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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
MUM-FORD INC

Employer identification number
34-1381824

1. PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MAKE PRESCRIPTION EYEWEAR FOR LOW INCOME PATIENTS IN THE COMMUNITY EDUCATE PATIENTS ABOUT RETURN VISITS AND HOWTO CARE FOR THEIR GLASSES

2. PART V, STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

NO RESPONSE TO LINES 1A THROUGH 14B

3. PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE

NO RESPONSE TO LINES 2 THROUGH 16B

4. PART VII, COMPENSATION OF OFFICERS

COMPENSATION OF ALL OFFICERS IS -0-

5. PART IX, STATEMENT OF FUNCTIONAL EXPENSES

LINE 24 F IS 53,480.07 LINE 25F IS 53,480.07 24F DOES NOT EXCEED 25F

6. XI, RECONCILLATION OF NET ASSETS

NOT APPLICABLE NO ASSETS

7. XII, FINANCIAL STATEMENTS AND REPORTING

ACCOUNTING METHOD IS ACCRUAL AND FINACIAL STATEMENTS ARE AUDITED ON A BI-YEARLY BASIS

YES RESPONSE TO LINE 3B BIDS WERE TAKE FROM THREE INDEPENDENT AUDITORS THEY WERE PRESENTED TO THE BOARD

AND OUR FUNDING SOURCE. THE LOWEST BIDDER WAS SELECTED AUDIT PERFORMED AND OUR GRANTOR PAID THE AUDITOR.