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# <sub>Form</sub> 990-EZ

Department of the Treasury Internal Revenue Service

**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

Website: ► N/A   Jfane-empti status (check only one) -   Z   501(c)(3)     501(c)(     4   (nsert no.)   4947(a)(1) or   527   (Form 990, 990-E2, or 990, 990-PE). This variety is status (check only one) -   Z   501(c)(3)	A	For the	2010 calenda	ar year, or tax year beginning , 2010, and ending			, 20	
Number and streete PC box, if mail is not delivered to street address)   Room/suite   ETelephrore number	В	Check if ap	plicable	C Name of organization	D Employer identification number			
Thermation   Proposed return   Proposed retur		Address c	hange	Paul & Hazel MacLeod Memorial Endowment Trust	58-6366471			
Tentalated   City or fown, state or country, and ziP + 4   F Group Exemption   Number   F Group Exemption   Number   City of fown, state or country, and ziP + 4   Augusta, Ga. 3991   H Check   Zi the organization is not a GA Accounting Method   Zi Sath   Accrual Other (specify)   Management   Number   City   Accrual Other (specify)   Management   Number   City   Accounting Method   Zi Sath   Accrual Other (specify)   Management   Number		Name cha	ınge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number			
Annexes return   Augusta, Ga. 39901   Supporting organization and its property   Number	넴			811 Telfair St.		70	067229964	
Augusta, Ga. 3991   Number	H			City or town, state or country, and ZIP + 4	F Grou	р Ехе	mption	
Website: ► N/A   Tax-exempt status (check only one) - \( \tilde{\tild	Ħ			Augusta, Ga. 30901	Num	nber ▶	•	
Website: ► N/A   Jfane-empti status (check only one) -   Z   501(c)(3)     501(c)(     4   (nsert no.)   4947(a)(1) or   527   (Form 990, 990-E2, or 990, 990-PE). This variety is status (check only one) -   Z   501(c)(3)	G	Account	ting Method	✓ Cash	Check I	<b>▶</b>	f the organization is not	
Check	1	Websit	te: ► N/A					
Form 990-EZ or Form 990 returns in circle required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  I Add 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 III.)  Add 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 III.)  Interest organization used Changes in Net Assets or Fund Balances (see the instructions for Part II.)  Check if the organization used Schedule O to respond to any question in this Part I	<u>J</u> .	Tax-exen	npt status (che	eck only one) —   501(c)(3)	(Form 9	90, 990	D-EZ, or 990-PF).	
to file a return, be sure to file a complete return.  Add lines 5b, 6c, and 7b, to fine 9to determine gross recepts if gross recepts are \$200,000 or more, or if total assets (Part II, Inne 25, column (8) below) are \$500,000 or more, file Form 990 natical of Form 990-E2  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Contributions, gifts, grants, and similar amounts received.  1 1 200 2 Program service revenue including government fees and contracts 2 0 0 3 Membership dues and assessments. 3 0 0 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses. 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses. 5 Gross income from gaming (attach, Schedule G if gréater than \$15,000). 5 Gross income from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not including \$ 10 of contributions from fundraising events (not incl	K							
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Form	990-EZ	(2010)

Page 2

	Balance Sheets. (see the instruct Check if the organization used Sche		tion in this l	Part II			
		, , , , , , , , , , , , , , , , , ,			inning of year	Γ	(B) End of year
22	Cash, savings, and investments		<u> </u>	· · ·	95601.38	22	120550.49
23	Land and buildings		· · ·			23	0
24	Other assets (describe in Schedule O)		· · ·			24	0
25	Total assets		· · · ⊢		95601.38	+	120550.49
26			F			26	0
27	Net assets or fund balances (line 27 of co				95601.38	+ +	120550.49
Par				art III		<del>  - '</del>	Expenses
T GI	Check if the organization used Sche					(Rec	uired for section
W/hat	t is the organization's primary exempt purpose				· · · · ·		c)(3) and 501(c)(4)
Desci	ribe what was achieved in carrying out the organiz	ation's exempt purposes. In a clear	r and concise	manne	er. describe		inizations and section
	ervices provided, the number of persons benefited,				.,		7(a)(1) trusts, optional others.)
28	<u> </u>				<del>_</del>	1	1
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	(Conta C ) If this arm	ount includes foreign grants, che			······································	20-	
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30			·				
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0.4		ount includes foreign grants, che				30a	1
31	Other program services (describe in Schedule						
32		ount includes foreign grants, che				31a	<del></del>
	t IV List of Officers, Directors, Trustees, an					32	
Fall						เกรเกน	cuons for Fart IV.)
		edule () to respond to any dues	STION IN THIS	Part I\	/		[7]
	Check if the organization used Sche	edule O to respond to any ques				ns to	(e) Expense
	(a) Name and address	(b) Title and average hours per week	(c) Compens (If not pai	ation d,	(d) Contributio	plans &	
Corr	(a) Name and address	(b) Title and average	(c) Compens	ation d,	(d) Contributio	plans &	account and
	(a) Name and address	(b) Title and average hours per week devoted to position  Trustee half an hour per week	(c) Compens (If not pai enter -0-	ation d, .)	(d) Contributio	plans a	account and other allowances
811	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901	(b) Title and average hours per week devoted to position	(c) Compens (If not pai enter -0-	ation d,	(d) Contributio	plans &	account and other allowances
811 Mich	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901 nael Kavanaugh	(b) Title and average hours per week devoted to position  Trustee half an hour per week	(c) Compens (if not pai enter -0-	ation d, .)	(d) Contributio	plans ansation	& account and other allowances
811 Mich 811	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901 nael Kavanaugh Telfair St. Augusta, Ga. 30901	(b) Title and average hours per week devoted to position  Trustee half an hour per wk  Trustee less than 5 mins/wk	(c) Compens (if not pai enter -0-	ation d, .)	(d) Contributio	plans ansation	account and other allowances
Mich 811 Debl	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901 nael Kavanaugh Telfair St. Augusta, Ga. 30901 bie DeRoller	(b) Title and average hours per week devoted to position  Trustee half an hour per wk  Trustee less than 5 mins/wk  Trustee less than 5 mins/wk	(c) Compens (If not pai enter -0-	ation id,	(d) Contributio	plans ansation	account and other allowances  0 0 0
811 Mich 811 Debl	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901 nael Kavanaugh Telfair St. Augusta, Ga. 30901 bie DeRoller Telfair St. Augusta, Ga. 30901	(b) Title and average hours per week devoted to position  Trustee half an hour per wk  Trustee less than 5 mins/wk	(c) Compens (If not pai enter -0-	ation d, .)	(d) Contributio	plans ansation	& account and other allowances
Mich 811 Debl 811 Hele	(a) Name and address ard MacLeod Telfair St. Augusta, Ga. 30901 nael Kavanaugh Telfair St. Augusta, Ga. 30901 bie DeRoller Telfair St. Augusta, Ga. 30901 nn Jenkins	(b) Title and average hours per week devoted to position  Trustee half an hour per wk  Trustee less than 5 mins/wk  Trustee less than 5 mins/wk	(c) Compens (if not pai enter -0-	ation id,	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0
811 Mich 811 Debi 811 Hele 811	(a) Name and address Fard MacLeod Telfair St. Augusta, Ga. 30901 Farel Kavanaugh Telfair St. Augusta, Ga. 30901 Fibie DeRoller Telfair St. Augusta, Ga. 30901 Fin Jenkins Telfair St. Augusta, Ga. 30901	(b) Title and average hours per week devoted to position  Trustee half an hour per wheek devoted to position  Trustee less than 5 mins/wk  Trustee less than 5 mins/wk	(c) Compens (if not pai enter -0-	ation id,	(d) Contributio	plans ansation	account and other allowances  0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per wheek devoted to position  Trustee less than 5 mins/wk  Trustee less than 5 mins/wk	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address Fard MacLeod Telfair St. Augusta, Ga. 30901 Farel Kavanaugh Telfair St. Augusta, Ga. 30901 Fibie DeRoller Telfair St. Augusta, Ga. 30901 Fin Jenkins Telfair St. Augusta, Ga. 30901	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation id,	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0  0 0 0  0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0  0 0 0  0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0 0 0 0 0 0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0  0 0 0  0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0  0 0 0  0 0 0
811 Mich 811 Debl 811 Hele 811	(a) Name and address  ard MacLeod  Telfair St. Augusta, Ga. 30901  nael Kavanaugh  Telfair St. Augusta, Ga. 30901  bie DeRoller  Telfair St. Augusta, Ga. 30901  en Jenkins  Telfair St. Augusta, Ga. 30901  en Griffin	(b) Title and average hours per week devoted to position  Trustee half an hour per www	(c) Compens (if not pai enter -0-	ation dd, -) 0	(d) Contributio	plans ansation	account and other allowances  0 0 0  0 0 0  0 0 0

Part	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part 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		✓
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 <b>not</b> 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		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9			}
a b	Initiation fees and capital contributions included on line 9	<b>{</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		}
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		1
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		1
41	List the states with which a copy of this return is filed. ▶ NONE			
42a		91289	84571	
	Located at ► 1 Shorecrest Ct. Savannah, Ga. ZIP + 4 ►	31410	-1340	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	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: ▶	720		<b></b> -
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filling 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		ı	▶ □
			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	44a		1
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		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	✓
_ d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

Form 99	D-EZ (2010)		F	age 4
45			Yes	No
45 a	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45		
u	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45a		1
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
Bort V	to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
Part	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questio and 52, and complete the tables for lines 50 and 51.	II sec ns 47	tion 7–491	)
	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47 48	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		<b>√</b>
40 49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48 49a		<b>√</b>
	If "Yes," was the related organization a section 527 organization?	49b		<u> </u>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, t			d key
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, en			
	(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation	àc	Expension a count a calloware	ınd
NONE	devoted to position	other	anowa	ilces
			_	
	Total number of other employees paid over \$100.000 <b>NONE</b>	-		
51	Total number of other employees paid over \$100,000 ▶NONE  Complete this table for the organization's five highest compensated independent contractors who each rece \$100,000 of compensation from the organization. If there is none, enter "None."	eived	more	than
		(c) Cor	npensa	ation
NONE				
d	Total number of other independent contractors each receiving over \$100,000 ▶ NONE		_	
52	Did the organization complete Schedule A? <b>Note</b> : All section 501(c)(3) organizations and 4947(a)(1)	Yes		No.
Under pe true, con	inalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ge and	belief,	ıt ıs
Sign	1 4/221	1(		
Here	Signature of Stricer Date  GERRARD MACLEOD (Trustee)			
	Type or print name and title	****		
Paid	Check [ ] if	MIT		
Prepa				
Use (	Firm's address ▶ Phone no			
May th	e IRS discuss this return with the preparer shown above? See instructions	Yes		No

### SCHEDULE A (Form 990 or 990-EZ)

**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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Pa	rt I	Reason f	or Public Cha	rity Status (All orga	nizations	s must c	omplete	this par	rt.) See ii	nstructio	ns.	
he	orga	inization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)	_		
1		A church, con-	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).		
2		A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)						
3		A hospital or a	cooperative hos	spital service organiza	ition desc	cribed in a	section 1	70(b)(1)(	(A)(iii).			
4			earch organizatione, city, and state	on operated in conjunc e:	ction with	a hospit	al descrit	oed in <b>se</b>	ction 170	)(b)(1)(A)(	(iii). Enter the	
5		•	on operated for ()(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit described	nı b
6 7	_	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	I part of					at or from	n the general pu	blic
8		A community t	trust described ii	n section 170(b)(1)(A)	( <b>vi).</b> (Cor	nplete Pa	art II.)					
9		An organization receipts from support from acquired by the	on that normally activities related gross investme le organization a	receives: (1) more that d to its exempt functi ent income and unrel fter June 30, 1975. Se	an 331/₃% ions—sul ated bus ee <b>sectio</b>	of its subject to desiness tax n 509(a)(	upport fro certain ex xable inc <b>2).</b> (Comp	ceptions ome (les olete Parl	s, and (2) ss section t III.)	no more n 511 ta:	than 331/3% of	ıts
10				operated exclusively								
11	V	purposes of o	ne or more pub ck the box that o	nd operated exclusive plicly supported organ describes the type of	nizations supportin	describe ig organiz	d in secti zation and	on 509(a d comple	a)(1) or se ete lines 1	ection 509	9(a)(2). See <b>sect</b> gh 11h.	ion
		a 🗹 Type	<del></del>	• •			ctionally i	-		d [	_ ,,	
€	· 🕢		indation manage	that the organization ers and other than one			•					
f		If the organization		written determination		the IRS 1	that it is	a Type	I, Type I	l, or Typ	e III supporting	П
g	l	•	17, 2006, has the	he organization accep	oted any	gift or co	ontributio	n from a	ny of the			
		(i) A person v	who directly or i	ndirectly controls, eithody of the supported o						d in (ii) ar	r	No /
		, ,	-	on described in (i) abo	_						<del>  "      </del>	<u>-</u> -
		• •	•	a person described in								<del>/</del>
ŀ			•	on about the supporte				• • •	• • •	• • •	[a()	
(1)		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
A) lr C	nma onc	culate eption School	58-0566196	A school described in section 170(b)(1)	1		1		•			0
B)												
C)								-	_			
D)												
E)												
												0

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	ion A. Public Support	quality und	er the tests is	sted below, p	lease comple	ste Fait III.)	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	· <u></u>				(1)	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop her		<u> </u>	<u> </u>	<u></u>	<u> </u>	🕨 🗌
	ion C. Computation of Public Support						
14	Public support percentage for 2010 (line 6					14	
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organiz					15	<u>%</u>
104	box and <b>stop here.</b> The organization quality						
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	ization did no	ot check a box	c on line 13 oi	r 16a, and line		or more,
17a		110. If the organts the "facts-acts-and-circu	anization did no and-circumsta	ot check a box inces" test, che st. The organiz	on line 13, 16 eck this box ar ation qualifies	ia, or 16b, and nd <b>stop here.</b> I as a publicly s	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	on meets the eets the	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st	i, and line t <b>op here</b> . a publicly
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					ı	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ				1
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						
7a	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		1				
_	•			<u> </u>	<u> </u>		<del></del>
8	Add lines 7a and 7b						<del> </del>
·	line 6.)			ı			
Secti	on B. Total Support	l,	L	<u> </u>			<u> </u>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
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						
	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business						
	activities not included in line 10b, whether		}				
	or not the business is regularly carried on						<del></del>
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets (Explain in Part IV.)	}					
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)		1				
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	or fifth tax v	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Support	rt Percentag	e				
15	Public support percentage for 2010 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Sc			<u>.</u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010			-			%
18	Investment income percentage from 2009					18	<u>%</u>
19a	331/2% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box		_			-	_
b	331/s% support tests - 2009. If the organization 18 is not more than 331/s% check this						
20	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization d		-	· · · · · · · · · · · · · · · · · · ·		- · ·	
20	Titale ivanication. If the organization u	in the check a	DOX OIT III TO 14	, 130, 01 130, 1	SUPPLY HIS DOX	and 355 111511	uonona 🚩 📋

Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	<b>Supplemental Information.</b> 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).	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service

Open to Public Inspection

**Employer identification number** 

Paul & Hazel MacLeod Memorial Endowment Trust 58-6366471 Part I Line 20 Net Asset Value of mutual fund investment increased. Part III There was no income distributed in 2010 from the investments prior to our annual meeting. So there were no funds to be distributed for the purpose of the trust. We are not allowed to distribute the principle. We moved the investments at the end of 2010 so they would be invested in something more income producing, so in the future we will be able to give more for the educational purpose. This move created the revenue which subsequently required us to fill out this form. Part IV The trustees meet once annually for about an hour. Gerrard MacLeod primarily does all the paperwork such as this tax form. We have no expenses, everyone volunteers, so the money goes to the purpose of the trust.