

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

N

MAY

SCANNED

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning $\int a n u q r u$, 2010, and ending	ece	mber, 20 10
Вс	heck if ap	oplicable: C Name of organization D Em		entification number
	Address c			589337
	Name cha		iephone n	
_	nitial retu Terminate		903	-791-0349
=	Amended	roup Exe		
=		n pending Texar Cond TX 7,5303 No	umber 🕨	none
G A	ccount		• 12√1	f the organization is not
I V	Vebsit	e: > www.angelfundfoundation.org requir	ed to att	ach Schedule B
J Ta	ax-exen		990, 990	D-EZ, or 990-PF)
KC	heck >	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ly not mo	ore than \$50,000. A
F	orm 99	30-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)	. But if th	ne organization chooses
t	o file a	return, be sure to file a complete return.		
LA	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,	71 - 60
line	25, ∞l	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	34,288.00
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		<u>V</u>
	1	Contributions, gifts, grants, and similar amounts received	1	34,241,00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	47.00
	5a	Gross amount from sale of assets other than inventory 5a		-
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	2 2	
	а	Gross income from gaming (attach Schedule G if greater than		
Revenue		\$15,000)		
Ver	b	Gross income from fundraising events (not including \$of contributions	建	
æ		from fundraising events reported on line 1) (attach Schedule G if the	基 公司	
		sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	25.	
		line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	医水	
	b	Less: cost of goods sold	23	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	34,288
	10	Grants and similar amounts paid (list in Schedule O) RECEIVED	10	27,819
	11	Benefits paid to or for members	11	-0-
&	12	Salaries, other compensation, and employee benefits	12	<u>-0-</u>
Expenses	13		13	50
ğ	14	Occupancy, rent, utilities, and maintenance	14	
ũ	15	Printing, publications, postage, and shipping	15	4 657
	16	Other expenses (describe in Schedule O)	16	664
	17	Total expenses. Add lines 10 through 16	17	33, 190
ន	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,098
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	1.00	(a)
As		end-of-year figure reported on prior year's return)	19	58,241
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-
<u>~</u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	59,339
Enr	Dadon	work Reduction Act Notice see the senarate instructions. Cat No. 10642		Form 990-EZ (2010)

Form 990-EZ (2010)

Par	t II. Balance Sheets. (see the instructions Check if the organization used Schedule		tion in this Part I	1			
-(-	Oneskii alo organization used concidate	O to respond to dry que		ginning of year	<u> </u>	B) End of yea	Г
22	Cash, savings, and investments		25	241	22	593	29
23	Land and buildings			a	23	<u> </u>	<u> </u>
24	Other assets (describe in Schedule O)			2	24	~~~	
25	Total assets			7 7 4 1	25	592	39
26	Total liabilities (describe in Schedule O)		· · · · · · ·		26		<u> </u>
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21) 5		27	<u> </u>	2 2 9
Pari		· · · · · · · · · · · · · · · · · · ·				Expenses	<u>,,,,</u>
	Check if the organization used Schedule				(Requ	ired for sectio	n
What	is the organization's primary exempt purpose?	Day cancir	···)(3) and 501(c)	
	ibe what was achieved in carrying out the organization	s'exempt purposes. In a clea	r and concise man			izations and s a)(1) trusts; or	
	ervices provided, the number of persons benefited, and o			·	for oth		puonai
28	12 100110101010	incer natio	ents bil	spaid			
	These cancer nations	had no othe		2000			
	the bills incurred he	1 their cance	y way-	1 P P P		2 ~	011
		includes foreign grants, che		. ▶ □	28a	di	811
29	(Citalis 4) It tills allouit	includes loragingiants, cir	CONTICIE	· • ⊔	20a		
23	~~~						
	(Grants \$) If this amount	includes foreign grants, che	ook hom		29a		
30	(Charles 9) It due amount	indudes foreign grants, ch	eck liele		234		
30							
	/Croate &	ingludos foreign grante ab	adı ham		30a		
	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign grants, ch			SUA		
	The state of the s				24.		
	(Grants \$) If this amount Total program service expenses (add lines 28a ti	includes foreign grants, che			31a 32	24	010
Part						حال	<u> 5 1 '</u>
			an it not compane	stad (caa tha ir	netn im	tione tor Da	rt IV I
					nstruc	tions for Pa	ırt IV.)
	Check if the organization used Schedule	O to respond to any ques (b) Title and average	tion in this Part I	(d) Contribution		(e) Expen	nse
		O to respond to any ques	tion in this Part I	V	ns to plans &		nse and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	stion in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to plans &	(e) Expen	nse and
. <u>B</u>	Check if the organization used Schedule (a) Name and address The Morana A 1538	O to respond to any ques (b) Title and average hours per week devoted to position	stion in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to plans &	(e) Expen	nse and
6. Be	Check if the organization used Schedule (a) Name and address The Morgan 1578 106 Columbia Aug, Togar Kanaty	O to respond to any ques (b) Title and average hours per week devoted to position	stion in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to plans &	(e) Expension account a other allows	nse and
2 H	Check if the organization used Schedule (a) Name and address The Morgan 1578 106 Columbia Aug. Toxarkanity Layes McClerkin 11554	O to respond to any ques (b) Title and average hours per week devoted to position	stion in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to plans &	(e) Expen	nse and
- Be	Check if the organization used Schedule (a) Name and address The Morgan TST8 106 Columbia Aug Tcyarkanty 1 ayes MacClerkin Tryarkanty Spring Valley Orlus, Tcyarkin AR	O to respond to any ques (b) Title and average hours per week devoted to position Prisidual Lhous Board Member Ihr.	(c) Compensation (ff not paid, enter -0)	V	ns to plans &	(e) Expension account a other allowa	nse and
2	Check if the organization used Schedule (a) Name and address The Morgan TST8 106 Columbia Aur. Tcfarkinity Layes MacClerkin Trady Spring Valley Orluc, Tcfarkini AR 1 Ada Knowles 15533	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhours Board Member Ihr. Tricasurer	stion in this Part I (c) Compensation (If not paid,	(d) Contribution employee benefit i	ns to plans &	(e) Expension account a other allows	nse and
2 上 3 上 3	Check if the organization used Schedule (a) Name and address The Morgan TST8 Tole Columbia Aur. TotarkanTX Layes McClerkin TotarkanAR Spring Valley Orluc, TotarkanAR Inda Knowles 15533 Windmare Place Textzikin, TX	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhous Board Member Ihr. Treasurer 5 hours	ction in this Part I (c) Compensation (ff not paid, enter -0)	V	ns to plans &	(e) Expension account a other allows	nse and
1. B. C. 1. C. 1. C.	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Totar Kanty Layes McClerkin Trades Spring Valley Orlus, Totarkin AR 1 Ada Knowles 1573 10 Windmire Place Texasin, TX a rolyn Klein 15803	O to respond to any ques (b) Title and average hours per week devoted to position Prisident (b hows Board nember I hr. Treasurer 5 hows Board number	ction in this Part I (c) Compensation (ff not paid, enter -0)	V (d) Contribution employee benefit i deferred compen	ns to plans &	(e) Expension account a other allowa	nse and
1. B. 2. 1. 2. 4. C. 4. C. 4. C.	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Totar Kanty Layes McClerkin Trades Spring Valley Orluc, Totarkin AR 108 Knowles 1583 Windmere Place Texarkin TX a rolyn Klein 15803 8 Hockwalder Cycle Texarkin T	O to respond to any ques (b) Title and average hours per week devoted to position Prisident L hous Board Member I hr. Treasurer Board Member L hours The asurer L hours A hours The asurer L hours The asurer L hours L	ction in this Part I (c) Compensation (ff not paid, enter -0) - 0 - - 0 - - 0 -	V (d) Contribution employee benefit i deferred compen	ns to plans &	(e) Expension account a other alloward and alloward alloward and alloward and alloward and alloward alloward and alloward and alloward alloward and alloward and alloward alloward alloward and alloward alloward and alloward allowa	nse and ances
2 1 1 3 4 1 C 5 V	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkanty Layes McClerkin 11504 Spring Valley Orloc, Tcyarkant AR Inda Knowles Windmire Place Teyarkanty arolyn Klein 15803 8 Hickory Ridge Circle Teyarkant icki Deskin 75503	O to respond to any ques (b) Title and average hours per week devoted to position Prisident (b) hours Board Member Ihr. Treasurer 5 hours Board muniber (b) hours And hours Board muniber (c) hours Board muniber (d) hours	ction in this Part I (c) Compensation (ff not paid, enter -0) - 0 - - 0 - - 0 -	V (d) Contribution employee benefit i deferred compen	ns to plans &	(e) Expension account a other alloward and alloward alloward and alloward and alloward and alloward alloward and alloward and alloward alloward and alloward and alloward alloward alloward and alloward alloward and alloward allowa	nse and ances
2 4 3 4 5 4 5	Check if the organization used Schedule (a) Name and address The Morgan 1578 106 Columbia Aug. Toxarkanty Layes Ma Clerkin 1/504 Spring Valley Orluc, Toxarkant AR Inda Knowles 1573 Windmere Place Texarkan, TX a rolyn Klein 15803 8 Hickory Ridge Circle Texarkant icki Deskin 75803 8 Imwood Place Texarkane TX	O to respond to any ques (b) Title and average hours per week devoted to position Prisident (b) hows Board member Ihr. Treasurer 5 hows Board number (b) hor, Board member Hor,	ction in this Part I (c) Compensation (if not paid, enter -0)	V (d) Contribution employee benefit i deferred compen	ns to plans &	(e) Expension account a other allows	nse and ances
2 世 2 世 3 世 5 世 6 世 7	Check if the organization used Schedule (a) Name and address The Morgan TST8 Tole Columbia Aug. ToggetsunTX Layes McClerkin Toggetsun Are Spring Valley Orluc, Toggetsun Are Inda Knowles 15533 Windmere Place Teggetsun, TY arolyn Klein 15803 8 Hickory Ridge Circle Teggetsun TX icki Deskin 75503 9 Imwood Place Teggetsun TX ana Krngedy 75503	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhous Board member Treasurer 5 hours Board member Lhr. Board member Hrs. Board member	ction in this Part I (c) Compensation (if not paid, enter -0) - 0 - - 0 - - 0 - - 0 -	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expension account a other alloward and alloward alloward and alloward and alloward and alloward alloward and alloward and alloward alloward and alloward and alloward alloward alloward and alloward alloward and alloward allowa	nse and ances
1. 6. 2 4 4 5 4 4 7 4 4 1 4 4 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aug Tcyarkinity Layes Ma Clerkin 71584 Spyrevally Orluc, Tcyarkini AR 1 da Knowles 1553 Windmire Place Teyarkini, Ty a rolyn Klein 15803 8 Hickory Ridge Circle Teyarkinit icki Deskin 75803 2 Imwood Place Teyarkini TX ana Kennedy 75503 3 2 Knatty Pine Teyarkinity	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhous Board member Treasurer 5 hours Board member Char, Board member Hor, Board member Hors. Board member Hors. Board member	ction in this Part I (c) Compensation (ff not paid, enter -0) - 0 - - 0 - - 0 -	V (d) Contribution employee benefit i deferred compen	ns to plans &	(e) Expense account a other alloward of the ralloward of	ise and ances
1. 6. 2 4 4 5 4 4 7 4 4 1 4 4 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aug Togar KanaTX Layes Ma Clerkin Togar KanaTX Spyrevally Orluc, Togar Kana AR 1 Ada Knowles 15533 Windmire Place Teyzikin TX a rolyn Klein 15843 8 Hickury Ridge Circle Teyzikin TX icki Doskin 75803 4 Imwood Place Teyzikin TX ana Krnnedy 15503 32 Knatty Pine Teyzikin TX ibbu White 75503	O to respond to any ques (b) Title and average hours per week devoted to position Prisident L hours Board Member The Casurer 5 hours Board Member L hr. Board Member 4 hrs. Board Member 4 hours Scaretary	ction in this Part I (c) Compensation (if not paid, enter -0) - 0 - - 0 - - 0 - - 0 -	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expense account a other alloward of the ralloward of	ise and ances
1. 6. 2 4 4 5 4 4 5 4 4 1 4 4 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Toxar KanaTX Layes McClerkin Toxar KanaTX Spyrevally Orluc, Toxar KanaTX Spyrevally Orluc, Toxar KanaTX Ada Knowles 15503 Whad mere Place Texarkin TX arolyn Klein 15803 8 Hickory & Gor Circle Texarkin TX icki Deskin 75503 2 Imwood Place Tryarkin TX ana Krnnedy 15503 3 2 Knatty Plus Texarkin TX ibby white 7503 205 Lost Creek Texarkin T	O to respond to any ques (b) Title and average hours per week devoted to position Prisident L hours Board member I hr. Treasurer 5 hours Board member L hr. Board member 4 hrs. Board member 4 hrs. Board member 4 hrs. L hours Scaretary L hours	ction in this Part I (c) Compensation (if not paid, enter -0) - 0 - - 0 - - 0 - - 0 -	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expense account a other alloward of the ralloward of	nse and ances
2 # 1 3 # C 5 # U 7 # U 7 # U 7 # U	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinity Layes McClerkin 7150 Spring Valley Orloc, Tcyarkini AR Inda Knowles Windmere Place Texarkini, TX avolyn Klein 15803 8 Hickory Edge Circle Texarkinit icki Deskin 75803 4 Inwood Place Texarkinit and Krnnedy 15503 32 Knatty Pine Texarkinity ibby white 7503 205 Lost Crick Texarkinity and Nanda West 11822	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhous Board Member The Shours Board Member Hhr. Board Member Hhrs. Board Member Secretary Lhour Board Member	ction in this Part I (c) Compensation (if not paid, enter -0) - 0 - - 0 - - 0 - - 0 -	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expense account a other alloward of the reliable account a other alloward reliable account a other acc	nse and ances
2 # 1 3 # 2 5 # 1 7 # 1 7 # 1 7 # 1 8 5	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkanty Layes Ma Clerkin 1584 Spring Valley Orluc, Tcyarkanty Inda Knowles 1583 Windmire Place Teyarkanty a rolyn Klein 15803 8 Hickory Pider Circle Teyarkant icki Deskin 75803 2 Imwood Place Teyarkanty ana Krnnedy 15503 32 Knothy Pine Teyarkanty Ibby White 75503 205 Lost Creek Teyarkanty ana Manda West 11822 by Hickory 317 Ashdown Ale	O to respond to any ques (b) Title and average hours per week devoted to position Prisident L hours Board Member The Surcr 5 hours Board member L hrs. Board member H hrs. Board Member Scaretary L hour Board Member L hour L hour L hour L hour L hrs. Board Member L hour L ho	(c) Compensation (ff not paid, enter -0) - 0	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expense account a other alloward of the ralloward of	nse and ances
2 # 1 3 # 2 4 # 2 5 # 1 7 # 1 9 5 9 8	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkanty Layes Ma Clerkin 1584 Spring Valley Orluc, Tcyarkanty Inda Knowles 1583 Windmire Place Teyarkanty a rolyn Klein 15803 8 Hickory Pider Circle Teyarkant icki Deskin 75803 2 Imwood Place Tryarkanty ana Krnnedy 15503 32 Knathy Pine Teyarkanty Ibby White 75503 205 Lost Creek Teyarkanty ana Manda West 11822 by Hickory 317 Ashdown Ap	O to respond to any ques (b) Title and average hours per week devoted to position Prisident Lhous Board Member The Shours Board Member Hhr. Board Member Hhrs. Board Member Secretary Lhour Board Member	(c) Compensation (ff not paid, enter -0-) - 0 - - 0 - - 0 - - 0 - - 0 - - 0 - - 0 - - 0 - - 0 - - 0 -	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expension account a other allowater allowa	ise and ances
2 # 1 3 # 2 4 # 2 5 # 1 7 # 1 9 5 9 8	Check if the organization used Schedule (a) Name and address The Morgan 1588 Tole Columbia Aug Tcyarking TX Layes Ma Clerkin 71584 Spyring Valley Orluc, Tcyarking AR Inda Knowles 15533 Windmire Place Texarking TX arolyn Klein 15843 8 Hickury Ridge Circle Texarking TX arolyn Klein 15843 8 Hickury Ridge Circle Texarking TX ara Krnnedy 75503 2 Knatty Pins Texarking TX Inda Kannedy 75503 32 Knatty Pins Texarking TX Inda White 75503 205 Lost Creek Texarking TX and Allison 75501 10 Dawn Street Wake V: Ikee TX	Oto respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member The Board member Hhrs. Board member Hhrs. Board Member Secretary Lhour Board Member Hour Board Member Hour Board Member	(c) Compensation (if not paid, enter -0) - 0	V (d) Contribution employee benefit is deferred compen	ns to plans &	(e) Expense account a other alloward of the reliable account a other alloward reliable account a other acc	ise and ances
3. # C 5. # C 7. # 7 9. R	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur, Tcyarkinity Layes McClerkin 71556 Spyrevally Orius, Tcyarkini AR 1 Ada Knowles 15533 Windmere Place Teyarkinity a rolyn Klein 15843 8 Hickurylidge Circle Teyarkinit icki Deskin 75833 4 Inwood Place Teyarkinit ana Kennedy 75503 32 Knatty Pine Teyarkinity Ibby white 75503 205 Lost Creek Teyarkinity Ibby white 75503 204 Highway 317 Ashdown AR 204 Highway 317 Ashdown AR 205 Lost Creek Teyarkinity Ibby white 75501 10 Dawn Street Wake Village TX 100 Dawn Street Wake Village TX	Oto respond to any ques (b) Title and average hours per week devoted to position Prisident Le hours Board member Ihr. Treasurer 5 hours Board member 4 hrs. Board member 4 hrs. Board Member Scaretary Le hours Board Member Board Member Board Member Board Member	(c) Compensation (ff not paid, enter -0) - 0	V (d) Contribution employee benefit is deferred compen	ns to plans & sation	(e) Expension account a other allows of the rallows	ise and ances
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinity Layes McClerkin 1589 Spyrevally Oriuc, Tcyarkini AR 1 Ada Knowles 1583 Windmire Place Teyarkini, Ty a rolyn Klein 15803 8 Hickory & Sder Circle Teyarkini, Ty arolyn Klein 15803 8 Hickory & Sder Circle Teyarkini, Ty ara Krnnedy 75803 2 Inaty Place Teyarkini, Ty Ibby white 75803 205 Lost Creek Teyarkini, Ty Ibby white 75803 205 Lost Creek Teyarkini, Ty Ibby white 75803 204 Hickory 317 Ashdown AR 204 Hickory 317 Ashdown AR 205 Lost Creek Teyarkini, Ty Ibonda Allison 75501 10 Dawn Street Wake Village TX Land Hy Play Place Teyarkini, Ty 18003	Oto respond to any ques (b) Title and average hours per week devoted to position Prisident Le hours Board member Ihr. Treasurer 5 hours Board member 4 hrs. Board member 4 hrs. Board member 4 hrs. Board member 4 hrs. Board Member 5 cercetary Le hours Board Member Board Member Board Member Le hours Board Member Le hour Board Member Board Member	(c) Compensation (ff not paid, enter -0) - 0	V (d) Contribution employee benefit is deferred compen	ns to plans & sation	(e) Expension account a other allowater allowa	ise and ances
1. 6. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinity Layes McClerkin 1589 Sprine Valley Orius, Tcyarkinity Ada Knowles 1583 Windmere Place Texarkinity arolyn Klein 15803 8 Hickory & Scheder Circle Texarkinit icki Deskin 75803 2 Inwood Place Tryarkinity ana Krnnedy 15503 2 Inarry Plus Texarkinity Ibby White 75803 205 Lost Creek Texarkinity Ibby White 75803 205 Lost Creek Texarkinity Ibby White 75803 Landa Allison 75501 10 Dawn Street Wake Village TX 1203 1 Knoty Plus Place Tryarkinity Martha Merrill 75803	Oto respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member The. Treasurer Shours Board member Hhr. Board member Hhrs. Board Member Scaretary Lhour Board Member Hour Board Member Hour Board Member Hour Board Member	(c) Compensation (ff not paid, enter -0) - 0	(d) Contribution employee benefit is deferred compens	ns to plans & sation	(e) Expension account a other allows of the rallows	ise and ances
1. 6. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinity Layes McClerkin 1589 Sprine Valley Orius, Tcyarkinity Ada Knowles 1583 Windmere Place Texarkinity arolyn Klein 15803 8 Hickory & Scheder Circle Texarkinit icki Deskin 75803 2 Inwood Place Tryarkinity ana Krnnedy 15503 2 Inarry Plus Texarkinity Ibby White 75803 205 Lost Creek Texarkinity Ibby White 75803 205 Lost Creek Texarkinity Ibby White 75803 Landa Allison 75501 10 Dawn Street Wake Village TX 1203 1 Knoty Plus Place Tryarkinity Martha Merrill 75803	Oto respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member The. Treasurer Shours Board member Hhr. Board member Hhrs. Board Member Scaretary Lhour Board Member Hour Board Member Hour Board Member Hour Board Member	(c) Compensation (ff not paid, enter -0) - 0	V (d) Contribution employee benefit is deferred compen	ns to plans & sation	(e) Expension account a other allows of the rallows	ise and ances
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinsty Layes McClerkin 1584 Sprine Valley Orisc, Tcyarkinsty Inda Knowles Windmere Place Texarkinsty a rolyn Klein 15843 8 Hickorylidge Circle Texarkinst icki Deskin 75803 8 Imwood Place Texarkinst icki Deskin 75803 8 Imwood Place Texarkinst icki Deskin 75803 9 Imwood Place Texarkinst 15803 205 Lost Criek Texarkinst La Manda Mest 11822 Of Hickory 317 Ashdown Ar and Allison 15803 I Knoty Piny Place Texarkinst Martha Merrill 15803 33 Brizer Wood Circle Texarkinst	O to respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member The, Board Member Hhrs. Board Member Secretary Lhour Board Member Hour Board Member	(c) Compensation (ff not paid, enter -0-)	(d) Contribution employee benefit is deferred compens	ns to plans & sation	(e) Expense account a other allowater allowate	ise and ances
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Check if the organization used Schedule (a) Name and address The Morgan 1538 Tob Columbia Aur, Tcyarkanty Layes McClerkin 1584 Spring Valley Orloc, Tcyarkanty Toda Knowles Windmire Place Teyarkanty a rolyn Klein 15803 8 Hickory Ridge Circle Teyarkant Ticki Deskin 75503 2 Imwood Place Tryarkanty Toby White 75503 2 Knathy Pins Teyarkanty Toby White 75503 205 Lost Creek Teyarkant La Manda West 11822 Dy Hickory 317 Ashdown Ar Ponda Allison 15501 10 Dawn Street Wals Village TX Land Merrill 75803 33 Briar wood Circle Teyarkant Martha Merrill 75803 33 Briar wood Circle Teyarkanty Land Merrill 75803	Oto respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member 1 hr. Treasurer 5 hours Board member 4 hrs. Board member 4 hrs. Board Member Scaretary Lhour Board Member Board Member Board Member 1 hr.	(c) Compensation (ff not paid, enter -0-)	(d) Contribution employee benefit is deferred compens	ns to plans & sation	(e) Expension account a other allows of the rallows	ise and ances
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Check if the organization used Schedule (a) Name and address The Morgan 1588 106 Columbia Aur. Tcyarkinsty Layes McClerkin 1584 Sprine Valley Orisc, Tcyarkinsty Inda Knowles Windmere Place Texarkinsty a rolyn Klein 15843 8 Hickorylidge Circle Texarkinst icki Deskin 75803 8 Imwood Place Texarkinst icki Deskin 75803 8 Imwood Place Texarkinst icki Deskin 75803 9 Imwood Place Texarkinst 15803 205 Lost Criek Texarkinst La Manda Mest 11822 Of Hickory 317 Ashdown Ar and Allison 15803 I Knoty Piny Place Texarkinst Martha Merrill 15803 33 Brizer Wood Circle Texarkinst	Oto respond to any ques O) Title and average hours per week devoted to position Prisident Lhous Board Member 1 hr. Treasurer 5 hours Board member 4 hrs. Board member 4 hrs. Board Member Scaretary Lhour Board Member Board Member Board Member 1 hr.	(c) Compensation (ff not paid, enter -0) - 0	(d) Contribution employee benefit is deferred compens	ns to plans & sation	(e) Expense account a other allowater allowate	ise and ances

Part	Check if the organization used Schedule O to respond to any question in this Part V			
	Oncok ii tile organization used schedule o to respond to any question iii tilis i alt v		Yes	No.
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	10
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	38.4.2	
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		·温·流 表现病	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	Tage of Little	
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	**************************************	変えた	TO THE
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \triangleright \bigcirc ; section 4912 \triangleright _ \bigcirc ; section 4955 \triangleright _ \bigcirc _			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. Arking as, Te yas			
42a b	The organization's books are in care of ► Linda Know (c) Telephone no. ► 9 Located at ► 20 Wind murc Drive Telephone Ty At any time during the calendar year, did the organization have an interest in or a signature or other authority	63-1 5583	- 0	945
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. •	- -
		ļ	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	14a	Tes Car	NO
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	A STATE OF THE STA	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		

Form 99	0-EZ (2(010)						P	age 4
									No.
	Did the mean	related organization a controlled entre organization receive any payment ing of section 512(b)(13)? If "Yes," 990-EZ (see instructions)	from or engage in any tra	nsaction with	h a controlled	entity within the	45 45a		7
46		ne organization engage, directly or inc andidates for public office? If "Yes," o					46	,É	
Part \		Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	on 4947(a)(1) nonexemp for lines 50 and 51.	ot charitable	e trusts must	answer questio	ll sect ns 47	ion -49b	,
	Is the Did th If "Ye Comp	ne organization engage in lobbying ac organization a school as described in ne organization make any transfers to s," was the related organization a sec olete this table for the organization's	section 170(b)(1)(A)(ii)? It of an exempt non-charitable ction 527 organization? If we highest compensated	Yes," complete related orgonics. description:	ete Schedule 6 panization?. (other than of	ficers, directors, t	47 48 49a 49b rustee		No V d key
		me and address of each employee paid more than \$100,000	\$100,000 of compensation (b) Title and averations per weel devoted to position	rge (c)	Compensation	there is none, ent (d) Contributions to employee benefit plans & deferred compensation	(e) E	Expens	nd
		None							
f 51	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ (a) Name and address of each independent con	ifive highest compensate ization. If there is none, e	nter "None."	,		eived n		
		None			-				
d 52		number of other independent contraction complete Schedule A	•		▶ions and 4947	- O -			
Under po	enalties	cempt charitable trusts must attach a of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	turn, including accompanying so	chedules and sta n of which prepa	atements, and to the arer has any know	he best of my knowled ledge.		☐ N belief,	_
Sign Here		Signature of diffeer Elizabeth Type or print name and title	Beth" Mon	rgan	D	4-30- ate	- [[
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN		
Use (Firm's name ▶			Fi	rm's EIN ▶			

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number -oundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 Man organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** ☐ Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g<u>(ii)</u> (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col. support col. (i) of your governing document? above or IRC section (i) organized in the support? (see instructions)) None Yes No Yes Yes No No (A) (B) (C) (D) (E)

Total

Part	II Support Schedule for Organization	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	T (-) 0000	T 41 0007	T (-) 0000	4.0.000	T 1 0040	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	ŀ					
	membership fees received. (Do not)	`	1]	
_	include any "unusual grants.")			<u> </u>	 	ļ	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	ļ	ļ	ļ	ł		
3	The value of services or facilities			l I			
3	furnished by a governmental unit to the						
	organization without charge			ļ		1	
4	Total. Add lines 1 through 3	<u> </u>					
	· ·	1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		F & 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	103372	7 £ 12 7 . 4	
5	The portion of total contributions by each person (other than a			李		重要之	
	governmental unit or publicly	医					
	supported organization) included on		第二条条				
	line 1 that exceeds 2% of the amount				· 美安德·	ite in a second	
	shown on line 11, column (f)	養養養養		影话 爱意			
6	Public support. Subtract line 5 from line 4.	The state of the	raft stations	想你到			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	ļ					
8	Gross income from interest, dividends,						
	payments received on securities loans,	İ		ł			
	rents, royalties and income from similar	İ					
	sources						
9	Net income from unrelated business						
	activities, whether or not the business		İ	İ			
	is regularly carried on				!		
10	Other income. Do not include gain or	[[
	loss from the sale of capital assets (Explain in Part IV.)						
11	• •	· · · · · · · · · · · · · · · · · · ·	4874321794437		\$65.265~54.54°		
12	Gross receipts from related activities, etc.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(P. 1984 . ~ 3 /2).	12	
13	First five years. If the Form 990 is for the	-	-	d. third. fourth	or fifth tax v		n 501(c)(3)
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Support	rt Percentag	ie		· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2010 (line			1, column (f))		14	%
15	Public support percentage from 2009 Sci					15	%
16a	331/3% support test - 2010. If the organi	ization did not	check the box	on line 13, and	d line 14 is 331	3% or more, cl	heck this
	box and stop here. The organization qua	-		-			
b	331/3% support test-2009. If the organ						
	check this box and stop here. The organ	nization qualifie	es as a publicly	supported org	janization .		. ▶ 🗆
17a	10%-facts-and-circumstances test-2	•			•		
	10% or more, and if the organization me						
	Part IV how the organization meets the "I			-	•		
	organization						_
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization n supported organization				_		
40	Private foundation. If the organization d						_
18	rrivate fouridation. If the organization of	iu not check a	my on line 19	, 10a, 100, 1/8	a, OI 1/10, CHEC	v mis nox siid	ಎ ರರ

2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's borefit and either paid to or expended on its behalf 4 Tax revenues leviced for the organization or bousiness furnished by a governmental unit to the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. Public support (Subtract line 7c from line 6). 9 Amounts from line 6 9 Amounts from line 6 10 Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 90, 1975. c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 90, 1975. c Add lines 10a and 10b 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 15. Section D. Computation of Investment income Percentage 17 Investment income percentage for 2000 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage for 2000 (line 10c, column (f) divided by line 13, column (f)). 19 33 33/6 support tester-2000 if the organization of the check he box on line 14, and line 15 is more than 33/96, and line 15 is more than 33/96, the lost this box and stop here.									
Fithe organization falls to qualify under the tests listed below, please complete Part II.) Section A, Public Support Calendar year for fiscal year beginning in) P 1 (Sitts, game, combubuoes, and membershy less sold or services performed, or facilities furnished in any activity that is related to the organization's tax-event purpose 3 (Cross needlys from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-event purpose 3 (Cross needlys from admissions that are not an unrelated toals or expended on its behalf and an unrelated toals or expended on the behalf and the organization's benefit and either pald to or expended on its behalf and the organization without charge and the organization and the organization of the amount on line 13 (organization) and the organization of the organization organization and the organization of the organization without organization and the organization of Public Support Percentage for 2010 time 8, column (i) divided by line 13, column (f) 15 (organization organization organiz	Part								-
Section A. Public Support Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendary year (or fiscal year year year year year year year year	•						•	er Part II.	
Calendar year for fiscal year beginning in P (3) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Tote (c) 2008 (e) 2010 (f) Tote (c) 2008 (e) 2010 (f) Tote (c) 2008 (e) 2010 (f) Tote (c) 2008 (e) 2010 (f) Tote (c) 2008 (f) 2009 (f) 2009 (f) 2010 (f) Tote (c) 2008 (f) 2009 (f) 2009 (f) 2010 (f) Tote (c) 2008 (f) 2009 (f) 2010 (f) Tote (c) 2008 (f) 2009 (f) 2010 (f) Tote (c) 2008 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010 (f) 2010			under the te	sts listed belo	ow, please co	mplete Part	11.)		-
1 Gifts, grarits, contributions, and membershy fees received, from chicked any function and missons, merchandise sold or searcies performed, or facilities furnished in any activity that is related to the organization's tax-eventy purpose. 3 Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levied for the organization's tax-eventy purpose. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from cliqued persons. b Amounts included on lines 2 and 3 received from cliqued persons. c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). 10 Gross income from interest, dividends, payments received on securities loss, rents, reyalties and income from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 10 Gross income from interest, dividends, payments received on securities loars, rents, reyalties and income from similar sources. 10 June 10a and 10b. 11 Total support. (Add lines 9, 10c, 11, and 12). 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here. 15 Public support percentage for 2010 line 10c, column (f) divided by line 13, column (f)			(-) 0000	1 0 0007	(10000	/ A 0000	1 7 2 2 2 2 2		-
received. (Do not include any 'unusual grants.') 2 Gross recipils from admissions, merchandles sold or services performed, or facilities furnished in any activity, that is related to the organization's bare-sempt purpose. Gross recollist from admitted that are not an unrelated trade or business under section 513 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf! 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines of through 5. 7a Amounts included on lines 2 and 3 received from degrualified persons included on lines 2 and 3 received from other than disqualified persons included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 72 and 75. 8 Public support (Subtract line 7c from line 6.) 10a Gross income from interest, dividends, payments received on securities loars, rents, reyalties and income from similar sources. 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loars, rents, reyalties and income from similar sources. 9 Linested business taxabile income (less section 511 taxes) from businesses acquired after June 30, 1975. 10a Add lines 10a and 10b 11 Net income from unrelated business acquired after June 30, 1975. 11 Act all support. Add lines 9, 10c, 11, and 12.) 12 Total support percentage from 2009 Schedule A, Part III, line 15 8 Public support percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Section D. Computation of Investment Income Percentage 10 33% support test—2009. If the organization did not check the box on line 14, and line 15 is more than 33'9%, and line 17 is not more than 33'9%, check this box and stop here. The organization qualifies as a publicly supported organization of the organization did not check the box on line 14, and li	_		(a) 2006	(8) 2007	(c) 2008	(a) 2009	(e) 2010	(f) lotal	-
and or services performed, or facilities or services performed, or facilities or services performed, or facilities or services performed, or facilities or services or services or services of the services of the services of the services of the services or facilities for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from the rand disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. Public support (Subtract line 7c from line 6). Section B. Total Support. Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 a Gross income from interest, dividends, payments received on securities learns, errist, royalties and income from similar sources. b Unrelated business taxable income fless section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 12 Cliber income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here. Section C. Computation of Public Support Percentage 17 Investment income percentage for 2010 (line 10c, column (i) divided by line 13, column (ii)	•	received. (Do not include any "unusual grants.")	1028	12,010	28,007	35,667	34,241	110,95	3
unnelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total Add lines 1 through 5	2	sold or services performed, or facilities furnished in any activity that is related to the					,		_
organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6). Gross income from interest, dividends, payments received ne securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included gain or loss from the sale of capital assets (Explain in Part IV). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. To Public support percentage from 2009 Schedule A, Part III, line 15. Investment income percentage from 2009 Schedule A, Part III, line 15. Investment income percentage from 2009 Schedule A, Part III, line 15. Investment income percentage from 2009 Schedule A, Part III, line 15. In westment income percentage from 2009 Schedule A, Part III, line 15. In westment income percentage from 2009 Schedule A, Part III, line 15. To some than 33'n%, check this box and stop here. The organization qualifies as a publicly supporte tors than 33'n%, and line 15 is more than 33'n%, and line 15 is more than 33'n%, and line 15 is 33'n% support tests—2010. If the organization ind not check the box on line 14, and line 15 is more than 33'n%, and line 15 is 33'n% support tests—2010. If the organization of lot check the box on line 14 or line 18, and line 16 is more than 33'n%, and line 15 is 33'n% support tests—2010. If the organi	3	•							_
turnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5	4	organization's benefit and either paid to or expended on its behalf							_
Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b. 8. Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Support series of societies loans, rents, royalties and income from interest, dividends, payments received on socirties loans, rents, royalties and income from similar sources. b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c. Add lines 10a and 10b. 11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13. Total support. (Add lines 9, 10c, 11, and 12.) 14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15. Public support percentage from 2009 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17. Investment income percentage from 2009 Schedule A, Part III, line 15. Section To come than 33'n%, check this box and stop here. The organization qualifies as a publicly support tersts—2009. If the organization did not check the box on line 14, and line 15 is more than 33'n%, and line 17 is not more than 33'n%, check this box and stop here. The organization qualifies as a publicly supported than 33'n%, check this box and stop here. The organization qualifies as a publicly supported tersts—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33'n%, and line 16 is more than 33'n%, and line 16 is more th	5	furnished by a governmental unit to the organization without charge							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c. Add lines 10a and 10b. 11 Net income from unrelated business availates not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 331-3% support tests—2000. If the organization did not check the box on line 14, and line 15 is more than 331-3%, and line 17 is not more than 331-3%, check this box and stop here. The organization qualifies as a publicly supported organization is 31-3%, and line 16 is more than 331-3%, and li		Amounts included on lines 1, 2, and 3	1028	12010	28,007	35,667	34,241	110,95	,
Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquirities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage from 2009 Schedule A, Part III, line 15 16 Public support percentage from 2009 Schedule A, Part III, line 17 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33'a% support tests—2009. If the organization did not check the box on line 14, and line 16 is more than 33'a%, and line 15 is more than 33'a%, and line 16 is more than 33'a%, and line 16 is more than 33	b	received from other than disqualified persons that exceed the greater of \$5,000							-
Calendar year (or fiscal year beginning in) Amounts from line 6	8	Public support (Subtract line 7c from line 6.)							-
9 Amounts from line 6				T	() 0000	(† 0000			-
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			(a) 2006	(b) 2007	(c) 2008	(a) 2009	(e) 2010	(f) lotal	-
payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.)	_								-
section 511 taxes) from businesses acquired after June 30, 1975	ıua	payments received on securities loans, rents,	. 42	26.07	78.37	45.04	47.00	216.90	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33¹a% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33¹a%, and line 17 is not more than 33¹a%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33¹a% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹a%, and line 15 is more than 33¹a%, and line 16 is more than 33¹a%, and line 1	b	section 511 taxes) from businesses							•
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	c	Add lines 10a and 10b							
loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 331/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	11	activities not included in line 10b, whether							
and 12.)	12	loss from the sale of capital assets							_
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	13	and 12.)							
Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)	14	-	•			-			1
Public support percentage from 2009 Schedule A, Part III, line 15	Secti								-
Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)	15		,	•	,,		15	%	_
Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)						<u> </u>	16	%	-
Investment income percentage from 2009 Schedule A, Part III, line 17							- 		-
19a 33¹⅓% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33¹⅓%, and line 17 is not more than 33¹⅓%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ 33¹⅙% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹⅓%, and		•	•		•			%	-
b 331x3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331x3%, and		331/3% support tests-2010. If the organ	nization did not	t check the box	on line 14, ar	nd line 15 is m	nore than 331/39		_
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b	331/2% support tests-2009. If the organiz	zation did not o	heck a box on	line 14 or line 1	9a, and line 16	6 is more than 3	31/3%, and	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20		-	-		-			_

chedule A (l	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
· 		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Pange	1 Fund F	oundation, I	ine.	51 0589 337
٠ ما٨	Liability	Insurance,	Checks	51 0589337 P.O. Box renta
*				
			····	
	~~~~		***************************************	