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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		nt of the Treasury		.		Treated as a Privat			A	2 010
_		venue Service			ion may	be able to use a copy of this		 	rting requirements	
		ndar year 2010,					, and e			
G	Checi	k all that apply		tial return nended return		Initial return of a fo	•	charity	Final return	
N/		f foundation	<u> </u>	ileliueu retuii	1	L Address clian	ye		A Employer identification	number
100	1111E U	i iodiidation							A Employer lucitanication	HUHIDGI
		HOWAR	D MEMO	RIAL F	UND				46-6014133	
N	ımber a	and street (or PO b				address)		Room/suite	B Telephone number	
		PO BO	X 114						(605)225-1	200
Cı	ty or t	own, state, and 2				•			C If exemption application is pe	ending, check here
		ABERD			<u>02-0</u>				D 1. Foreign organizations	, check here
H		k type of organiza				kempt private foundation			Foreign organizations me check here and attach co	eting the 85% test, mputation
<u>L</u>		ection 4947(a)(1)				Other taxable private found			E If private foundation stat	us was terminated
		arket value of all		of year J		-	L Acc	ruai	under section 507(b)(1)	(A), check here
•		Part II, col. (c),		700 /00		ther (specify) amn (d) must be on cash a	haoin l		F If the foundation is in a 6	
	►\$ art l	Analysis of Re	<u></u>		rt i, colu	T			under section 507(b)(1)	(d) Disbursements
	art	(The total of amo	ounts in columns	(b), (c), and (d)	may not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net	for charitable purposes (cash basis only)
_	1	Contributions,				15,600.				(cash basis only)
	2	. —	of the foundation is n		Sch B			***************************************		
	3	interest on saving cash investments	s and temporary	,			· · · · · · · · · · · · · · · · · · ·			
	4	Dividends and i				16,549.	1	6,549.		STATEMENT 1
	5a	Gross rents								
	b	Net rental income	or (loss)				iimm ii iimi			· 11 11 11 11 11 11 11 11 11 11 11 11 11
9	6a	Net gain or (loss) to Gross sales price				30,656.				······
Revenue	_b	assets on line 6a		62,7	28.	<u> </u>		0,656.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
á	7	Capital gain net in	-	IV, line 2)			3	0,030.		
	8	Net short-term Income modific	. •			+	1, 1, 11 11 11 11 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	10a	Gmes sales less r								
			ds.sold-	IV/ED				~~~~~~~~~	111-1111-11-11-11-11-11-11-11-11-11-11-	11 11 11 11 11 11 11 11 11 11 11 11 11
	6	Less Cost of good Gross profit or	(loss)=CE	IVEU	30					
	11	Other income, -								
	12	Total. Addine				62,805.	4	<u>7,205.</u>	0.	
	13	Compensation of			75	0.		0.	0.	0.
	14	Other employed Pension plans,	sälaries and	wages UT						
ď	15	Pension pla <u>ns,</u> Legal fees	employee-ben	ients						
Ü	H	i Legal lees i Accounting fee:	c	STMT	2	1,558.		0.	0.	1,558.
Š		Other profession		STMT		5,000.		5,000.	0.	0.
9	17	Interest								
<u> </u>	18	Taxes		STMT	4	161.		0.	0.	0.
j.	19	Depreciation an	nd depletion							
<u>ئ</u> الله	20	Occupancy								
55	21	Travel, confere		etings		_				
60	22 23	Printing and pu		STMT	5	160.		0.	0.	160.
AUG 2 3 2011/ Operation and Administrative Expenses	24	Other expenses Total operating			,	100.		<u> </u>	0.	100.
9	[]	expenses. Add	-			6,879.		5,000.	0.	1,718.
સ દે	25	Contributions,		-		58,000.				1,718. 58,000.
		Total expenses					***************************************			
<u> </u>		Add lines 24 an				64,879.		5,000.	0.	59,718.
CANNED -	27	Subtract line 26	6 from line 12			_				· · · · · · · · · · · · · · · · · · ·
T		Excess of revenue	=			<2,074.	>	~ ~ ~ ~		
~		Net investmen)		4	2,205.		
023	C	Adjusted net in	100M8 (If negati	ive, enter -0-)		<u> </u>	L		0.	

Dar	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
ran	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	, Cash - non-interest-bearing	1,083.	2,763.	2,763.
2	Savings and temporary cash investments	8,434.	1,068.	1,068.
3	Accounts receivable ►			
	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less allowance for doubtful accounts			
<u>ي</u> 8	Inventories for sale or use			
Assets				
8 1 ₁₀	a Investments - U S and state government obligations			
- 1	b Investments - corporate stock STMT 6	493,921.	497,533.	676,102.
- 1	c Investments - corporate bonds STMT 7	3,333.	3,333.	3,333.
	12 522	3,333.	3,333.	3,333.
' '		13,533.	13,533.	13,533.
مدا	Less accumulated depreciation	13,333.	13,333.	13,333.
- 1	Investments - mortgage loans			
13				
14				
	Less accumulated depreciation			
15	Other assets (describe		-	
		500 204	F10 000	606 700
16		520,304.	518,230.	696,799.
17				
18	Grants payable			
ഴ്യ 19	Deferred revenue			
를 20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 20 21 21	Mortgages and other notes payable			
ᆸ 22	Other liabilities (describe 🕨)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
<u> </u>	Temporarily restricted			
B 26		·		
밀	Foundations that do not follow SFAS 117, check here	·		
로	and complete lines 27 through 31.			
Net Assets or Fund Balan 30 25 26 25 95 25 95 25 95 25 95 95 95 95 95 95 95 95 95 95 95 95 95		0.	0.	
SE 28		0.	0.	
S 29		520,304.	518,230.	
≥ 30		520,304.	518,230.	
Z 30	Total liet assets of fully paralices	320/304.	310/250.	
21	Total liabilities and net assets/fund balances	520,304.	518,230.	
31			310,2300	
Par	Analysis of Changes in Net Assets or Fund Ba	lances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
		0		520,304.
	ust agree with end-of-year figure reported on prior year's return)		1	<2,074.
	er amount from Part I, line 27a		2	<u> </u>
	er increases not included in line 2 (itemize)		3	518,230.
	I lines 1, 2, and 3		4	
	treases not included in line 2 (itemize)		5	519 220
ō Tot	<u>al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col</u>	umn (b), line 30	6	518,230.
				Form 990-PF (2010)

Form 990-PF (2010) HOW	ARD MEMORIAL FUN	D					4	6-601	4133	Page 3
Part IV Capital Gains a	and Losses for Tax on In	vestmen	t Income							
	the kind(s) of property sold (e.g.		-	(b) t	low acc - Purch	uired ase		acquired lay, yr)	(d) Da	ate sold day, yr)
1a PUBLICLY TRADE	rehouse, or common stock, 200 shs			D.	- Donat I		(1110 , 0	iay, yi j	(1110 , 1	
b	D SECORTIES									
					•					
d		-								
<u>e</u>										-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 137	st or other basis expense of sale					iain or (loss s (f) minus ((g)	
a 62,728.			32,07	2.					30	,656
<u>b</u>				\dashv						
d d				\dashv						
0										
Complete only for assets showin	g gain in column (h) and owned by	the foundation	n on 12/31/69			() Gains (C	Col (h) gain	minus	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I)			CO		not less that (from col (
a									30	,656
b				_	-	· .				
<u>c</u>				_						
d e				-+						
Capital gain net income or (net ca Net short-term capital gain or (los	(()		7	}	2				30	,656
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c)	, ,	. T. N	<u>}</u>	3			N/A		
<u> </u>	nder Section 4940(e) for					ent ind	come			
(For optional use by domestic private If section 4940(d)(2) applies, leave the	·	494U(a) tax or	i net investment in	come)					
Was the foundation liable for the sect If "Yes," the foundation does not qual	ion 4942 tax on the distributable am		•	iod?					Yes	X No
	each column for each year, see instri	uctions before	making any entrie	s					735	
(a) Base period years Calendar year (or tax year beginnir			Net value of no	(c) nchar				Distrit (col (b) div		l (c))
2009		2,339.				471				6879
2008		6,964. 2,108.				7,494 5,082		· · · · · ·)5888 <u>!</u>)5393
2007 2006		$\frac{2,108.}{4,069.}$				3,919				5981
2005		0,350.				3,056				6309
2 Total of line 1, column (d)	-					,	2			30452
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5,	or by the number	of yea	ars		3		.0	6090!
4 Enter the net value of noncharitab	le-use assets for 2010 from Part X,	line 5				•	. 4		658	3 <u>,</u> 907
5 Multiply line 4 by line 3							5		40	,131

422. 6 40,553. 7

8 Enter qualifying distributions from Part XII, line 4

6 Enter 1% of net investment income (1% of Part I, line 27b)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

59,718.

7 Add lines 5 and 6

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	rt VI Excise Tax Based on Investment Income (Section 4940		or 4948	- see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and ent	ter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if nece						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X and enter 1%	1			4	22.
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%						_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ners enter -0-)	2	 		4	<u>. 0 .</u>
3	Add lines 1 and 2		3	<u> </u>		4	22.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ott	hers enter -0-)	4	. 		A	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			4	22.
6	Credits/Payments	1 - 1					
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a					
	Exempt foreign organizations - tax withheld at source	6b	——				
	Tax paid with application for extension of time to file (Form 8868)	6c					
	Backup withholding erroneously withheld	6d	<u> </u>	1			0.
	Total credits and payments Add lines 6a through 6d	L	7			_	<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	nea	8				22.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			7	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Refunde	<u>10</u> ed ▶ 11				
	enter the amount of line 10 to be Credited to 2011 estimated tax ► rt VII-A Statements Regarding Activities	Tusiquas	<u>u - 11</u>				
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it participate or inf	en/ene in			Yes	No
ıa	any political campaign?	ation of did it participate of int	0170110 111		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instructions for definit	ion\2		10		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and						
	distributed by the foundation in connection with the activities.	, , , , , , , , , , , , , , , , , , ,					
C	Did the foundation file Form 1120-POL for this year?				10	·	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear					
	(1) On the foundation \blacktriangleright \$ O • (2) On foundation managers		0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition		 1				
	managers ▶ \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?			2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument, articles of incorpor	ation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	s			3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	2	_	- 1-	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?]	N/A	4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
_	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her					
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with ti	ie state iaw			v	
-	remain in the governing instrument?				6	X	-
′	Did the foundation have at least \$5,000 in assets at any time during the year?				7	^	
0.	If "Yes," complete Part II, col. (c), and Part XV.	.n.\ ►					
oá	Enter the states to which the foundation reports or with which it is registered (see instruction SD	19] -					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney General (or decignate)					
U	of each state as required by General Instruction G? If "No," attach explanation	romes denatal (or designate)			8b	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	tion 4942(i)(3) or 4942(i)(5)	or calendar		75		
•	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co				9		х
10	Did any persons become substantial contributors during the tax year? If they a schedule				10	-	X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	4-44444	
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	. L_ Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	32	X Ye	es 🔲 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or i				
the prevention of cruelty to children or animals?		Y6	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	uctions)?		[5b	X
Organizations relying on a current notice regarding disaster assistance check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant? N/A Yes No					
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract? Yes X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u></u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? N/A				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y 		
1 List all officers, directors, trustees, foundation managers and their	compensation.		, , , , , , , , , , , , , , , , , , , ,		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	enter -0-)	and deterred compensation	all	owances
MAURICE WEBB	PRESIDENT				
PO BOX 114	1		_		_
ABERDEEN, SD 574020114	0.50	0.	0.	•	0.
CHARLES INGERSON	VICE PRESIDEN)L			
PO BOX 114	1 0 50				•
ABERDEEN, SD 574020114	0.50	0.	0.	•	0.
CARLYLE RICHARDS	SECRETARY/TRE	ASURER			
PO BOX 114	0.50				^
ABERDEEN, SD 574020114	0.50	0.	0.	<u> </u>	0.
KERWIN WINKLER (THROUGH OCTOBER 2010) PO BOX 114	DIRECTOR				
ABERDEEN, SD 574020114	0.50	0.	О.	İ	0.
2 Compensation of five highest-paid employees (other than those inc				<u>' </u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acci	Expense ount, other lowances
NONE					
	1				
				ŀ	
				ļ	
				1	
		1		ļ	
	-				
Total number of other employees paid over \$50,000	<u> </u>			Ь	0
Total named of other originyons paid 0461 \$00,000					

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers pi	tistical information such as the roduced, etc	Expenses
1 N/A		
2		
3		
	·	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	D	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions.)
1	Fair-market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	649,030.
	Average of monthly cash balances	1b	6,378.
	Fair market value of all other assets	10	13,533.
d	Total (add lines 1a, b, and c)	1d	668,941.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	668,941.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,034.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	658,907.
6	Minimum investment return. Enter 5% of line 5	6	32,945.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are the foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	32,945.
-	Tax on investment income for 2010 from Part VI, line 5		<u> </u>
	Income tax for 2010 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	20	422.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	32,523.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,523.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	32,523.
	Arrange and (religion distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	59,718.
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1b	33,710.
	·	2	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the		
		За	
	Suitability test (prior IRS approval required)	3b	
	Cash distribution test (attach the required schedule)	4	59,718.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	-	357710.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	5	422.
6	Income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4	6	59,296.
6		<u> </u>	· · · · · · · · · · · · · · · ·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	analitiae tar	the cection

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7			111111111111111111111111111111111111111	32,523.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	**************************************
b Total for prior years				
		0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007 2,402.				
d From 2008 7, 377.				
e From 2009 11,887.	01 666		1	
f Total of lines 3a through e	21,666.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 59,718.				
a Applied to 2009, but not more than line 2a			0.	**************************************
b Applied to undistributed income of prior		0		
years (Election required - see instructions)	<u></u>	0.		·····
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			22 522
d Applied to 2010 distributable amount	27 105			32,523.
e Remaining amount distributed out of corpus	27,195.	······································		0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	48,861.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	48,861.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007 2,402.				
c Excess from 2008 7, 377.				
d Excess from 2009 11,887.				
e Excess from 2010 27, 195.				Form 990-PF (2010)

Part XIV Private Operating F	MEMORIAL FU		II-A guestion (1)	N/A	014133 Faye
<u> </u>			II'A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		=	····	1040(1)(0) == [40.40(-)(5)
b Check box to indicate whether the found		ig toundation described	Pnor 3 years	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(4) 2010	(8) 2003	(0) 2000	(4) 2007	(0) 10:01
investment return from Part X for					
each year listed				· · · · · · · · · · · · · · · · · · ·	
b 85% of line 2a				1	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not			_		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section		İ	,		
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in		1			
section 4942(j)(3)(B)(III)				<u> </u>	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		<u> </u>	16.1		
Part XV Supplementary Info			if the foundation	n had \$5,000 or	more in assets
at any time during t		instructions.)			
1 Information Regarding Foundation	_	than 20% of the total age	tributions received by the	a faundation bafors the	along of any tay
a List any managers of the foundation where year (but only if they have contributed in the contributed in			tributions received by the	e toutidation before the	Ciuse of ally tax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of	a partnership or
other entity) of which the foundation ha			(
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🔲 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited r	equests for funds If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations	under other conditions, c	complete items 2a, b, c,	and d.
a The name, address, and telephone num	ber of the person to who	m applications should be	e addressed		
SEE STATEMENT 8					
b The form in which applications should I	pe submitted and informa	tion and materials they s	should include.		
c Any submission deadlines		-			
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the	fear or Approved for Future	Payment	· · · · · · · · · · · · · · · · · · ·	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year CONTRIBUTION LIST ATTACHED	NONE			14,000.
SCHOLARSHIP LIST ATTACHED	NONE			44,000.
Total		·	▶ 3a	58,000.
b Approved for future payment				
NONE				
Total		<u> </u>	▶ 3b	0.
023611 12-07-10			F	orm 990-PF (2010)

Excluded by section 512, 513, or 514

Part XVI-A	Analysis	of Income	-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		led by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-			1 1		
a					
b			+		
c	 		+		
d					
8			\perp		
f					
g Fees and contracts from government agencies	1				
2 Membership dues and assessments					
3 Interest on savings and temporary cash		-			
investments				,	
4 Dividends and interest from securities			14	16.549.	
5 Net rental income or (loss) from real estate	 				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		-			
than inventory			18	30,656.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue			1 1		
_] [
a			 		
b		· · · · · · · · · · · · · · · · · · ·			-
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0	<u>• </u>	47,205.	
13 Total. Add line 12, columns (b), (d), and (e)				13	47,205.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities t	o the Acco	mplishment of E	Exemp	t Purposes	
Line No. Explain below how each activity for which income	me is reported ii	n column (e) of Part XVI-	-A contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fur	ids for such purposes)			
		· · · · -			
			,		

Unrelated business income

Part XVII	Information Re Exempt Organ		sfers To a	and Transaction	is and	d Relations	ships With No	ncharitable	е	<u> </u>
1 Did the o	rganization directly or indi		of the followin	g with any other organi	ızatıon d	described in sect	tion 501(c) of		Yes	No
	(other than section 501(c)									
	from the reporting found									
(1) Cash	• •			ga <u>-</u>				1a(1)	1	Х
(2) Othe								1a(2)	 	Х
b Other trai								10(2)	-	
		ble evernt ereseize	tion					15/1)		х
	s of assets to a noncharital							1b(1)	 	X
	hases of assets from a no	•	organization					1b(2)	├	X
• •	al of facilities, equipment,	or other assets						1b(3)	├	X
, ,	nbursement arrangements							1b(4)		X
	is or loan guarantees							1b(5)		
	ormance of services or me		-					1b(6)		X
-	of facilities, equipment, ma	-						16	<u> </u>	X
or service	wer to any of the above is es given by the reporting fo d) the value of the goods,	oundation If the fou	ndation receive						sets,	
(a) Line no	(b) Amount involved			exempt organization		(d) Description	n of transfers, transacti	ons, and sharing ai	rrangeme	ents
	. · · · <u></u>	1,7	N/A	. •		. ,				
				, ,,			· · · · · · · · · · · · · · · · · · ·			
						•				
			•							
		·					2.20			
					+					
										
									-	
								· · · · · ·		
-				· · · · · · · · · · · · · · · · · · ·						
						· -····				
ın sectior	indation directly or indirect in 501(c) of the Code (other complete the following sche	r than section 501(c edule		ion 527?				Yes	X	No No
	(a) Name of org	anization		(b) Type of organizati	ION		(c) Description of r	eiationsnip		
	N/A				_					
	-				-					
					_					
	er penalties of perjury, I declaration of prepa	rer (other than taxpayer				parer has any know		e and belief, it is tr	ue, corre	ct,
!.	Print/Type preparer's na		Preparer's si		Da	ate	Check If	PTIN		
	2 7/2 213/2131 0 110			•	"		self- employed			
Paid	MELISSA WH	ITE. CPA	MELISS	A WHITE. C	P ha	7/25/11				
Preparer	Firm's name ► EID			<u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_ 0 /	., 20, 11	Firm's EIN ▶	L		
Use Only							THIN 5 LIN			
-	Firm's address ▶ 24	2ND AVE	SW: P	O. BOX 430			 			,
		ERDEEN, S					Phone no 6	05-225-	878	3
	1111			_ 0.00			Tritologilo O	Form 990		
								1 VIIII 33 U	7~F I (~UIU)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization **Employer identification number** HOWARD MEMORIAL FUND 46-6014133 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 X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of Part I
Name of organization	Employer Identification number
HOWARD MEMORIAL FUND	46-6014133

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HOWARD FUND PO BOX 114 ABERDEEN, SD 57402-0114	\$15,600.	Person X Payroll
(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.)
(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)

of Part II

Name of organization

Employer identification number

HOWARD MEMORIAL FUND

46-6014133

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
DIVIDEND			16,549.		0.	16,5	49.
TOTAL TO FM 990-PF, PART I,	LN 4		16,549.		0.	16,5	49.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,558.	·	0.		0. 1,558	
TO FORM 990-PF, PG 1, LN 16B		1,558.		0.		0. 1,5	58.
FORM 990-PF	OTHER	PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
MANAGEMENT FEES		5,000.	5	,000.		0.	0.
TO FORM 990-PF, PG 1, LN 16C		5,000.	5	,000.		0.	0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		
FEDERAL TAX		161.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 18		161.		0.		0.	0.

TOTAL TO FORM 990-PF, PART II, LINE 10B

FORM 990-PF	OTHER E		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ANNUAL REPORT MICELLANEOUS EXPENSES	10. 150.	0.		. 10. 150.	
TO FORM 990-PF, PG 1, LN 23	160.	0.	0	160.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
3M COMPANY CVS CAREMARK CORP EXXON MOBILE CORP FEDEX CORP GENERAL DYNAMICS JOHNSON & JOHNSON COMPANY L-3 COMMUNICATIONS HLDGS MCDONALDS CORP MEDTRONIC, INC. PACCAR, INC. PROCTER & GAMBLE COMPANY STRYKER CORP SYSCO CORP T ROWE PRICE GROUP, INC. HOME DEPOT, INC. THE SOUTHERN CO WAL-MART STORES, INC.			30,702. 9,785. 9,114. 36,203. 24,822. 29,897. 22,645. 23,416. 46,655. 0. 34,035. 37,743. 21,457. 36,831. 30,860. 30,888. 36,820.	43,150. 8,519. 87,744. 49,295. 24,126. 49,480. 15,155. 30,704. 37,090. 0. 55,324. 32,220. 23,079. 90,356. 26,295. 36,319. 32,358.	

676,102.

497,533.

FORM 990-PF CORPORATE BONDS	S	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
HARRIS UPHAM	3,333.	3,333.
TOTAL TO FORM 990-PF, PART II, LINE 10C	3,333.	3,333.

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

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CARLYLE RICHARDS 415 S MAIN ST ABERDEEN, SD 57401

TELEPHONE NUMBER

605-225-1200

FORM AND CONTENT OF APPLICATIONS

NEED SHOWN - STUDENT IN COLLEGE.

ANY SUBMISSION DEADLINES

BY APRIL 1ST OF CURRENT TAX YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

STUDENTS WHO RESIDE IN BROWN COUNTY AND ATTEND COLLEGE IN SOUTH DAKOTA OR STUDENTS (ANY RESIDENCE OR NATIONALITY) WHO ATTEND NORTHERN STATE UNIVERSITY OR PRESENTATION COLLEGE IN ABERDEEN, SD.

Grants made by Howard Memorial Fund during calendar year 2010

Name and Address	<u>Amount</u>
Michael Abu-Sirriya 509 S. 4 th Street Aberdeen, SD 57401	\$ 1,000.00
Kelsey Marie Beckstrom 42915 104 th Street Britton, SD 57430	1,000.00
Michael W. Bowser 1623 10 th Avenue SW #802 Aberdeen, SD 57401	1,000.00
Nathaniel D. Brown 2369 Illinois Avenue SW Huron, SD 57350	1,000.00
Sarah E. Erfman 36630 193 rd Street St. Lawrence, SD 57373	1,000.00
Samantha Foley 2904 Bayshore Bend SE #3 Mandan, ND 58554	1,000.00
Rachel Haug 510 N. 1 st Street Aberdeen, SD 57401	1,000.00
Carly Hayes 1728 Marshall Road Aberdeen, SD 57401	1,000.00
Rachael A. Heggem 11901 Bullock Road Buffalo, SD 57720	1,000.00
Stephanie Henderson PC Box 261 Aberdeen, SD 57401	 1,000.00
Mitchell Hoellein P. O. Box 352 Eureka, SD 57437	1,000.00

Amanda Elizabeth Imberi 1519 Meadowbrooke court Aberdeen, SD 57401	1,000.00
Gatlin A.R. Johnson 107 South Lake Blvd. Columbia, SD 57433	1,000.00
Lisa Jorgenson 15103 442 nd Avenue Waubay, SD 57372	1,000.00
Amber Kolb 2018 15 th Avenue SE Aberdeen, SD 57401	1,000.00
Jordan Kolb 2018 15 th Avenue SE Aberdeen, SD 57401	1,000.00
Chelsea Kortleever 13250 448 th Avenue Grenville, SD 57239	1,000.00
Jeffrey A. Langley 218 2 nd Avenue Monango, ND 58436	1,000.00
Kelsey Luckhurst 16555 431 st Avenue Garden City, SD 57236	1,000.00
Darcy Mannenga 404 E. 1 st Avenue Webster, SD 57274	1,000.00
Hannah McLaughlin 4927 Shadow Mountain Ct. Rapid City, SD 57702	1,000.00
Alex MacKenzie Mitchell 1309 N. Jay Street Aberdeen, SD 57401	1,000.00
Kathryn Ann Morehouse 1315 Western Park Village Jamestown, ND 58401	1,000.00
Kali Nash P. O. Box 243 Isabel, SD 57633	1,000.00

Stevie Nelson 1206 S. Main Chamberlain, SD 57325	1,000.00
Milissa Podoll 302 1 st Street Frederick, SD 57441	1,000.00
Brett Michael Przymus 400 N. Grant Minneota, MN 56264	1,000.00
Jon Redmond 16849 437 th Avenue Henry, SD 57243	1,000.00
Kacie Kristen Richard 8968 30 th Avenue Rolette, ND 58366	1,000.00
Travis Rinehart P. O. Box 302 Onida, SD 57564	1,000.00
Bonnie Schick Box 336 Herreid, SD 57632	1,000.00
Stephanie Schneider 4164 Ramshaw Road Iron, MN 55751	1,000.00
Mina J. Solinger 5894 80 th Avenue SE Nortonville, ND 58454	1,000.00
Shelby Sorenson 12110 278 th Avenue Zimmerman, MN 55398	1,000.00
Hillary Marie Sward 701 East 8 th Street Del Rapids, SD 57022	1,000.00
Amanda Swenson 203 N. Lloyd Street Aberdeen, SD 57401	1,000.00
Molly Taylor 451 Grant Avenue NE Conde, SD 57434	1,000.00

Kendra Titze 1304 N. 4 th Street Aberdeen, SD 57401	1,000.00
Ashley Vance 811 S. 9 th Street Aberdeen, SD 57401	1,000.00
Ashley Vincent 111 N. High Street Gettysburg, SD 57442	1,000.00
Allyson Waldner 515 Hersey Avenue NE Huron, SD 57350	1,000.00
Cassandra Weller 38582 135 th Street Aberdeen, SD 57401	1,000.00
Hannah Jean Zubke 13883 443 rd Avenue Waubay, SD 57273	1,000.00
Courtney Lynn Zwieg 44628 173 rd Street Watertown, SD 57201	
Total Scholarships	\$44,000.00
Contributions/Gifts	
North Plains Hospice Knights Templar Hospitalors Fund SPURS Avera St. Luke's Auxiliary House Boys & Girls Club Salvation Army Northern State University (Fine Arts Department) Eastern Star Home Jobs Daughters	\$ 500.00 2,000.00 500.00 500.00 2,000.00 2,000.00 5,000.00 1,000.00 500.00 \$14,000.00
Total Contributions, Gifts and Grants Paid	\$58,000.00

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

 ● If vou	are filing for an Automatic 3-Month Extension, comple	te oniv Pa	art I and check this box		>	X
•	are filing for an Additional (Not Automatic) 3-Month Ex	_		form).		
	complete Part II unless you have already been granted a					
	ic filing (e-file). You can electronically file Form 8868 if y					oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page					
	v.irs.gov/efile and click on e-file for Chanties & Nonprofits		·			
Part I			bmit original (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension · check this box and con	plete		
Part I on	ty				•	• 🔲
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
to file ind	come tax returns.					
Type or	Name of exempt organization			Emp	loyer identification	n number
print						
-	HOWARD MEMORIAL FUND			4	6-6014133	
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
filing your return See	PO BOX 114					
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	lress, see instructions.			
	ABERDEEN, SD 57402-0114					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		,				
Application Return Application					Return	
Is For Code Is For				Code		
Form 99	0	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05_	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	CARLYLE RICHAR					
	pooks are in the care of 415 SOUTH MAIN	STRE.		401		
	hone No. ► 605-225-1200		FAX No. P			
	organization does not have an office or place of busines				•	• 🗀
If this	is for a Group Return, enter the organization's four digit	-				
box ►	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	s for.
1 l r	equest an automatic 3-month (6 months for a corporation				_	
_		t organiza	tion return for the organization named a	above.	The extension	
	for the organization's return for:					
_	X calendar year 2010 or					
	tax year beginning	, an	id ending		_·	
2 If 1	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return I Fina	al retur	'n	
L	Change in accounting period					
		0000		1	<u> </u>	
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0.
_	onrefundable credits. See instructions.	4	- And the same to	3a	\$	· ·
	this application is for Form 990-PF, 990-T, 4720, or 6069,			۱		0.
_	timated tax payments made. Include any prior year over		· · · · · · · · · · · · · · · · · · ·	3b	\$	•
	alance due. Subtract line 3b from line 3a. Include your pa					0.
	using EFTPS (Electronic Federal Tax Payment System).			3c	<u>Γ</u> Ο (ου σουσοπολί	
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	88/9	tor payment ins	tructions.

LHA For Paperwork Reduction Act Notice, see Instructions.