I | (b) Description of noncash property given    | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$\$   |                      |
| (a)<br>lo. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>lo. from<br>Part I | (b) Description of noncash property given    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$\$   |                      |
| (a)<br>lo. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>lo. from<br>Part I | (b) Description of noncash property given    | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$\$   |                      |
| AA                        |  | Schedule <b>B</b> (Form 990, 990-E.            | 7 000 551 551        |

of 1

of Part III

Name of organization

Employer identification number

Heavenly Father's Foundation 27-6987913

Part II | Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

|                           | organizations aggregating more t  | han \$1,000 for the year.c  | omplete cols                             | (a) through (e) and the following line entry |  |  |
|---------------------------|---|---|--|--|--|--|
|                           | For organizations completing Part III, enter contributions of \$1,000 or less for the year. | total of <i>exclusively</i> religious, ch<br>(Enter this information once. Se | arıtable, etc,<br>ee instruction:        |  |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held       |  |  |
|                           | N/A   |   |  |  |  |  |
|                           | Transferee's name, addres   | (e)<br>Transfer of gift<br>ss, and ZIP + 4                                    | Relationship of transferor to transferee |  |  |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held       |  |  |
|                           | Transferee's name, addres   | Rel   | ationship of transferor to transferee    |  |  |  |
|                           |   |   |  |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift  |  | (d)  Description of how gift is held         |  |  |
|                           |   |   |  |  |  |  |
|                           | Transferee's name, addres   | Rel   | ationship of transferor to transferee    |  |  |  |
|                           |   |   |  |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift  | (c)<br>Use of gift  |  | (d)<br>Description of how gift is held       |  |  |
| <del></del>               |   |   |  |  |  |  |
|                           | Transferee's name, addres   | Rela  | Relationship of transferor to transferee |  |  |  |
|                           |   |   |  |  |  |  |
|                           | 1   |   |  |  |  |  |

| 2010  | Federal Statements   | Page 1               |
|---|--|----------------------|
| Client HEAVENLY   | Heavenly Father's Foundation                               | 27-6987913           |
| 9/02/11   |  | 02:46PN              |
| Statement 1<br>Form 990-PF, Part I, Line 23<br>Other Expenses               |  |                      |
|   | Expenses Investment Adjus<br>per Books Income Net Inc      | come <u>Purposes</u> |
| Bank service charge   | Total $\frac{\$}{2}$ 10. $\frac{\$}{2}$ 10. $\frac{\$}{2}$ | 10. \$ 0.            |
| Dan & Staci Wilks   | 425 County Road 168<br>Cisco, TX 76437                     |                      |
| Statement 3<br>Form 990-PF, Part XV, Line 1a<br>Foundation Managers - 2% or | More Contributors  |                      |
| Dan H. Wilks<br>Staci Wilks   |  |                      |
|   |  |                      |
|   |  |                      |
|   |  |                      |
|   |  |                      |
|   |  |                      |

| Form 8868   | 3 (Rev 1-2011)  |  |                |  | ···                               | Page 2       |
|---|---|--|----------------|--|-----------------------------------|--------------|
|   |   | nal (Not Automatic) 3-Month            | Extension,     | complete only Part II and check the            | s box                             | <b>►</b> [X] |
| Note. Only  | complete Part II if you   | have already been granted              | an automat     | ic 3-month extension on a previous             | ly filed Form 8868.               | _            |
| • If you a  | are filing for an Autom   | atic 3-Month Extension, com            | plete only P   | Part I (on page 1).                            |                                   |              |
| Part III  | Additional (Not A   | utomatic) 3-Month Ext                  | ension o       | f Time. Only file the original                 | (no copies needed)                |              |
| <u> </u>  | Name of exempt organization   |  |                |  | Employer identification number    |              |
| -   |   |  |                |  | İ                                 |              |
| Type or   |   |  |                | 27-6987913                                     |                                   |              |
| Pitti   | Number, street, and room or suite number If a P O box, see instructions |  |                |  | <del></del>                       |              |
| File by the<br>extended   |   |  |                |  |                                   |              |
| due date for filing the 6060 N. Central Expwy., Suite 560 return. See   |   |  |                |  |                                   |              |
|   |   |  |                |  |                                   |              |
| instructions.   | Dallas, TX 75   |  |                |  |                                   |              |
|   | Dallas, in 15   | 200                                    | <del></del>    |  |                                   |              |
| Enter the F   | Return code for the ret   | urn that this application is for       | (file a sepa   | arate application for each return)             |                                   | 04           |
| Application Is For  |   |  | Return<br>Code | Application<br>Is For                          | Return<br>Code                    |              |
| Form 990  | <del></del>   |  | 01             | <u> </u>                                       | Som Course Complete               | . 1151 /     |
| Form 990-E  |   |  | 02             | Form 1041-A                                    | <u></u>                           | 08           |
| Form 990-8  |   |  | 03             | Form 4720                                      | 09                                |              |
| Form 990-F  |   |  | 04             | Form 5227                                      | 10                                |              |
|   | (section 401(a) or 40   | B(a) trust)                            | 05             | Form 6069                                      | 11                                |              |
|   | (trust other than above   |  | 06             | Form 8870                                      | 12                                |              |
|   |   |  | <u> </u>       | tic 3-month extension on a previous            | sly filed Form 8868.              | ·            |
|   |   | taci Wilks .                           |                |  |                                   |              |
|   | one No. ► 254-631   |  |                |  |                                   |              |
| •   |   |  |                | United States, check this box.                 |                                   | ▶ []         |
|   |   |  |                | Exemption Number (GEN)                         |                                   | is for the   |
|   |   |  |                | k this box > and attach a list will            |                                   |              |
|   | he extension is for.  |  | roup, cricci   | and added a list wil                           | ur die riamies and Emis or        | Cit          |
|   |   | inth extension of time until           | 11/15          | 20 11  |                                   |              |
| 4   request an additional 3-month extension of time until 11/15 , 20 11.  5   For calendar year   or other tax year beginning 12/27   20 10 and ending 12/31   20 10  |   |  |                |  |                                   |              |
| 5 For calendar year, or other tax year beginning 12/27, 20 10, and ending 12/31, 20 10. 6 If the tax year entered in line 5 is for less than 12 months, check reason:   |   |  |                |  |                                   |              |
| Change in accounting period   |   |  |                |  |                                   |              |
|   |   |  |                |  |                                   |              |
| 7 State in detail why you need the extension. The 2010 return is the initial return. Therefore,   |   |  |                |  |                                   |              |
| additional time is respectfully requested to obtain the information to answer all the questions on Form 990-PF accurately.  |   |  |                |  |                                   |              |
|   |   |  |                |  | <del></del>                       |              |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6059, enter the tentative tax, less any nonrefundable credits. See instructions  |   |  |                |  | 0.                                |              |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. |   |  |                |  | 0.                                |              |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using  |   |  |                |  |                                   | 0.           |
|   |   |  |                | l Verification                                 |                                   |              |
| Under penalties   | s of genury, I declare that I ha<br>implete, and that I am authory      | ive examined this form, including acco | ompanying sch  | edules and statements, and to the best of my l | knowledge and belief, it is true, |              |
| CONTECT, AND CO   | I O L AM AUTHOR   | red to highere and total               | Λ              | 0.0  | ام                                | 1            |
| Signature -   | Uselow 1  | Unsan Title ►                          | <u> </u>       | rh   | Date ► 8 6                        | 4/11         |
| BAA   |   | 1                                      | FIF Z0502L     | 11/15/10                                       | Form 8868 (F                      | Rev 1-2011)  |

# Form **8868**(Rev. January 2011)

(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

| <ul><li>If you</li></ul>  | are filing for an Automatic 3-Month Extension, o<br>are filing for an Additional (Not Automatic) 3-Mo<br>complete Part II unless you have already been g  | onth Exter  | n <b>sion, complete only Part II</b> (on pag   | ge 2 of this                               | s form).  | ,  |  |
|---|---|---|--|--|---|--|--|
| a corpo<br>8868 to<br>Return<br>instructi<br>Part I<br>A corpo<br>Part I or<br>All other  | ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personal ons). For more details on the electronic filing of the Automatic 3-Month Extension of Time tration required to file Form 990-T and requestly | al (not autorims listed Benefit (als form, vince Only substing an also autorims and also also also also also also also also | omatic) 3-month extension of time. d in Part I or Part II with the except Contracts, which must be sent to sit www.irs.gov/efile and click on e-ibmit original (no copies needed). automatic 6-month extension—che | You can e tion of Fo the IRS ifile for Cha | lectronicall<br>rm 8870, I<br>in paper for<br>arities & No<br>ox and co | y file Form Information Inform |  |
| Type or   | Name of exempt organization   |   |  | Employer i                                 | er identification number  |  |  |
| print   | Heavenly Father's Foundation  |   | į  |  | 27-6987913  |  |  |
| File by the   |   | x, see instr  | uctions.   |  |   | •  |  |
| filing your   | City town or past office state and ZID and a Fer  | a foreign a   | ddress see instructions  |  | <del></del>   | <del></del>  |  |
| instruction   | · •   | a loreigh a   | ouress, see instructions.  |  |   |  |  |
|   | Return code for the return that this application is   | s for (file a   |  | )  |   | 0 4  |  |
| Applica   | tion  | Return  | Application  |  |   | Return   |  |
| Is For  |   | Code  | Is For   |  |   | Code   |  |
| Form 99   |   | 01  | Form 990-T (corporation)   |  |   | 07   |  |
| Form 99   |   | 02  | Form 1041-A  |  |   | 08   |  |
| Form 99   |   | 03  | Form 4720  |  |   | 09   |  |
| Form 99   |   | 04  | Form 5227  |  |   | 10   |  |
|   | 90-T (sec. 401(a) or 408(a) trust)  | 05  | Form 6069  |  |   | 11   |  |
| Form 99   | 90-T (trust other than above)   | 06  | Form 8870  |  |   | 12   |  |
|   | oks are in the care of ▶ Dan & Staci Wilks .  |   |  |  | -   |  |  |
| Teleph  | one No. ► 254-631-4727  | F   | AX No. ►   |  | · <b>-</b>  |  |  |
| <ul><li>If the o</li></ul>  | rganization does not have an office or place of bu  | ısiness in t  | the United States, check this box .  |  |   | . ▶ 🗆  |  |
| <ul><li>If this is</li></ul>  | for a Group Return, enter the organization's four   | digit Grou  | up Exemption Number (GEN)  | <u> </u>                                   | $\underline{}$ . If this  | is   |  |
|   | hole group, check this box  |   | of the group, check this box   | ▶ Į  | _] and atta   | .ch  |  |
|   | the names and EINs of all members the extension   |   | equired to file Form 000 The standards   | 6 4!                                       |   | <del></del>  |  |
|   | equest an automatic 3-month (6 months for a corntil, to file the exem   |   |  |  | . The exter   | nsion is   |  |
|   | r the organization's return for:  |   |  |  |   |  |  |
|   | calendar year 20 10 or  |   |  |  |   |  |  |
| <b>&gt;</b>   | ✓ tax year beginning 12/27  | , 20  | 10 , and ending 12/3   | 31   | , 20  | 10 .   |  |
|   | the tax year entered in line 1 is for less than 12 m<br>Change in accounting period   | onths, che  | eck reason: 🕡 Initial return 🔲 Fin   | al return                                  |   |  |  |
|   | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  |   |  |  |   | 0  |  |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and  |   |   |  |  | <u>-</u> _  |  |  |
|   | timated tax payments made. Include any prior ye   |   |  | 3b   | \$  | 0  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. |   |   |  |  | 0   |  |  |
|   | If you are going to make an electronic fund wi  |   | with this Form 8868, see Form 845  |  |   |  |  |
|   | instructions.   |   |  |  |   |  |  |