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990-PF Department of the Treasury internal Revenue Service

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

OMB No 1545-0052

2010

F	or ca	lendar year 2010, o	r tax year begin	ning		, 201	0, and end	ing			, 20
		ck all that apply	Initial returi		Initial reti	ırn of a former	public cha	rity		Final re	turn
			Amended r	eturn	X Ad	dress change	·	□ Na	ame change	_	
	Name o	of foundation				y		<u> </u>	A Employer identil	ication numb	per
U	CARI	S FOUNDATION						İ			
~~		DAVID D. HALB	ERT						46	-051075	.3
					d to observe addresses		Room/si	uto	B Telephone number		
	vumbe	r and street (or P O box	k number if mail is no	t delivere	d to street address)		Koom/si	JILE	P Telebuone ugune	(see page 10 0	i die insudellons)
===									.0	701 500	2100
		N. MACARTHUR								72) 590	-2100
$\mathcal{O}_{\mathcal{C}}$	City or	town, state, and ZIP co	ode						If exemption application pending, check her	ation is	▶
<u> </u>									D 1 Foreign organiza	ations, check he	re . ▶
	IRVI	NG, TX 75039							2. Foreign organiz		
	H Che	ck type of organizat	ion X Section	n 501	(c)(3) exempt priva	ite foundation			85% test, check computation .		
		section 4947(a)(1) non				e private found	ation		·		
		market value of all			unting method 2		ccrual		E If private foundate under section 507(- I
₩ .		ear (from Part II, col.	1		ther (specify)			1	F If the foundation i		
N					column (d) must be	e on cash basis)		under section 507(
		Analysis of Rever	·	•	1		,				oursements
₽ •	rait	total of amounts in co			(a) Revenue and	1-7		(c) Adjusted net		haritable
		may not necessarily	equal the amounts	in	expenses per books	inco	me		income	1	rposes
-	1	column (a) (see page	e 11 of the instructi	ons))	494,5	96 (34)	- \$ 4 5 5 5		, , , , , , , , , , , , , , , , , , ,	(cash	basis only)
	1	Contributions, gifts, grants, e	etc , received (attach schooling) oundation is not requ		494,5	904 _{5,2} - 32 51 - 3			1	* **	
	2	Check ▶ attach \$	Sch B		(2) (1) · ·					1000	247 25 8
	3	Interest on savings and	temporary cash inves	ments						7,11	<u> </u>
	4	Dividends and interes	st from securities		222,4	69. 2	22,469.			ATCH	$1\cdot 1\cdot \cdot
	5 a	Gross rents								<u>'</u>	
	b	Net rental income or (los	s)			, ,			· • • • •	<u> </u>	<u> </u>
<u></u>	1 .	Net gain or (loss) from s		ne 10	57,2	65.					
g 5 2011	Ь	Gross sales price for all		0.	, ,		•			\ \ \	
Le S	7	assets on line 6a -	ne (from Part IV III	ne 2)	4.8 Jan 20		57,273.	- ,			· Adamsh [
® 0	8	Capital gain net incom			15 to 15	TO PROPERTY AND	٠ ١ ³ ٤٠٠ ١٤٤٠ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢ ٢			The state of	· dringeressin
	9	1	1001	· · ·	BONNEY BONGS		**			-1 33-13	
NOV		Incomermodifications Gross sales less returns				Projection		*, 44°, 2	in compression of	1252	
	1	Gross sales less returns and allowances 10V	3 700 18	-	FIRST SERVICE AND	a i i'i dali'ali'a	, 5-9, '€ ⊈92, 5 - re-	, *** *** *****	***** -55 CX- B/ES-88885	11,117,35	the state of the s
		Less Cost of goods sold	•	 	Francist Land Callum Cartain Pages	4 5 PCC be 1	A Sa Securi	- 521 5	~ 340_28 F 442 48408868, 40 x F 7	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	zkazk salazian
2		Gross profit-or-(loss)		٠٠٠ ل	-3,6	129 2 332-75	-3,639.			ATCH	I 2,
Z	11	Other income attech			770,6		76,103.	1		AICE	
Ø.	12	Total. Add lines 1 thr			90,0		.70,103.	ļ		 	90,000
SCANNED	13	Compensation of officers	s, directors, trustees,	etc							21,658
-	14	Other employee salar	ies and wages		21,6					ļ	
ğ	15	Pension plans, emplo	yee benefits		19,3					-	19,376
Fynansas	16a	Legal fees (attach sch	nedule) ATCH	3		58	0.		. 0	·	158
, L	j b	Accounting fees (atta	ach schedule) ATCI	4	6,7	50.	0.		0	•	6,750
q	c	Other professional fe	es (attach schedule	e)							
Administrative	17	Interest	•	•							
ţ	18	Taxes (attach schedule)		. ب	9,5	55.					6,632
	19	Depreciation (attach			34,2	83.				11.7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	" "July" (1)
<u> </u>	20	_ `			44,3	02.					44,302
ě	20	Occupancy Travel, conferences,			21,4						21,469
Puc	21							i		 	
5	22	Printing and publicati			217,5	39 1	89,293.	 		 	28,246
:	23	Other expenses (attac			21,75		,	 	 	+	
	24	Total operating and	-		465,0	an l	89,293.		0		238,591
Onerating	2	Add lines 13 through					.00,290	 -	· · · · · ·		,261,568
_	25	Contributions, gifts, g	grants paid		1,261,5		00 202	<u> </u>	` ' `		
_	26	Total expenses and disburs		and 25	1,726,6		89,293.		0	·	,500,159
	27	Subtract line 26 from	line 12						and Militar		거싶었습니
	1	Excess of revenue over exp			-955,9			1		7, (a	<u></u>
	b	Net investment incom	me (if negative, en	er -0-)	A Comment of the comm		86,810.	-483		(*	<u> </u>
	c	Adjusted net income	(if negative, enter	-0-)		3 - 4 - 1	. 1 4 .	1		1 2 30 3	

Form 990-RF

Par	et II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (of year
		——————————————————————————————————————	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1 (Cash - non-interest-beari	ng	2,559,648.	3,389,736.	3,389,736
1 :			cash investments			
١;		Accounts receivable		H Th	/ ₂ ', ', ', ', ', ', ', ', ', ', ', ', ',	7
		_	otful accounts ▶		·	
١,				· · · · · · · · · · · · · · · · · · ·		W
			otful accounts ▶	•	•	83, 33, 474 4
١,						
- []			officers described and other			
'			officers, directors, trustees, and other			
١.			ch schedule) (see page 15 of the instructions)	** 48-3 45-1905 (FASS) T	SATE OF SAME SEEDS AND SAME	1 Addi - 15544 27 2 48 2 4 4 6544 27
- 1			eceivable (attach schedule)			
			otful accounts >			
sets	B I	Inventories for sale or us	e			<u> </u>
SS .	9 1	Prepaid expenses and di	eferred charges			
8 10			e government obligations (attach schedule)			
}	bι	Investments - corporate	stock (attach schedule)			
	C	Investments - corporate	bonds (attach schedule),		·	
1'		Investments - land, buildings and equipment basis	·		•	, , , , , , , , , , , , , , , , , , ,
i		Less accumulated deprecia (attach schedule)	tion			
12						
13	3 (Investments - other (atta	loans	14,885,100.		
14	4 I	Land, buildings, and equipment basis	305,596.			SATCH 83
	l	Less accumulated deprecia	tion ▶ 155,818.	1/3,102.	149,778.	149,778
11	5 ((attach schedule) Other assets (describe - I	ATCH 9)	25,488.	25,488.	25,488
16			completed by all filers - see the			
' `			age 1, item I)		17,712,697.	17,712,697
17			ccrued expenses	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	1,3,2,
18			ı			
						,
20			rs, trustees, and other disqualified persons			^, ^,
[21			tes payable (attach schedule)	0.	0.	
7 22	2 (Other liabilities (describe	: ▶)			
ر ا		=-4 1 M-1 MA - 7-241	47.00	•	0	
23			s 17 through 22)	0.	0.	THE PARTY OF THE P
-			ow SFAS 117, check here ▶			
		and complete lines a	24 through 26 and lines 30 and 31.			
S 24	\$ (Jnrestricted				
[25	5 7	Temporarily restricted .				. 1
කි 2 ද	3 F	Permanently restricted .				
밀	F	Foundations that do	not follow SFAS 117,			
괴	(check here and com	plete lines 27 through 31. ▶ X			`
Net Assets or Fund Balanc	7 (Capital stock, trust princ	apal, or current funds	23,456,804.	24,482,071.	
28	3 F	Paid-in or capital surplus, or	land, bldg , and equipment fund			, , , , , , , , , , , , , , , , , , , ,
8 29) F		lated income, endowment, or other funds	-5,813,406.	-6,769,374.	114 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ž 30	ר כ		und balances (see page 17 of the			
ē l	1			17,643,398.	17,712,697.	
31		Cotal liabilities and net	assets/fund balances (see page 17			The by the grant of the state o
				17,643,398.	17,712,697.	
Par			nges in Net Assets or Fund			Can checula Attaces, of Prin Aut and Library
			alances at beginning of year - Part		must agree with	
			on prior year's return)			17,643,398
						-955,967
5 U	ther	increases not material	ne 27a ed in line 2 (itemize) ▶ATTACH	MENT 10	2	1,025,266
ا∪ ر - ۸ ه	111 2 1	110100000 1101 I1101UUE	ed in line 2 (itemize) - ATTACH		3	17,712,697
					· · · · · · · · · - · · ·	11,112,091
		ases not included in I		mo EV. Dort II. and the control of	5	17,712,697
<u>, IC</u>	ıaı I	net assets of fund ba	lances at end of year (line 4 minus l	iile 5) - ran II, column (b), line 30 6	Form 990-PF (2010)

Ē	Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold ((b) How acquired	(c) Date acquired	(d) Date sold
_		rick warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
1:		DOLE				
	<u>b</u>			<u></u>		
_				 		
_	<u>d</u>			<u>. </u>		
_	<u> </u>	(f) Depreciation allowed	(g) Cost or other basis	 	(h) Gain or (id	
	(e) Gross sales price	(or allowable)	plus expense of sale	ļ	(e) plus (f) mini	
_	3 _			 		
	b					
_	c					
	d					
_	9					_
	Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F.M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	col.	(k), but not less to Losses (from co	
_	··	as of 12/31/69	over col (j), if any		Losses (Holli Co	
	a					
	<u> </u>			 		
	<u>. </u>					
	<u> </u>					
_	;	(If	gain, also enter in Part I, line 7			
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		57,273.
3	Net short-term capital gain	or (loss) as defined in sections 12	•			
	If gain, also enter in Part I,	line 8, column (c) (see pages 13 a	and 17 of the instructions).			
	If (loss), enter -0- in Part I, I	ine 8	<u> </u>	3		
	Part V Qualification L	<u> Inder Section 4940(e) for Rec</u>	duced Tax on Net Investment I	ncome	- 	
W			outable amount of any year in the bo	ase period	d? [Yes X No
1			, see page 18 of the instructions be	efore mak	ing any entries	
_	(a)	(b)	(c)		(d)	
(Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
Ξ	2009	1,718,306.	15,775,710.			0.108921
_	2008	2,423,777.	15,057,106.			0.160972
	2007	3,276,194.	24,100,206.			0.135940
_	2006	2,749,784.	25,869,902.			0.106293
_	2005	2,186,097.	25,653,112.	Т-		0.085218
_	Takal afilma 4 aaluma (d)					0.597344
2	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the	2		0.397344
J	_	dation has been in existence if less		3		0.119469
	number of years the round	adion has been in existence in less	than 5 years			
4	Enter the net value of non	charitable-use assets for 2010 from	m Part X. line 5	4	15,	705,918.
·					<i>'</i>	
5	Multiply line 4 by line 3			5	1,	876,370.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		868.
		···				
7	Add lines 5 and 6			7	1,	877,238.
8	Enter qualifying distribution of line 8 is equal to or green Part VI instructions on page	ater than line 7, check the box ii	n Part VI, line 1b, and complete t	8 hat part i	1, using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 1	18 of t	he ins	tructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here	, 		* * *	,
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	' (; ; ;)		*.*	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,7	36.
	here and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of \mathcal{I}				,
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2				
3	Add lines 1 and 2			1,7	
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- ,	 _		1,7	36.
6	Credits/Payments:	-	, .	, ,,,,	•
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 4,778.	7.7	y y Tagenda	This is	ξ ; ε1
	Exempt foreign organizations-tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c 1,250.	" January	. * *.*	3 * *	•
d	Backup withholding erroneously withheld	1,50	÷		120
7	Total credits and payments. Add lines 6a through 6d			0,0	28.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4 2	92.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			4,2	
11	Enter the amount of line 10 to be Credited to 2011 estimated tax 4,292. Refunded 11				
	t VII-A Statements Regarding Activities			V	No.
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	Yes	No X
	participate or intervene in any political campaign?		1 d		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		1 b		х
	of the instructions for definition)?		10		
	published or distributed by the foundation in connection with the activities			,	
_			1 c		Х
d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		4.33	11.	
u	(1) On the foundation \blacktriangleright \$		**41		1
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			* **	77.
·	on foundation managers > \$			6.0 () ()	1.00 1.00 1.00
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
_	If "Yes," attach a detailed description of the activities		[K.]		;; <u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	: •	,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4 b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				Х
	If "Yes," attach the statement required by General Instruction T			(7x , ')	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		l.' .'		. , ,
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		4,7 \$	11. 44.6	
	conflict with the state law remain in the governing instrument?		6	X	⊢—
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	v	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		, "	4 - 1	
	instructions) TX,			,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			v	ĺ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				ĺ
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				х
	27)? If "Yes," complete Part XIV		9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the				х
	names and addresses		10		

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) ATCH. 11	11	Х	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			.,
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X _	
14	The books are in case of STEFANY SCHNEIDER Telephone no 972-590	0-21	00	-
	Located at 6655 N. MACARTHUR BLVD. IRVING, TX ZIP+4 75039	. _		
15	Section 4947(a)(1) Hollexempt chartable trade ming 1 6th 355-11 in field of 1 6th 15 10 of 15 ming 1		▶	
4.0	and enter the amount of tax-exempt interest reserved of assisted saming and year.		Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	16		X
	over a bank, securities, or other financial account in a foreign country?	7,7	3*	
	the name of the foreign country	÷ , , ,		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	27.2	Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	實施		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	13.40	*	, d , d , d
	disqualified person? Yes X No	[v 2' a v , 5 x		,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No		,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 -	,	,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	١ ,	- 3	٠,٠
	termination of government service, if terminating within 90 days.)	, ii,		F.
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1	****	Х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	4,4"	. 3,250
	Organizations relying on a current notice regarding disaster assistance check here	4 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[/ j .]	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 c	,27,4 134	X
	were not corrected before the first day of the tax year beginning in 2010?	*********	, x ¹ ;	3.30
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		. 2	,
•	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		1,3), ;'
a	6e, Part XIII) for tax year(s) beginning before 2010?		,	
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)] ·	, , , , , , , , , , , , , , , , , , ,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	- 🐔 .		12. c
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2 b	N=2	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	(* °)		7.
	>		-37	1
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	, the same	* **	કે છે કે
	at any time during the year?	1,7	1 -	- 7
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		: '- '	\$·* ·
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	· '	†	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	' `	1	,
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 b	1	
_	foundation had excess business holdings in 2010)		 	X
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	7	1	. ,* *
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	1]	X
	Services Parabone that had not positive that Independ and the man and and all the tank the additional and an and an analysis and the additional and an analysis and the additional and an analysis and the additional and an analysis and an a		A DE	40.0.4.01

Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continu	ıed)	
5 a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes	X No	
	(2) Influence the outcome of any specific public election	(see section 4955), o	or to carry on,			- 14431 :
	directly or indirectly, any voter registration drive?			Yes	X No	
	(3) Provide a grant to an individual for travel, study, or ot				X No	
	(4) Provide a grant to an organization other than a chari					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes	XNo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(5) Provide for any purpose other than religious, charita					
				Yes	X No	
	purposes, or for the prevention of cruelty to children of			• —	140	
D	If any answer is "Yes" to 5a(1)-(5), did any of the trans					5b
	Regulations section 53 4945 or in a current notice regard	-		_	Н	30
	Organizations relying on a current notice regarding disas			–	لـــا	
С	If the answer is "Yes" to question 5a(4), does the found			<u> </u>	□	
	because it maintained expenditure responsibility for the g			Yes Yes	No	
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d).				
6 a	Did the foundation, during the year, receive any funds, of	lirectly or indirectly, to	pay premiums			
	on a personal benefit contract?			. L Yes	X No	
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contrac	t?		6b X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes Yes	XNo	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
b	If "Yes," did the foundation receive any proceeds or have	e any net income attri	outable to the transaction	n?		7b
Pa	rt VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid	Emplo	yees,
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of t	he instru	ctions)
<u> </u>	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contribution	ons to	(e) Expense account,
	(a) Name and address	hours per week devoted to position	(if not paid, enter	employee benef and deferred com		other allowances
		GOVOLOG TO BOOMION		and deterred com	pensation	
		GOVOROG TO POSITION				
ĀT	TACHMENT 12	GGYOKOG GO BOSHION	90,000.		,000.	(
ΑT						(
ΑT	TACHMENT 12					(
AT						(
AT						(
AT						(
AT						(
			90,000.	3	,000.	
2			90,000.	e page 23 of	the instr	
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	90,000.	e page 23 of (d) Contribute employee by	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	uctions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	90,000.	e page 23 of (d) Contribute employee by	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,
2 (a	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	her than those inc (b) Title, and average hours per week devoted to position	90,000.	e page 23 of (d) Contribut employee be plans and de	the instr	ructions). (e) Expense account,

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five	nighest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		1
 		
Total numb	er of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
	idation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
	s and other beneficianes served, conferences convened, research papers produced, etc	
1 N/A		
<u>, —</u>		
2		
]
3		
		
4		,
		1
Part IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
•	gram-related investments. See page 24 of the instructions	
3 NONE		
		!

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundatior	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	hat i	
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1b	1,797,401.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	14,147,693.
ď		1d	15,945,094.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 15 Pr	_
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	3	15,945,094.
4		ļļ	
	the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	239,176.
5		5	15,705,918.
6	Minimum investment return. Enter 5% of line 5	6	785,296.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ► and do not complete this		
1	Minimum investment return from Part X, line 6	1	785,296.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 1,736.	,	
b	Income tax for 2010 (This does not include the tax from Part VI) 2b] - [
С	Add lines 2a and 2b	2c	1,736.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	783,560.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	783,560.
6	Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	783,560.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		<u> </u>
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,500,159.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,500,159.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,500,159.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	culating whet	her the foundation

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	<u>ns)</u>		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
•	line 7			- · ·	783,560.
2	Undistributed income, if any, as of the end of 2010	-		- (- ", ")	
	Enter amount for 2009 only				Control of the state of the sta
h	Total for pnor years 20 08 20 07 20 06		0.	Spar dilik	
3	Excess distributions carryover, if any, to 2010				
-	i · · · · · · · · · · · · · · · · · · ·		3, 1, - , , , , , ,		
а ь	1 470 570				
	From 2006				
ن	From 2008 1,681,748.			, KK	
u	020 740				
ę	110111 2003	6,188,211.	* .	, , , , , ,	
, T	Total of lines 3a through e			* * * * * * * * * * * * * * * * * * *	44
4	line 4 ▶ \$ 1,500,159.	i			
		<i>.</i> ,		ŕ	1. The state of th
	Applied to 2009, but not more than line 2a	1 A 1 W		73,027, 7,35,87,	31. 32 31.6 27.2
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
	, , , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *	1. E. E. E. B. C.		Energy Co.
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				Tracks of the state of the stat
		1.47			783,560.
	Applied to 2010 distributable amount	716,599.	, , , , , , , , , , , , , , , , , , ,	x	
е 5	Excess distributions carryover applied to 2010	····	-		
3	(If an amount appears in column (d), the same				
_	amount must be shown in column (a))			·	
6	Enter the net total of each column as indicated below:		.		, , , , , , , , , , , , , , , , , , , ,
•	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,904,810.		1, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * *
a	Prior years' undistributed income Subtract			4. 3 1 1 1 2 2 2	
D	line 4b from line 2b		0.	[4] · · · · · · · · · · · · · · · · · · ·	
С	Enter the amount of prior years' undistributed	1. 内有 为此。			
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
A	Subtract line 6c from line 6b Taxable	1,32 11 14			,,, i, ,,
u	amount - see page 27 of the instructions	pratition of the state of the s	0.		
е	Undistributed income for 2009 Subtract line		-		
	4a from line 2a Taxable amount - see page 27 of the instructions				
_					
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be	, ',		La de la companya del companya de la companya del companya de la c	
	distributed in 2011		, , , , , , , , , , , , , , , , , , , ,		
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				[플래시 그런 보고]
	instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.	***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** ** * * * * * * * * * * * * * * * *
9	Excess distributions carryover to 2011.		1	, , , ,	
	Subtract lines 7 and 8 from line 6a	6,904,810.	<u> </u>		
10					
а]		-	
þ	Excess from 2007 2,103,142.]			
c	Excess from 2008 1, 681, 748.				
d	Excess from 2009 930,742.	1:3 86 - 1	1 x x x x x x x x x x x x x x x x x x x	* ************************************	
_ e	Excess from 2010 716, 599.	神·大	\$ 15 Superal \$ 6	- 1949/7/-10-cs 1/99g 1/2	attigicije, pariže kat

		aning i danaandiid	doc page 27 of an	e instructions and Pa	art virit, quodion of	NOT APPLICABL
1 a	f the foundation has	received a ruling or d	etermination letter th	at it is a private oper	rating	
1	foundation, and the ruling	g is effective for 2010, e	nter the date of the ruling	9	. •	
	Check box to indicate wh					(3) or 4942(j)(5)
		Tax year		Prior 3 years		
	Enter the lesser of the ad- usted net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	or the minimum investment			 	† · · · · · · · · · · · · · · · · · · ·	
	return from Part X for each					
	year listed				 	
b t	35% of line 2a				 	
	Qualifying distributions from Part					
	KII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct					
(of exempt activities			 	ļ	
	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
- 2	2d from line 2c					
	Complete 3a, b, or c for the atternative test relied upon				1	
	'Assets" alternative test - enter					
	(1) Value of all assets		_			
	2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
Ь '	Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	nent return shown in Part X,					
	ine 6 for each year listed Support" alternative test - enter			-		
	(1) Total support other than					
,	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)),					
	or royalties)			 	 	
,	(2) Support from general public and 5 or more	<u> </u>				
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)			<u> </u>		
(3) Largest amount of sup-					
	port from an exempt organization		. <u>.</u>		<u> </u>	
	4) Gross investment income	<u> </u>			<u> </u>	
Par					ation had \$5,000	or more in assets
	at any time o	luring the year - se	e page 28 of the in	nstructions.)		
1 1	nformation Regarding	g Foundation Manage	rs:			
a l	List any managers of t	the foundation who h	ave contributed mo	re than 2% of the tota	al contributions receive	ed by the foundation
ł	pefore the close of any	tax year (but only if th	ney have contributed	more than \$5,000) (S	See section 507(d)(2))	
	ATTACHME	ENT 13				
h			own 10% or more o	of the stock of a corn	oration (or an equally	large portion of the
	ownership of a partner					large pertion of the
				<u>.</u>		
	N/A					
2 1	nformation Regarding	Contribution, Grant	Gift, Loan, Scholars	hip, etc., Programs:		
		•	, ,	• • •		
(Jneck nere ► [A] if the	ne roundation only r	nakes contributions	to preselected charl	itable organizations a: e 28 of the instructio	no does not accept
,	organizations under otl	her conditions comple	ete items 2a h c and	granis, etc (see page		iis) to iligividuals of
						· · ·
a	The name, address, a	nd telephone number	of the person to who	m applications should b	e addressed	
b	The form in which appl	ications should be sul	omitted and informat	ion and materials they	should include	
						
c /	Any submission deadli	nes				
_d /	Any restrictions or lin	nitations on awards,	such as by geogr	aphical areas, charita	able fields, kinds of i	nstitutions, or other

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT A				1,261,568.
		•		
	{			
			<u> </u>	
			-	
			İ	
			1	
			1	
		}	}	
		ļ	1	
	[ļ	1	
		-		
		ļ		
Total			▶ 3a	1,261,568.
b Approved for future payment				
		,		
		ĺ		
		<u> </u>	•	
			1	
		1		
]		
]		
]		
Total			▶ 3b	

		1	vities	j		(6)
Enter gross	amounts unless otherwise indicated.	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
-	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
f						
	and contracts from government agencies					
2 Member	rship dues and assessments					
	on savings and temporary cash investments			14	222 460	
	ds and interest from securities			14	222,469.	
	tal income or (loss) from real estate					<u> </u>
	t-financed property			<u> </u>		
	debt-financed property				_	
	al income or (loss) from personal property					· · · · · · · · · · · · · · · · · · ·
	nvestment income	900000	7,614.	18	49,651.	
•	(loss) from sales of assets other than inventory	30000	,,011.		13,001.	
	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory					
	RIS CHARITIES, LP			14	-3,301.	
	RIS CHARITIES, LP	900099	-338.			
e						
	I. Add columns (b), (d), and (e) . :		7,276.		268,819.	
13 Total, A	dd line 12, columns (b), (d), and (e)				13	276,095.
	heet in line 13 instructions on page 29 t					
Part XVI	B Relationship of Activities	to the Ac	complishment of Exc	empt Purp	oses	
Line No.	Explain below how each activit	y for whicl	n income is reported in	n column (e	e) of Part XVI-A contribu	uted importantly to the
▼	accomplishment of the foundation instructions)	on's exemp	t purposes (other than	by providing	g funds for such purpose	es) (See page 29 of the
NONE						
	NOT APPLICABLE					·-·
	NOT APPLICABLE					
	NOT APPLICABLE					
	NOT APPLICABLE					
	NOT APPLICABLE					
	NOT APPLICABLE					
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	NOT APPLICABLE					
	NOT APPLICABLE					

Part XV	Information Regarding Transfers To and Transa Exempt Organizations	actions and Relationships With Noncharitable
ín s	the organization directly or indirectly engage in any of the following ection 501(c) of the Code (other than section 501(c)(3) organization nizations?	
	isfers from the reporting foundation to a noncharitable exempt organization of	
	Cash	· · · · · · · · · · · · · · · · · · ·
	Other assets	1a(2) A
	Sales of assets to a noncharitable exempt organization	
	Purchases of assets from a noncharitable exempt organization	· · · · · · · · · · · · · · · · · · ·
	Rental of facilities, equipment, or other assets	
	Reimbursement arrangements	
	Loans or loan guarantees	
	Performance of services or membership or fundraising solicitations	1b(6) X
c Shar	ring of facilities, equipment, mailing lists, other assets, or paid employees	1c X
	ne answer to any of the above is "Yes," complete the following	•
	e of the goods, other assets, or services given by the reporting for	
	e in any transaction or sharing arrangement, show in column (d) to	1
(a) Line no	(b) Amount involved (c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements N/A
	N/A	N/A
	 	
	· · · · · · · · · · ·-	
desc	the foundation directly or indirectly affiliated with, or related to, or indirectly in section 501(c) of the Code (other than section 501(c)(3)) or in section	· · · · — —
<u>D II 1</u>	es," complete the following schedule (a) Name of organization (b) Type of organization	(c) Description of relationship
	(2)	
Sign	nder penalties of perjury, I declare that I have examined this return, including accom- elect it is true, correct and complete Declaration of preparer (other than taxpayer or fidure).	panying schedules and statements, and to the best of my knowledge and clary) is based on all information of which preparer has any knowledge
Here	Signature of officer or trustee NALL Date	Title
	Print/Type preparer's name Preparer's signature	Date PTIN
Delet	7,55 6,55 6,56	Check X if
Paid -	MARK T. NASH	
Prepare	Firm's name PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324
Use On		
	DALLAS, TX	75201-2997 Phone no 214-999-1400
		Form 990-PF (2010)

CARIS FOUNDATION

FORM 990-PF - PART IV

Kınd of P		NS AND LOSSES FOR TAX ON INVEST				P) or	Date	Date sold
Gross sale	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over	D 	acquired Gain or	
expenses of sale	allowable	TOTAL SHORT PARTNERSHIE ESTATES OR	, s corpor	ATION, AND			(loss) -20,351.	
		TOTAL LONG- PARTNERSHIE ESTATES OR	, S CORPOR	ATION, AND			77,624.	
OTAL GAIN(LO	oss)		••••••••••••••••••••••••••••••••••••••		• • • • • • •		57,273.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF. OMB No 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** CARIS FOUNDATION 46-0510753 C/O DAVID D. HALBERT Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 331/3 % 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 Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

ame of organization	CAR	S FO	JNDA'	rion
	C/0	DAVII	D.	HALBERT

Employer identification number 46-0510753

Part I	Contributors	(see	instructions)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
~ - 1 -	DAVID & KATHY HALBERT CLT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	\$345,364.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	JWH TESTAMENTARY CLT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	\$149,131.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(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) No.	(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) No.	(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) No.	(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)

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

	NET	INVESTMENT	INCOME	211,858	1 635	.000 //	2,976.		222,469.
REVENUE	AND	EXPENSES	PER BOOKS	απα 1.rc	. 000 1 + 1 1 H C J C L	.000 1/	2,976.		222, 469.
									TOTAL
			DESCRIPTION		CAKIS CHAKILLES, DF - DF INTEREST	MERKILL LYNCH SECORITIES	CARIS CHARITIES, LP- GP INTEREST		

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FORM (1117

CARIS FOUNDATION

	INTEREST	INTEREST
	GP	LP
	LP -	LP -
DESCRIPTION	CARIS CHARITIES,	CARIS CHARITIES,

	NET	INVESTMENT	INCOME	-52.	-3,587.	
REVENUE	AND	EXPENSES	PER BOOKS	-52.	-3,587.	

-3,639.

-3,639.

TOTALS

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	ATTACHMENT	
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- LEGAL FEES PART I FORM 990PF,

REVENUE	AND	EXPENSES	PER BOOKS	

INVESTMENT

ADJUSTED NET INCOME

CHARITABLE PURPOSES

158.

LEGAL FEES

DESCRIPTION

158.

158.

TOTALS

0

158.

ATTACHMENT 3

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FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	6,750.	6,750.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	6,750.	6,750.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

- TAXES PART I FORM 990PF,

			REVENUE AND EXPENSES
DESCRIPTION			PER BOOK
LP		TAX	2,
CAKIS CHAKITIES GF FUR PAYROLL	FOREIGN	TAX	9

AND EXPENSES PER BOOKS	2,883,40	6,632
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9,555.

TOTALS

CHARITABLE PURPOSES

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6,632.

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OTHER EXPENSES
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ORM

CHARITABLE	1,570. 2,295.	4,418.		333.	331.	4,086.	28,246.
NET INVESTMENT INCOME			2,623. 186,670.				189,293.
REVENUE AND EXPENSES PER BOOKS	1,570.	118. 4,418.	2,623. 186.670.	. 00 . 00 . 00 . 00	331.	4,086.	217, 539.
							TOTALS
DESCRIPTION	INSURANCE EXPENSE SUPPLIES	STAFF MEALS MISCELLANEOUS ADMIN	CARIS CHARITIES, LP	BANK SERVICE CHARGES	POSTAGE REPAIRS	EQUIPMENT RENTAL	i Eller non e

9

- OTHER INVESTMENTS PART II FORM 990PF,

DESCRIPTION

CARIS CHARITIES- GP INTEREST CARIS CHARITIES- LP INTEREST

TOTALS

BOOK VALUE ENDING

ENDING FMV 195,943. 13,951,752.

14,147,695.

14,147,695.

195,943. 13,951,752.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

								ATTACHMENT 8	
			FIXED ASSET DETAIL	r detail		ACCUM	ULATED DEPRE	ACCUMULATED DEPRECIATION DETAIL	
		12			ENDING	BEGINNING	SNOTHIOUS	DIEPOSBLE	ENDING
ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS	DISPOSALS	BALLANCE	BALLANCE	ADDITIONS	or or or or or or or or or or or or or o	
WEB-SITE DSGN 2008W	18	9,200.			9,200.	7,667.	1,533.		9,200.
COMPUTER & EQUIP	м5	31,038.			31,038.	22,099.	3,576.		25,675.
FURNITURE	M7	103,239.			103,239.	58,093.	12,895.		70,988.
COLLEYVILLE OFFICE	SL	109, 194.			109,194.	18,200.	7,280.		25,480.
APPLIANCES	7W	1,385.			1,385.	.611	173.		952.
FURNITURE/FIXTURES	M7	37,441.			37,441.	14,519.	6,548.		21,067.
WEB-SITE DSGN 2009W	SL	3,200.			3,200.	178.	1,067.		1,245.
WEB-SITE DSGN 2010W	SL		1,600.		1,600.		444.		444.
WEB-SITE DSGN 2010W	SL		1,800.		1,800.		350.		350.
WEB-SITE DSGN 2010W	SL		7,500.		7,500.		417.		417.
TOTALS	1 11	294, 697.		1 11	305,597.	121,535.		1 11	155,818.

V 10-8.2

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ATTACHMENT 9

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

SECURITY DEPOSIT
CONFERENCE ROOM MURALS

ENDING BOOK VALUE

ENDING FMV

> 4,286. 21,202.

4,286. 21,202.

TOTALS

25,488.

25,488.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION		AMOUNT
CARIS CHARITIES, LP - GP INTEREST		
BOOK/TAX DIFFERENCES		13,933.
CARIS CHARITIES, LP - LP INTEREST		001 601
BOOK/TAX DIFFERENCES		991,691.
TAX REFUND		19,642.
	${ t TOTAL}$	<u>1,025,266.</u>

FORM 990PF, PART VII-A, LINE 11A-TRANSFERS FROM CONT. ENT. STATEMENT

CONTROLLED ENTITY'S NAME:

CARIS CHARITIES, LP

CONTROLLED ENTITY'S ADDRESS: 6655 N MACARTHUR BLVD

CITY, STATE & ZIP:

IRVING, TX 75039

EIN:

01-0836048

TRANSFER AMOUNT:

25,208.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:

DISTRIBUTION OF CASH

CONTROLLED ENTITY'S NAME:

CARIS CHARITIES, LP

CONTROLLED ENTITY'S ADDRESS: 6655 N MACARTHUR BLVD

CITY, STATE & ZIP:

IRVING, TX 75039

EIN:

01-0836048

TRANSFER AMOUNT:

1,794,069.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:

DISTRIBUTION OF CASH

PAGE 27

FORM 990PF, PART VIII

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 12

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID D. HALBERT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	DIRECTOR 1.00			
KATHRYN ANN HALBERT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	EXECUTIVE DIRECTOR/PRESIDENT 20.00			
KRISTEN S. HALBERT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	DIRECTOR/TREASURER 1.00			
PATRICK HALBERT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	DIRECTOR 1.00			
CHRISTOPHER HARMON 6655 N. MACARTHUR BLVD. IRVING, TX 75039	VICE PRESIDENT/SECRETARY 40.00	.000,06	3,000.	.0
MICHAEL D. HALBERT 6655 N. MACARTHUR BLVD. IRVING, TX 75039	DIRECTOR 1.00			
	GRAND TOTALS	.000,06	3,000.	0.

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DAVID D. HALBERT KATHRYN A. HALBERT

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

CARIS FOUNDATION

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

C/O DAVID D. HALBERT 46-0510753 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (f) Gain or (loss) for (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold (d) Sales price the entire year (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (see instructions) (mo, day, yr) Subtract (e) from (d) 1 a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 -20,351. 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, -20,351.Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (e) Cost or other basis (c) Date sold (d) Sales price the entire year Subtract (e) from (d) (mo , day, yr) (mo, day, yr) (see instructions) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 77,624. 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part 1 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss 645,592.) 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, -567,968. column (3) on the back Schedule D (Form 1041) 2010 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

chedule	D (Form	1041) 2010	

Sche	dule D (Form 1041) 2010				Page 2
Pa	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this	part.	(see instr)	or trust's	
13	Net short-term gain or (loss)	13			-20,351.
14	3 3 ().]		567.060
a	Total for year	14a			-567,968.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b	 		
	28% rate gain	14c			-588,319.
15		15) T Do d I long 40) # long		
to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For art V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	m 990 art IV)- ι , Paπ ι, line 4a) ir line and the Capital Loss Cai	rs 14a and 15, col T vover Workshee t	umn (2), are net gains, go Las necessarv.
	rt IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I i	ine 4c if a trust) the er	naller of	
_					3,000
Note	The loss on line 15, column (3) or b \$3,000 or if Form 1041, page over Worksheet on page 7 of the instructions to figure your capital loss carryover.	 9 1, lır	ne 22 (or Form 990-T, li	ne 34), is a loss, o	complete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rate				
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			nount is entered	I in Part I or Part II and
	tion: Skip this part and complete the worksheet on page 8 of the instruc				
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or		"		
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	m 990-T trusts. Complete this part only if both lines 14a and 15 are				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pai	rt and	i complete the works	sheet on page	B of the instructions if
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4) .			
18	Enter the smaller of line 14a or 15 in column (2)		1	31 - 3 N	
	but not less than zero			7 774	
19	Enter the estate's or trust's qualified dividends			100	
	from Form 1041, line 2b(2) (or enter the qualified			* ` `	
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21		- -	~4	
22	Subtract line 21 from line 20. If zero or less, enter -0		• •		
23	Subtract line 22 from line 17 If zero or less, enter -0		23		
24			24		
25				-,·	
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box		0.5	1	
26	No. Enter the amount from line 23			·	
27	Subtract line 25 from line 24		20		
21	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	- 22	27		
	1 es. Skip lines 27 thru 30, go to line 31	e 22	21		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	J ,	
	Enter the amount from the 20 (1 time 20 is blank, enter -0-)	• • •	20		
29	Subtract line 28 from line 27		. 29		
30	Subtract line 28 from line 27				
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate	d Trusts			
٠.	(see the Schedule Ginstructions in the instructions for Form 1041).				
	(222 m. 2 2 modulo o modulo mo	• • •			
32	Add lines 30 and 31	32			
33	Figure the tax on the amount on line 17. Use the 2010 Tax Rate	· · · · 			
-	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h				
	G, line 1a (or Form 990-T, line 36)			1	

CARIS FOUNDATION EMPLOYER IDENTIFICATION NUMBER 46-0510753 2010 SCHEDULE OF CONTRIBUTIONS PAID

Date	Recipient	Activity/Purpose	Α	Amount Donee Str	Donee Status Relationship
Vanous Abilene Chnstian University	Abilene, TX 79669	Payments for ACU Scholarship Funds	*	24,644 00 501(c)(3)	NONE
10/20/2010 YMCA	3524 Central Drive Bedford, TX 76021	Payment for general support	s	1,000 00 501(c)(3)	NONE
Vanous BandS Ministries	P O Box 1926, Colleyville, TX 76034	Payments for support of medical services	69	30,472 32 501(c)(3)	NONE
Vanous Caris Foundation International	al 5215 N O'Connor Blvd, Irving, TX 75039	Payments for general support	\$ 7	798,827 02 501(c)(3)	NONE
Vanous Chinese Agape Foundation	Peachfree City, GA	Payments for medical & missionary work	s s	25,000 00 501(c)(3)	NONE
1/11/2010 Fortress Youth Development Center	Center 712 Stella St, Forth Worth, TX 76104	Payments for general support	•	35,000 00 501(c)(3)	NONE
Vanous Health Talents International	P O Box 8303, Searcy, AR 72145	Payments for eye and cleft lip surgenes	•	6,375 00 501(c)(3)	NONE
1/11/2010 Hope Network Ministnes	22 Park Mtn, San Antonio, TX 78255	Payments for general support		50,000 00 501(c)(3)	NONE
Vanous Lake Cities Church of Christ	280 Indian Creek Dr., Trophy Club, TX 76262	52 Payments for general support	\$ 5	245,000 00 501(c)(3)	NONE
4/14/2010 Lake Cities Church of Christ	280 Indian Creek Dr., Trophy Club, TX 76262	52 Dominican Republic Mission Trip	s	1,000 00 501(c)(3)	NONE
11/10/2010 Lake Cities Church of Christ	280 Indian Creek Dr., Trophy Club, TX 76262	52 MMDR - Zack Morgan	69	500 00 501(c)(3)	NONE
1/11/2010 Manna Relief Foundation	PO Box 540669, Grand Praine, TX 75054	Mosquito nets for Malawi	⇔	5,000 00 501(c)(3)	NONE
3/29/2010 Olive Branch Ministries	4403 10th St, Lubbock, TX 79416	Payments for general support	G	10,000 00 501(c)(3)	NONE
Vanous Tears International	314 Live Oak Lane, Lake Jackson TX 77566	S6 Payments for eye surgeries	**	28,750 00 501(c)(3)	NONE
			2 7	1 261 568 3d	

Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return

internal Revenu	e Sarvice Fine a	achainte ab	phototor for out in retain.				
	filing for an Automatic 3-Month Extension, c				▶ X		
	filing for an Additional (Not Automatic) 3-Mo						
	plete Part II unlessou have already been gran						
Electronic fi	ling (e-file) You can electronically file Form	8868 if yo	ou need a 3-month automatic extens	sion of time to file (6	months for		
a corporation	n required to file Form 990-T), or an addition usest an extension of time to file any of the	nai (not au	nomatic) 3-month extension of time	rou can electronically	/ ille roim		
Peturn for	Transfers Associated With Certain Persona	ionna nac al Renefit	Contracts which must be sent to	the IRS in paper for	ormat (see		
instructions).	For more details on the electronic filing of the	nis form, vi	sit www irs gov/efile and click on e-f	file for Charities & Nong	profits		
	tomatic 3-Month Extension of Time. Or						
A corporation	n required to file Form 990-T and requesting a	n automatic	: 6-month extension - check this box a	and complete			
Part I only .					. , ▶ 📖		
All other con	porations (including 1120-C filers), partnership	s, REMICs,	and trusts must use Form 7004 to re	quest an extension of t	ime		
to file income				Employer identification	bar		
Type or					number		
print	C/O DAVID D. HALBERT		stone	46-0510753			
File by the	Number, street, and room or suite no If a P O box		cuons				
due date for filing your	5215 N. O'CONNOR BLVD., SUITE City, town or post office, state, and ZIP code For a		Iress see instructions				
return See instructions		i loreign add	7033, 300 HISH 2010/13				
IIIST delicits	IRVING, TX 75039						
Enter the Re	turn code for the return that this application is	for (file a se	eparate application for each return)		0 4		
Application		Return	Application		Return		
Is For		Code	is For		Code		
Form 990		01	Form 990-T (corporation)		07		
Form 990-Bl		02	Form 1041-A		08		
Form 990-E2	2	03	Form 4720		09		
Form 990-Pi		04	Form 5227		10		
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069		11		
Form 990-T	(trust other than above)	06	Form 8870		12		
The book	s are in the care of STEFANY SCHNEI	DER					
Telephon	e No ▶ 972 590-2100		FAX No ▶ 972 590-2103				
	anization does not have an office or place of b				▶□		
	or a Group Return, enter the organization's fou			If thi	is is		
for the whole	e group, check this box	f it is for pa	irt of the group, check this box	▶ and atta	ach		
	names and EINs of all members the extension			<u>. </u>			
1 I reque	st an automatic 3-month (6 months for a corpo	ration requ	ired to file Form 990-T) extension of t	ıme			
		exempt org	anization return for the organization r	amed above. The exter	nsion is		
	organization's return for			`			
► X	calendar year 20 10 or	00	and and on	20			
▶	tax year beginning	, 20 _	, and ending	, 20			
	ax year entered in line 1 is for less than 12 mor change in accounting period	nths, check	reason Initial return	Final return			
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	or 6069, enter the tentative tax	(, less any			
nonrefundable credits. See instructions 3a \$ 6,028							
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 3b \$ 4,778.						
	e Due. Subtract line 3b from line 3a Include			sing EFTPS			
(Electro	(Electronic Federal Tax Payment System) See instructions 3c \$ 1,250.						
Caution. If	you are going to make an electronic fund	withdrawal	with this Form 8868, see Form 8	3453-EO and Form 86	379-EO for		
payment ins	tructions						
				0060	(Day 4 2011)		

Form 8868 (Rev	v 1-2011)				Page 2		
 If you are 	filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and check	k this box			
	complete Part II if you have already been grant				• • • • • •		
	filing for an Automatic 3-Month Extension, c		· · · · · · · · · · · · · · · · · · ·	•			
Part II	Additional (Not Automatic) 3-Month Ex			copies needed).			
Type or					Employer identification number		
print	C/O KATHRYN HALBERT	46-0510753	3				
File by the	Number, street, and room or suite no. If a P.O. box	tions.					
extended due date for	5215 N. O'CONNOR BLVD., SUITE 2650						
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
return See instructions	See Thirtie Til 75070						
mail dedens							
Enter the Re	turn code for the return that this application is f	for (file a se	parate application for each return)		0 4		
Application		Return	Application		Return		
ls For		Code	Is For		Code		
Form 990		01					
Form 990-Bt		02	Form 1041-A		08		
Form 990-E2		03	Form 4720		09		
Form 990-Pf		04	Form 5227		10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870		12		
	ot complete Part II if you were not already gra			viously filed Form 8	868.		
	s are in the care of STEFANY SCHNEI						
	e No. ▶ 972 590-2100_		AX No. ▶ 972 590-2103				
	anization does not have an office or place of bi				▶□		
-	or a Group Return, enter the organization's four			If th	his is		
	group, check this box						
	names and EINs of all members the extension i		to sio group, orion and box				
	et an additional 3-month extension of time until		11/15 . 20	0 13			
•			, 20 , and ending	<u> </u>	, 20 .		
	The state of the s						
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	n detail why you need the extensionTAXPA	YER REO	HESTS ADDITIONAL TIME IN	ORDER TO			
	The information necessary to			VIII 10			
RETUR		L MIL MAN	777 COLLEGE 12 1410 1100014112	· ····································			
NI TON							
Ra If this	application is for Form 990-BL, 990-PF, 99	0.T 4720	or 6069 enter the tentative tax	lyns apal			
		0-1, 4120,	or cood, critici are territative tax,	l l	6,028.		
nonrefundable credits. See instructions 8a \$ 6 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	ated tax payments made Include any prior year overpayment allowed as a credit and any						
	unit paid previously with Form 8868 6,028.						
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.							
(Electro			d VariGadian	8c \$			
	of perjury, I declare that I have examined this form, and complete, and that Tare authorized to prepare this form	including aco	d Verification companying schedules and statements, and to	the best of my knowled	dge and belief,		
Signature 🕨	dud	<u> </u>	Title > Lan	Date > 7/10/11			
	PRICEWATERHOUSECOOPERS LLP			Form 8868	(Rev. 1-2011)		

ATTN. MARK T NASH 2001 ROSS AVENUE, SUITE 1800 DALLAS, TX 75201-2997