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Return of Private Foundation

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

OMB No 1545-0052

		of the Treasury enue Service	Note.		i reated as a Privat be able to use a copy of this			rting requirements.	2010
		dar year 2010, o				, and e		<u> </u>	
G Ch	neck	all that apply:		al return ended return	Initial return of a fo	•	charity	Final return Name change	
Nam	e of		HEALT		SS FOUNDATION	N		A Employer identification 57-0898098	number
Numt	oer an			is not delivered to street	•		Room/suite	B Telephone number 843-260-46	38
	ieck	wn, state, and ZI FLOREN type of organizat	P code ICE, SC ion: X	29505 Section 501(c)(3) ex	empt private foundation			C If exemption application is pe D 1 Foreign organizations, 2. Foreign organizations mee check here and attach con	nding, check here Check here
(fro	r ma om P	ction 4947(a)(1) rket value of all a Part II, col (c), li	ssets at end o	f year J Account	her (specify)	Accr	rual	E If private foundation state under section 507(b)(1)(F If the foundation is in a 6	A), check here O-month termination
Pai	<u> </u>	Analysis of Ray			mn (d) must be on cash b			under section 507(b)(1)(
				penses b), (c), and (d) may not column (a))	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	2	Check X ift interest on savings cash investments	the foundation is not	C., received required to attach Sch B	35.			N/A	
	4	Dividends and in Gross rents		ecurities	8,956.		8,956.		STATEMENT 1
6014		Net rental income of Net gain or (loss) from		n not on line 10	-5,815.				
	b	Gross sales price for assets on line 6a	or all	152,577.	3,013.				
MrNJ, ∴ (-	Capital gain net inc Net short-term of	•	V, line 2)			0.		
	9 10a	Income modifica Gross sales less re and allowances	ations turns	·			<u>-</u>		
こいがあるすべつ		Less Cost of good Gross profit or (
	11 12	Other income Total Add lines	EMEN	ÆD]	3,176.		8,956.		
5 T	13	Compensation of	ficers, directors	, trustees, etc.	0.		0.		0.
	40-	Other employee Pension plans, e	mployee bene	efits					
Expenses	b	Accounting fees	GDEN	I. UT J					
	17	Interest	Id Hoos						
Administrative	18 19	Taxes Depreciation and	d depletion						
Admi	20 21	Occupancy Travel, conferen	res and meet	tinns					
73	22	Printing and put		ango					
Operating		Other expenses							
erat	24	Total operating expenses. Add			0.		0.]	0.
o	25	Contributions, g		=	20,000.				20,000.
		Total expenses	and disburse		20,000.		0.		20,000.
	27	Add lines 24 and Subtract line 26			20,000.				20,000.
		Excess of revenue	•	and disbursements	-16,824.				
		Net investment					8,956.	N/A	
02350		Adjusted net in	come (if negativ	ve, enter -0-)		L		IN/A	Form 990-DE (2010)

MENTAL HEALTH AWARENESS FOUNDATION

_		0-PF (2010) C/O ANGELA POLK	Danies		98098 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of yea	(c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) BOOK Value	(b) Dook value	V) FOIL INIGENCE VALUE
	,	Savings and temporary cash investments	1,825.	2,431.	2,431.
	l	Accounts receivable	1,023.	2, 4 5±•	<u> </u>
	ľ	Less: allowance for doubtful accounts			
		Pledges receivable			
	7	Less; allowance for doubtful accounts			
	5	Grants receivable			
	1 -	Receivables due from officers, directors, trustees, and other		·	
	"				
	,	disqualified persons Other notes and loans receivable			
	′				
	.	Less: allowance for doubtful accounts Inventories for sale or use			
Assets	1	F			
Ass	1	Prepaid expenses and deferred charges	*****		
·	1	Investments - U.S. and state government obligations			
	l	Investments - corporate stock			
	ı	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	ŧ .	investments - mortgage loans	060 460	0.42 0.22	030 510
	13	Investments - other STMT 3	260,463.	243,033.	232,712.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
			0.50	0.15 .61	005 440
		Total assets (to be completed by all filers)	262,288.	245,464.	235,143.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23		0.	0.	
		Foundations that follow SFAS 117, check here			
s	Ì	and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
iar	25	Temporarily restricted			
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
ī		and complete lines 27 through 31		_	
Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ξ	29	Retained earnings, accumulated income, endowment, or other funds	262,288.	245,464.	
Net	30	Total net assets or fund balances	262,288.	245,464.	
	31	Total liabilities and net assets/fund balances	262,288.	245,464.	
F	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
Ξ					
1		il net assets or fund balances at beginning of year - Part II, column (a), line 3	ชบ		262 200
_		st agree with end-of-year figure reported on prior year's return)		11	262,288.
_		er amount from Part I, line 27a		2	<u>-16,824.</u>
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	245,464.
		reases not included in line 2 (itemize)		5	0.
6	Tota	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	245,464.
					Form 990-PF (2010)

	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	(col. (b) divided by col. (c))
	2009	21,386.	210,442.		.101624
	2008	40,000.	300,682.		.133031
	2007				
_	2006				
_	2005				
	Total of line 1, column (d) Average distribution ratio for the 5-year ba	se period - divide the total on line 2 by 5	or by the number of years	2	.234655
3	the foundation has been in existence if less		or by the number of years	3	.117328
4	Enter the net value of noncharitable-use as	sets for 2010 from Part X, line 5		4	224,695.
5	Multiply line 4 by line 3			5	26,363.
6	Enter 1% of net investment income (1% of	f Part I, line 27b)		6	90.
7	Add lines 5 and 6			7	26,453.
8	Enter qualifying distributions from Part XII	. line 4		8	20,000

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.

MENTAL HEALTH AWARENESS FOUNDATION

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - :	see ins	stru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			1'	79.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1	<u>79.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			1'	79.
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 10.					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c 350.	İ				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7			3 (<u>60.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1	81.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 181 . Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene is	n	L		Yes	
	any political campaign?		L	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		<u> </u>	1b_		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	l or	}	ļ	}	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?		_	1c	-	<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ì	- {	Ì	
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				j	
	managers. ► \$0.		1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		F	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			l		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	•				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		F	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		, <u> </u>	<u>4a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		F	5		_ <u>X</u> _
	If "Yes," attach the statement required by General Instruction T		i			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			}	}	
	By language in the governing instrument, or				ļ	Ì
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			Α,	ı
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		-	7	<u>X</u>	
	If "Yes," complete Part II, col. (c), and Part XV		1	Í		I
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		Ļ	8b	_X_	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar	1			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		<u> </u>	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Form	990	-PF (2010)

023531

4a

Х

N/A

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010)

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

MENTAL HEALTH AWARENESS FOUNDATION Form 990-PF (2010) C/O ANGELA POLK 57-0898098 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address SEE STATEMENT 4 0 0.

2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."	1	
(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	(e) Expense account, othe allowances
NONE				
		1	1	
	4		1	
	 	 		
	-		ł	
				
Total number of other employees paid over \$50,000			>	

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
a	Average monthly fair market value of securities	1a	224,595.
	Average of monthly cash balances	1b	224,595. 3,522.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	228,117.
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_	228,117.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,422.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	224,695.
6	Minimum investment return Enter 5% of line 5	6_	11,235.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	11,235.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	<u> 179.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,056.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	11,056.
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	11,056.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,000.
b	Program-related investments - total from Part IX-B	1 <u>b</u>	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	20,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies t	for the section

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Part XIII Undist	tributed Income (see instructions)		

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				11,056.
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				
d From 2008 25, 216.				
e From 2009 10,981.				
f Total of lines 3a through e	36,197.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 20,000.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				11,056.
e Remaining amount distributed out of corpus	8,944.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	45,141.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u> </u>
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				1
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	45,141.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 25, 216.				
d Excess from 2009 10,981.				
e Excess from 2010 8,944.				<u> </u>

MENTAL HEALTH AWARENESS FOUNDATION Form 990-PF (2010) C/O ANGELA POLK 57-0898098 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) 4942(i)(3) or 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (e) Total (a) 2010 (b) 2009(c) 2008 (d) 2007 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a 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 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 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\times \) If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: SEE STATEMENT 5

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b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

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Part XV | Supplementary Information (cont

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Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager	status of recipient	contribution	Amount
a David division the con-	Of Substantial Continuotor	Toopient	-	
a Paid during the year PEE DEE MENTAL HEALTH	N/A	N/A	DESCRIPTION OF THE PROPERTY OF	20,000.
	IN/A	IN/A	CAMP PROGRAM FOR	20,000.
CENTER		1	MENTALLY CHALLENGED	
125 EAST CHEVES STREET			CHILD AND COUNS	
FLORENCE, SC 29506				
			1	
		j	ļ	
		1		
			1	
			1	
			1	
Total			▶ 3a	20,000.
b Approved for future payment				20,000
• Approved for future payment				
NONE				
NONE				
			i	
		1	1	
Total			<u>→</u> 3b	0
023811 12-07-10			Fi	orm 990-PF (2010)

Part XVI-A	Analysis	of Income-	Producing	Activities
------------	----------	------------	-----------	------------

Enter gross amounts unless otherwise indicated.	1	ed business income	Excluded	by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C			 		
d					
e					
				•	
g Fees and contracts from government agencies					
2 Membership dues and assessments	 				
3 Interest on savings and temporary cash investments					
Dividends and interest from securities			14	8,956.	
5 Net rental income or (loss) from real estate:	\			0,930.	
a Debt-financed property		-	+		
b Not debt-financed property	 -				
6 Net rental income or (loss) from personal	<u> </u>				
property					
7 Other investment income					·
8 Gain or (loss) from sales of assets other					
than inventory			18	-5,815.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			_ _	<u>-</u>	<u> </u>
b			_		
c					
d					
e			- - -	2 141	
12 Subtotal. Add columns (b), (d), and (e)	<u></u>	<u> </u>).	3,141.	
13 Total Add line 12, columns (b), (d), and (e)	\			13	3,141
See worksheet in line 13 instructions to verify calculate				_ 	
Part XVI-B Relationship of Activi	ties to the Acc	omplishment of	Exempt F	Purposes	
Line No Explain below how each activity for whi				ed importantly to the accomp	olishment of
the foundation's exempt purposes (oth	er than by providing fi	unds for such purposes).			
		<u> </u>			
					
					
					
					
					
					
	- 				
					
			- -		

023621 12-07-10

Form 990-PF (2		NGELA POL				57-089	8098	Pa	ge 13
Part XVII	Information Re Exempt Organ	egarding Trans izations	sfers To a	and Transactions a	and Relat	ionships With Noncha	ritable	•	
				g with any other organization		in section 501(c) of		Yes	No
				7, relating to political organ	nzations?				
	from the reporting founda	ation to a noncharitat	ole exempt org	ganization of:					
(1) Cash							1a(1)		<u>X</u>
(2) Other							1a(2)		<u>X</u>
b Other tran									
, .	of assets to a noncharital	. •					1b(1)		<u>X</u>
	nases of assets from a nor	•	rganization				1b(2)		<u>X</u>
	I of facilities, equipment,	or other assets					1b(3)		<u>X</u>
	bursement arrangements						1b(4)		<u>x</u>
	s or loan guarantees						1b(5)		X
	rmance of services or me						1b(6)	-	<u>X</u>
	f facilities, equipment, mai			- ' - ' - '			<u> 1c</u>	<u> </u>	<u> </u>
						e fair market value of the goods,		ets,	
				ed less than tair market valt	ue in any trans	saction or sharing arrangement,	Snow in		
	(b) Amount involved			avamat arganization	(4) 0				
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(u) Des	scription of transfers, transactions, and	snaring an	rangeme	nts
			N/A						
									
	· - · 					 _ 			
	<u> </u>								
							·		
				<u> </u>					
		·							
									
									
									
	· · · · · · · · · · · · · · · · · · ·								
					 				
									
2a Is the four	ndation directly or indirect	tly affiliated with or r	elated to one	or more tax-exempt organ	zations descr	rihed			
	501(c) of the Code (other				20110110 00001	[Yes	X	No
	omplete the following sch		(0)) 01 111 3001	1011 027 :		_			
<u> </u>	(a) Name of org			(b) Type of organization		(c) Description of relations	ship		
	N/A	<u></u> -		(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	<u> </u>		
				· · · -					
	 -	_ -			 				
						·			
					 				
Unde	er penalties of perjury, I declare	e that I have examined th	is return, includ	ing accompanying schedules an	nd statements, a	and to the best of my knowledge and body knowledge	elief, it is tr	ue, corre	ct,
Sign and	complete Declaration of prepa	of er (other) than textoayer	of siduciary) is ba	ased on all information of which	preparer has an				
Here	Mustla	1_1014		5/14	412	Masur	er	_	
	Signature of othicer or tru	ustee		Date /	/ / ~ 	Title			
	Print/Type preparer's name Preparer's s				Date	Check If PTIN			-
	, , , , , , , , , , , , , , , , , , , ,		' ' '	-		self- employed			
Paid	1								
Preparer	Firm's name ▶	· · · · · · · · · · · · · · · · · · ·				Firm's EIN ▶			
Use Only	v Adilio								
- •	Firm's address >								
						Phone no.			
							orm 99 0)-PF (2010)

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (c) Date acquired 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation (mo., day, yr.) (mo., day, yr.) 900 UTS ARES CORP 09/23/0901/05/10 1300 UTS EATON VANCE P ENH EO INC VARIOUS 02/19/10 <u>c 1200 UTS EATON VANCE TX MGED BY WR</u> P VARIOUS VARIOUS _d 1200 UTS NUVEEN GLOBAL GOV ENH INC P VARIOUS VARIOUS e 1200 UTS EATON VANCE TX MGED BY WR OPP P 05/27/10 VARIOUS f 1000 UTS EATON VANCE TX ADV DIV INC P VARIOUS |06/15/10 <u>g 1850 SHS MFA FINANCIALS</u> p |06/15/10|06/29/10 P h 400 SHS BLACKROCK KELSO CAP CORP <u>|04/16/10|06/29/10</u> 04/16/1006/29/10 400 SHS FIFTH STREET FINANCE CORP P SHS BLACKROCK KELSO CAP CORP 600 P VARIOUS |08/10/10 k 850 UTS NUVEEN EQUITY PREM ADV FD P |03/15/10|09/13/10 | 500 SHS BLACKROCK KELSO CAP CORP P 05/27/1010/22/10 m 1000 SHS FIFTH STREET FINANCE CO P VARIOUS |11/19/10 n _0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 10,108. 11,716 1,608. 16,174. <u>16,937.</u> -763. þ 19,554. 17,319. 2,235. _¢ 20,416. <u>-1,128.</u> 19,288. q 17,501. <u>-1,992</u>. 15,509. 6 15.415. -1,132.14,283. 14,378. -8<u>97.</u> 13,481. g 4,616. -735. 3,881. h 5,288. -845. 4,443. -492. 6,307. 6,799. 11,722. -687. 11,035. <u>5,673</u>. 5,457. 216. -1,203.12,436. 11,233. m n _0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 1,608. -763. b 2,235. C -1,128. d <u>-1,992.</u> -1,132. -897. g -735. h -845. -492. -687. 216. -1,203. m n ٥ If gain, also enter in Part I, line 7 -5,815. 2 Capital gain net income or (net capital loss) (If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
STIFEL NICHOLAS	8,956.	0.	8,956.	
TOTAL TO FM 990-PF, PART I, LN 4	8,956.	0.	8,956.	
	FOOTNOTES		STATEMENT 2	

THIS RETURN IS BEING AMENDED TO CORRECT THE CALCULATION IN PART X FOR THE MINIMUM INVESTMENT RETURN.

I INADVERTENTLY LEFT OFF SOME NUMBERS NEEDED TO PROPERLY COMPLETE THE MONTHLY AVERAGES.

LINE 6, PART X, PAGE 8, MINIMUM INVESTMENT RETURN CHANGED

FROM \$8,020 TO \$11,235.

PART XI, LINE 7, PAGE 8, DISTRIBUTABLE AMOUNT CHANGED

FROM \$7,930 TO \$11,056.

PART XII, LINE 6, ADJUSTED QUALIFYING DISTRIBUTIONS

CHANGED FROM \$19,910 TO \$20,000.

PART XIII, THE EXCESS DISTRIBUTION CARRYOVER CHANGED

FROM \$48,267 TO \$45,141.

PART X, LINE 5, PAGE 8, NET VALUE OF NONCHARITABLE-USE

ASSETS CHANGED FROM 160,398 TO 224,695.

PART V, LINE 7 TOTAL CHANGED FROM \$18,909 TO \$26,453.

THIS RESULTED IN THE QUALIFYING DISTRIBUTIONS BEING LESS

AND DISQUALIFIED THE FOUNDATION FOR THE REDUCED 1% TAX RATE

ON INVESTMENTS. THIS INCREASED THE TAX DUE TO \$179.

THIS RESULTED IN THE OVERPAYMENT BEING APPLIED TO 2011

BEING REDUCED FROM \$270 TO \$181.

FORM 990-PF	OTHER INVESTMENTS		STATI	EMENT 3		
DESCRIPTION	VALUATION METHOD	BOOK VALUI		FAIR MARKET VALUE		
STIFEL NICOLAUS MUTUAL FDS	COST	243,03	33.	232,712.		
TOTAL TO FORM 990-PF, PART II,	LINE 13	243,03	33.	232,712.		
	IST OF OFFICERS, I		STAT	EMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
ANGELA L POLK 1411 SECOND LOOP ROAD FLORENCE, SC 29505	TREASURER 0.75	0.	0.	0.		
DR. CHARLES BEVIS 1415 JACKSON AVENUE FLORENCE, SC 29501	VICE PRESIDEN' 0.25	r 0.	0.	0.		
REBECCA SPARROW 128 SALT MARSH CIRCLE PAWLEYS ISLAND, SC 29585	SECRETARY 0.25	0.	0.	0.		
FRANK G. BRAND 616 FAIRWAY DRIVE FLORENCE, SC 29501	PRESIDENT 0.25	0.	0.	0.		
JOHN HANNA 1600 WEST PALMETTO STREET FLORENCE, SC 29501	VICE PRESIDEN	о.	0.	0.		
KARL A. FOLKENS P. O. BOX 6139 FLORENCE, SC 29501	DIRECTOR 0.25	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	: 6, PART VIII	0.	0.	0.		

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 5 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MHAF PROGRAM COMMITTEE C/O REBECCA SPARROW 306 SALT MARSH CIRCLE UNIT 5B PAWLEYS ISLAND, SC 29585

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

INFORMATION TO INCLUDE: TARGET POPULATION, PROGRAM DESCRIPTION, PROGRAM GOALS AND OBJECTIVES, BUDGET, EVALUATION OF OUTCOME

ANY SUBMISSION DEADLINES

BY MARCH 1 OF THE CALENDAR YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

HAS TO ENHANCE THE AWARENESS OF MENTAL HEALTH NEEDS OR ENHANCE THE SERVICES TO THE MENTALLY ILL AND EMOTIONALLY DISTURBED RESIDENTS OF FLORENCE, DARLINGTON AND MARION, SOUTH CAROLINA

Form 8868 (Rev. 1 2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this bo	x		X
Note. Only complete Part II if you have already been granted a				3868	
 If you are filing for an Automatic 3-Month Extension, com 	piete only Pa	rt I (on page 1)			
Part II Additional (Not Automatic) 3-Month	<u>Extensio</u>	n of Time. Only file the original (no co	opies n	eeded)	
Name of exempt organization	Employer identification number				
print MENTAL HEALTH AWARENESS FO					
C/O ANGELA POLK	IC/O ANGELA POLK				
extended Number, street, and room or suite no. If a P.O box	x, see instruc	tions.			
due date for 1411 SECOND LOOP ROAD filing your					
return See City, town or post office, state, and ZIP code. For	a foreign add	ress, see instructions			
FLORENCE, SC 29505					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 4
					
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870	-1 61 -	0000	12
STOP! Do not complete Part II if you were not already gran ANGELA POLK	ited an autor	natic 3-month extension on a previou	siy tile	a Form 8868.	
• The books are in the care of ▶ 1411 SECOND I	מת ממח	AD - FIODENCE CC 20	505		
Telephone No. ► 843-665-5900	JOOP RO.	FAX No. ►	303		
 If the organization does not have an office or place of business. 	- accountholli				
 If this is for a Group Return, enter the organization's four distributions. 			is is foi	r the whole group	check this
box If it is for part of the group, check this box					
4 I request an additional 3-month extension of time until		BER 15, 2011	memb	CIG the extension i	3 101
5 For calendar year 2010, or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 month			Final r	eturn	
Change in accounting period	,				
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	GATHE	R INFORMATION NECESS	ARY	TO FILE	A
COMPLETE AND ACCURATE RETURN					
8a If this application is for Form 990-BL, 990-PF, 990-T, 473	20, or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions		·	8a	\$	360.
b If this application is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and estimated	,		
tax payments made. Include any prior year overpaymen	nt allowed as	a credit and any amount paid			
previously with Form 8868			8b_	\$	360.
c Balance due. Subtract line 8b from line 8a Include you	r payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See in			8c	\$	0.
•	•	nd Verification			
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the structure of the structure	cluding accom nis form.	panying schedules and statements, and to th	e best o	f my knowledge and	belief,
Signature Title			Date	<u> </u>	
				Form 8868 (F	Rev. 1-2011)