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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Part I For the 2010 calendar year, or tax year beginning and ending. Includes fields for Name of organization (TED ROY CHARITY FOUNDATION), Employer identification number (33-0570260), Telephone number ((909) 824-3400), City or town, state or country, and ZIP + 4 (LAKE ARROWHEAD, CA 92352), Accounting Method (Cash), Website (N/A), Tax-exempt status (501(c)(3)), and a check for public inspection.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 35,868.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, program service, gaming, etc.), Expenses (Grants, salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year). Includes a 'RECEIVED' stamp dated MAY 16 2011 from OGDEN, UT.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

SCANNED JUN 07 2011

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	63,396. 22	66,895.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	63,396. 25	66,895.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,396. 27	66,895.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE FOUNDATION PROVIDES ACADEMIC SCHOLARSHIPS FOR RIM OF THE WORLD HIGH SCHOOL STUDENTS. SCHOLARSHIPS ARE AWARDED AS FUNDS ALLOW TO PROMOTE CONTINUING EDUCATION. (Grants \$ 4,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,500.
29 SEE SCHEDULE O  (Grants \$ 3,500.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,500.
30 THE FOUNDATION SUPPORTS OTHER MISCELLANEOUS IRC SECTION 501(C)(3) ORGANIZATIONS BASED UPON NEEDS AND REQUESTS WHICH SATISFY ITS CHARITABLE OBJECTIVES (Grants \$ 16,250.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,250.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	24,250.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THEODORE Y ROY, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	PRESIDENT 0.00	0.	0.	0.
MARK CLARK, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	CHAIRMAN 0.00	0.	0.	0.
T. ROBERT ROY, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	TREASURER 0.00	0.	0.	0.
TRACEY MOORE, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
RICK BECK, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
ANDY CENTER, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
DENNIS PARKER, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
STEVE CUEVAS, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
GEORGE HILL, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
NANCY SCOPEN, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	SECRETARY 0.00	0.	0.	0.
MIKE STEVENS, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.
HEATHER SANCHEZ, P.O. BOX 455, LAKE ARROWHEAD, CA 92352	BOARD MEMBER 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with X in No column

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with columns Yes, No and row 34 with X in No column

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with X in No column

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b with N/A in Yes column

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with X in No column

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with X in No column

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with X in No column

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with X in No column

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with X in No column

41 List the states with which a copy of this return is filed CA

42a The organization's books are in care of T. ROBERT ROY Telephone no (909) 337-2742 Located at PO BOX 1445, LAKE ARROWHEAD, CA ZIP + 4 92352

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b with X in No column

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S?

Table with columns Yes, No and row 42c with X in No column

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with X in No column

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with X in No column

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with X in No column

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
  - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
  - b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Theodore Robert Roy Date: 5-6-11  
 Type or print name and title: THEODORE ROBERT ROY TREASURER

**Paid Preparer Use Only** Print/Type preparer's name: DAVID M. THAYER Preparer's signature: David M. Thayer Date: APR 21 2011 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: EADIE AND PAYNE, LLP Firm's EIN: \_\_\_\_\_  
 Firm's address: P.O. BOX 1008 REDLANDS, CA 92373 Phone no: (909) 793-2406

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,665.	59,216.	27,200.	24,864.	29,842.	195,787.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	54,665.	59,216.	27,200.	24,864.	29,842.	195,787.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						42,549.
<b>6 Public support.</b> Subtract line 5 from line 4						153,238.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	54,665.	59,216.	27,200.	24,864.	29,842.	195,787.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	872.	722.	527.	239.	106.	2,466.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,850.			2,850.
<b>11 Total support.</b> Add lines 7 through 10						201,103.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	51,054.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	76.20	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	71.97	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

TED ROY CHARITY FOUNDATION

Employer identification number  
33-0570260

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

106.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: ASSISTANCE TO DISADVANTAGED CHILDREN

GRANTEE NAME: MOUNTAIN COMMUNITY BOYS & GIRLS CLUB

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN:

6,000.

ACTIVITY CLASSIFICATION: HOSPITAL EQUIPMENT

GRANTEE NAME: MOUNTAIN COMMUNITY HOSPITAL

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 99/99/99

AMOUNT GIVEN:

3,500.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: RIM OF THE WORLD

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

TED ROY CHARITY FOUNDATION

Employer identification number  
33-0570260

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: YOUTH PROGRAMS

GRANTEE NAME: BOY SCOUTS TROOP 251

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/23/10

AMOUNT GIVEN: 750.

ACTIVITY CLASSIFICATION: MEALS FOR SENIORS

GRANTEE NAME: MEALS ON WHEELS

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: LAKE ARROWHEAD CHRISTIAN SCHOOL

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

TED ROY CHARITY FOUNDATION

Employer identification number  
33-0570260

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIP

GRANTEE NAME: RIM OF THE WORLD - ART SCHOLARSHIP

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: PROMOTE SERVICE

GRANTEE NAME: CRESTLINE ROTARY

GRANTEE ADDRESS: CRESTLINE, CA 92325

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: ASSISTANCE TO DISADVANTAGED CHILDREN

GRANTEE NAME: MOUNTAIN KIDS CHRISTMAS

GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 02/12/10

AMOUNT GIVEN: 5,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 24,250.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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Open to Public  
Inspection

Name of the organization

TED ROY CHARITY FOUNDATION

Employer identification number  
33-0570260

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

FILING FEES	35.
BANK FEES	457.
WEBSITE FEES	155.
TOTAL TO FORM 990-EZ, LINE 16	647.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION WAS FORMED FOR THE PURPOSE OF FUNDING EDUCATIONAL SCHOLARSHIPS TO RIM OF THE WORLD HIGH SCHOOL STUDENTS, SPONSORSHIPS OF SPORTS TEAMS, AND SUPPORT DONATIONS TO I.R.C. 501(C) (3) NON-PROFIT ORGANIZATIONS IN THE ARROWHEAD, BIG BEAR AND OTHER MOUNTAIN COMMUNITY AREAS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOUNDATION PROVIDES FUNDS TO MOUNTAINS COMMUNITY HOSPITAL FOR THE PURPOSE OF PURCHASING NEEDED EQUIPMENT WHICH OTHERWISE MAY NOT BE OBTAINED DUE TO BUDGET CONSTRAINTS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.