

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-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

9010

Fo	r cál	lendar year 2010, or ta	x year beginnin	g	, а	nd ending				
G	Che	eck all that apply	Initial return	n [Initial return of a for	mer public cha	ritv	☐ Final re	eturn	
			Amended r	eturn	Address change		•	hange		
Na	me o	f foundation						mployer identification nu	mher	
NIC	DTL	HAMERICAN COMMUN	IITIES EQUINDA	TION			^ -	•		
		and street (or P O box number			dress)	Room/suite	р т	59-1987 elephone number (see pag		
		•			u. 000)	1				Alons)
		OWN & COUNTRY BLVE own, state, and ZIP code	·		 -	250		(713) 260-		
	•				TV	77004		exemption application is pe		[,] ▶∐
	UST		Contrar 50	1/=\/2\ =	TX	77024	D 1	Foreign organizations, che	eck here	▶∐
尸	Une Sea	eck type of organization ction 4947(a)(1) nonexe	<u>ואן Section טט</u> mpt charitable tr	1(C)(3) exe	mpt private toundati	on foundation	2.	Foreign organizations med	•	· . —
÷		-					F If	check here and attach cor private foundation status w		
ı		market value of all asse		ccounting		n	ur	nder section 507(b)(1)(A), o	heck here	▶ 🔲
		ear (from Part II, col (c) 16) ▶\$,	Other (sp	d) must be on cash bas	201		the foundation is in a 60-m		٠. I
В		`_			inust be on cash bas	1	uı	nder section 507(b)(1)(B), c		┸
Fe	rt I	Analysis of Revenue	-	•	(a) Revenue and	(b) Net investm	ent	(c) Adjusted net	(d) Disburser for charitat	
		amounts in columns (b), (c), the amounts in column (a) (s			expenses per books	income		income	purposes	
				-		-			(cash basis o	only)
	1	Contributions, gifts, grants, e	•	-	33,336	<u> </u>	'≷ ž	9 4	**************************************	
	2	Check ▶ if the foundation			₩,.;	Ψ,		*	**	<u>.</u>
	3	Interest on savings and t		estments	0		0			* 1
	4	Dividends and interest from	om securities		31,116	31	,116	· — —	``	<u>,</u>
e		a Gross rents		•			0		` ~	<u>-87</u>
	_	b Net rental income or (los		0	, 40.405			<u> </u>	8-32 °	
Revenue	٥	a Net gain or (loss) from sa			-18,425	*		<u> </u>		: 53G3 : 58C
Š	,	b Gross sales price for all asse		<u>490,666</u>				3 6		
ď	8	Capital gain net income (•	2)			0		() A	
	9	Net short-term capital ga Income modifications	un					0		3. 994281
	1	Gross sales less returns and	allawanaa	0	****	* *\$		960		**************************************
	1	b Less Cost of goods solo		0	· x. 2.74	52.	ų.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K
		c Gross profit or (loss) (att			0					
	11	Other income (attach sch	•		20,145),145	0		\$1 APV 50
	12	Total Add lines 1 through						·	2 8 960	A 1/4
	40	Compensation of officers	-		66,172 0		,261	0	, 3,×8	
xpenses	14	Other employee salaries		is, eic						
Ě	15	Pension plans, employee	and wayes honofite							
ĝ	16	a Legalifees (attachisehed	ule)		301		0	0		
Ш		b Accounting fees (attach	schedule)		13,569		0			 0
<u>×</u>		c Other professional fees (attach schedule)		21,626		<u>0</u>			0
Administrative	17	Interest 2			105					
ist	18	Taxes (attach schedule) (see	page 14 of the instruc	tions)	0		0	0		0
Ë	19	Depreciation (attach scho	edule) and depletic	on .	0		0		*	200 - AV
늗	20	Occupa Sty OSC	, ,							
4	21	Travel, conferences, and	meetings							
and	22	Printing and publications								
	23	Other expenses (attach s	schedule)		249,219	248	3,316	0		0
Ë	24	Total operating and add	ministrative expe	nses.						
Operating		Add lines 13 through 23			284,820		3,316	0		0
þe	25	Contributions, gifts, grant	ts paid		101,886		v .		1	01,886
<u> </u>	26	Total expenses and disburs	ements. Add lines 24	and 25	386,706	248	,316	0	10	01,886
	27	Subtract line 26 from line	: 12			m, - '', n'q n'',	***			***
		a Excess of revenue over exp	enses and disbursei	nents	-320.534		, (# 50 19	Maria de la comoción del comoción de la comoción de
		b Net investment income	· -				0	4 " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 () · · ·	. <u>18942.</u>
		C Adjusted net income (if	negative, enter -0	-)		· • •		۱ ،	***	1

For Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

Form **990-PF** (2010)

Part II B		Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year	
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	36,875	7,007	7,007	
	2	Savings and temporary cash investments				
	3	Accounts receivable 0	, % , , *		, , , ,	
		Less allowance for doubtful accounts	0	0	0	
	4	Pledges receivable 0	,		, 4	
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the				
		instructions)	0	0	0	
	7	Other notes and loans receivable (attach schedule) 2,600,990	3 - " susual committa	, , , , , , , , , , , , , , , , , , ,	ian Milia	
S		Less allowance for doubtful accounts ▶ 0	3,870,258	2,600,990	2,600,990	
Assets	8	Inventories for sale or use				
Š	9	Prepaid expenses and deferred charges				
	10 a	a Investments—U S and state government obligations (attach schedule)	0	0	0	
	_	D Investments—corporate stock (attach schedule)	1,067,089	1,903,691	1,555,000	
		C Investments—corporate bonds (attach schedule)	81,250	0	0	
	11	Investments—land, buildings, and equipment basis	3773		*, ,,,,	
		Less accumulated depreciation (attach schedule)	. , ,			
	12	Investments—mortgage loans			<u> </u>	
	13	Investments—other (attach schedule)	628,572	257 514	262,415	
	14	Land, buildings, and equipment basis	020,572	257,514	202,413	
	1-4		`	" "	·**** **	
	45	Less accumulated depreciation (attach schedule)	270 400	507.400	507.400	
	15	Other assets (describe See Attached Statement)	373,439	567,189	567,189	
	16	Total assets (to be completed by all filers—see the				
	47	instructions Also, see page 1, item i)	6,057,483	5,336,391	4,992,601	
	17	Accounts payable and accrued expenses				
Ś	18	Grants payable				
Liabilities	19	Deferred revenue				
豆	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	0	0		
	22	Other liabilities (describe ► PORTFOLIO CREDIT LINE)	595,019	10,115		
	23	Total liabilities (add lines 17 through 22)	595,019	10,115		
		Foundations that follow SFAS 117, check here			·	
nces		and complete lines 24 through 26 and lines 30 and 31.				
ဥ	24	Unrestricted	458,865	5,326,276		
ā	25	Temporarily restricted	5,003,599			
ä	26	Permanently restricted				
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here	-		· · · · · · · · · · · · · · · · · · ·	
ב		and complete lines 27 through 31.			, ,	
ř	27	Capital stock, trust principal, or current funds		o		
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
set	29	Retained earnings, accumulated income, endowment, or other funds			, y	
188	30	Total net assets or fund balances (see page 17 of the				
t A		instructions)	5,462,464	5,326,276		
Ne	31	Total liabilities and net assets/fund balances (see page 17		3,320,270		
	٠.	of the instructions)	6 057 492	E 226 204		
Pai	t III	Analysis of Changes in Net Assets or Fund Balances	6,057,483	5,336,391	<i>x y</i>	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
		f-year figure reported on prior year's return)	oo (must ayree with		E 460 464	
		amount from Part I, line 27a		1 2	5,462,464	
			2	-320,534 184,346		
3 Other increases not included in line 2 (itemize) PRIOR YEAR ADJUSTMENT 3						
		nes 1, 2, and 3		4	5,326,276	
		eases not included in line 2 (itemize)		5	0	
<u>6</u>	otal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	6	5,326,276	

Гс	(a) List and describe the 2-story brick warehous	(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)			
1a	See Attached Statement							
b								
С								
d								
е	·							
	(e) Gross sales nace				other basis nse of sale			n or (loss) (f) minus (g)
<u>a</u>	0	0	ļ		0			0
<u>_b</u>	0	0			0			0
С	0	0			0			0
<u>d</u>	0	0			0			0
<u>e</u>	0		i		0			0
	Complete only for assets show	ing gain in column (h) and owne	d by the	foundatio	n on 12/31/69		(I) Gains (Co	l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any			ot less than -0-) or from col (h))
а	0	0			0			0
<u>b</u>	0	0			0			0
С	0	0			0			0
<u>d</u>	o]	0			0			0
е	0	0			0			0
2	Capital gain net income or				rt I, line 7 \			
		(IT (IOSS)			rt I, line 7 ∫	2		-18,425
3		or (loss) as defined in sectio		. ,	• •			
		line 8, column (c) (see pages	s 13 and	117 of t	he }			
	instructions) If (loss), enter		•			3		0
P	art V Qualification Und	ler Section 4940(e) for R	<u>educed</u>	l Tax o	n Net Investm	<u>ent lr</u>	ncome	
Wa If "	Yes," the foundation does no	ne section 4942 tax on the di ot qualify under section 4940	(e) Do i	not com	plete this part		·	
		ount in each column for each	year; se	ee page	18 of the instruc	tions	before makir	
	(a) Base period years	(b)			(c)		Dis	(d) stribution ratio
С	alendar year (or tax year beginning in	Adjusted qualifying distribution	ons N	Net value o	of noncharitable-use a	ssets		divided by col (c))
	2009							0 000000
	2008							0 000000
	2007							0 000000
	2006							0 000000
	2005							0 000000
2	Total of line 1, column (d)						2	0 000000
3		or the 5-year base period—di				у		
	the number of years the fou	undation has been in existen	ce if less	s than 5	years	ŀ	3	0 000000
4	Enter the net value of nonc	harıtable-use assets for 2010	0 from P	art X, lır	ne 5		4	4,248,039
5	Multiply line 4 by line 3					}	5	0
6	Enter 1% of net investment	income (1% of Part I, line 27	7b)			-	6	0
7	Add lines 5 and 6						7	0
8	Enter qualifying distribution if line 8 is equal to or greate the Part VI instructions on p	er than line 7, check the box	ın Part \	∕I, line 1	b, and complete	that p	8 part using a	101,886 1% tax rate See

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of t	he ins	tructi	ons)			
1:	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐	ÿ					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	'			
	here ▶ ☐ and enter 1% of Part I, line 27b	, '					
•	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	ránada Au	` ``.~				
	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-)		0	<u></u>			
3	Add lines 1 and 2		0				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		0				
6	Credits/Payments a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a	: ;		·			
	a 2010 estimated tax payments and 2009 overpayment credited to 2010	, 🕉 🕴	V-100	٠,			
١	b Exempt foreign organizations—tax withheld at source		*				
	C Tax paid with application for extension of time to file (Form 8868)			1 - 3			
•	Backup withholding erroneously withheld		p.	, Sant.			
7	Total credits and payments Add lines 6a through 6d		0	L			
8	Enter any penalty for underpayment of estimated tax. Check here		0	ļ <u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	<u> </u>			
	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 0 Refunded ▶ 11		0	<u> </u>			
Pa	rt VII-A Statements Regarding Activities						
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		Х			
- 1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		-				
	instructions for definition)?	1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	,			
	published or distributed by the foundation in connection with the activities						
-	c Did the foundation file Form 1120-POL for this year?	1c		X			
(d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1 1			
	(1) On the foundation \$ (2) On foundation managers \$	43. a	SE TE	5			
4	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ZDV.				
_	on foundation managers \$			1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	300 10-3007	<u> </u>			
_	If "Yes," attach a detailed description of the activities	₩					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	├	X			
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1	_X_			
_	b if "Yes," has it filed a tax return on Form 990-T for this year?		N/A	-			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	\vdash	X ×××××			
_	If "Yes," attach the statement required by General Instruction T	1 6		,			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			, "V			
	By language in the governing instrument, or Ry state legislation that effectively amends the governing instrument so that no mandatory directions.		1 .				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	· .	\ \			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	X			
	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	- <u>'</u> -	 ^ ,	 			
5	instructions)		2 2 3 3	ļ, , ,			
ı	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	-, L ,	l* *` *×	1			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	30	 ^	 			
•	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?	-					
	If "Yes," complete Part XIV	9		Х			
10		<u> </u>		 ^			
. •	their names and addresses	10		y			
		10	1	<u> </u>			

if the foundation had excess business holdings in 2010)

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

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

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

3b

4a

4b

Forr	m 990-PF (2010) NORTH AMERICAN COMMU	NITIES FOUNDATI	ON		59-1987	7265	Page	• 6
Pa	art VII-B Statements Regarding Activities			equired (continued)				_
	During the year did the foundation pay or incur any		·					
	(1) Carry on propaganda, or otherwise attempt to		Yes	X No			,	
	(2) Influence the outcome of any specific public e	election (see section 4	955), or to carry	_		7	! · · ·	
	on, directly or indirectly, any voter registration	drive?		Yes	X No		*	ve.
	(3) Provide a grant to an individual for travel, stud	dv. or other similar nur	noses?	Yes	X No	Š	12 to 3 to	
	(4) Provide a grant to an organization other than			163		4	1 1	 ,/
	in section 509(a)(1), (2), or (3), or section 494			Yes	X No	l.	(2)	
	(5) Provide for any purpose other than religious,	· · · · · · · · · · · · · · · · · · ·	•	1es		,	ı a	
	educational purposes, or for the prevention of			Yes	X No		\$	S.
h	If any answer is "Yes" to 5a(1)–(5), did any of the ti					Σ: λ×	,*	3,
_	Regulations section 53 4945 or in a current notice in					5b	N/A	,
	Organizations relying on a current notice regarding			or the instructions)		30	*	-
c	If the answer is "Yes" to question 5a(4), does the fo					,	* 4	`
Ť	tax because it maintained expenditure responsibility		Mon nom me	Yes	No			
	If "Yes," attach the statement required by Regulation		(d)	· L Tes		`X		,
6a	Did the foundation, during the year, receive any fun		• •				13	
	premiums on a personal benefit contract?	ids, directly of maneet	y, to pay	Yes	X No	77		
b	Did the foundation, during the year, pay premiums,	directly or indirectly of	n a nersonal henefit			6b	x 32.7	~
-	If "Yes" to 6b, file Form 8870	and only of mancony, c	in a personal benefit	SOM (BCC *		-05	- A & .	
7a	At any time during the tax year, was the foundation	on? Yes	X No					
	If "Yes," did the foundation receive any proceeds or					7b	. 177. **	
	art VIII Information About Officers,				Paid Em		006	
	and Contractors	Directors, Truste	,co, i oundation	managers, riiginiy	r aiu Liiij	picy.	ccs,	
_								
1	List all officers, directors, trustees, founda	ition managers and	d their compensat	ion (see page 22 of t	he instru	ction	<u></u>	
	List all officers, directors, trustees, founda	tion managers and (b) Title, and average	d their compensation	ion (see page 22 of t				
	List all officers, directors, trustees, founda (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E	Expens	se account, owances	
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	Expens	se account,	
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) E	Expens	se account,	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) E	Expens	se account,	0
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) E ot	Expens	se account,	0
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) E	Expens	se account,	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) E ot	Expens	se account,	0
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	on (e) E ot	Expens	se account,	0
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	on (e) E ot	Expens	se account,	0
See	(a) Name and address	(b) Title, and average hours per week devoted to position 00 00 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	0 0 0	Expens	se account, owances	0
See	(a) Name and address e Attached Statement	(b) Title, and average hours per week devoted to position 00 00 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	0 0 0	Expens	se account, owances	0
See	(a) Name and address e Attached Statement Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position 00 00 00	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the compensat	0 0 0 f the instr	Expens her all	se account, owances	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensations to employee benefit plans and deferred compensations. (d) Contributions to employee benefit plans and deferred compensations.	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 00 cees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation of the compensat	(e) E ot	expense the rails	se account, owances	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0
	(a) Name and address e Attached Statement Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position 00 00 00 cees (other than the hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation contributions to employee benefit plans and deferred contributions and deferred cont	(e) E ot	expense the rails	ons).	0 0

Form 990-PF (2010) NORTH AMERICAN COMMUNITIES FOUNDATION		59-1987265 Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid	d Employees,
3 Five highest-paid independent contractors for professional services (see	page 23 of the instructions). If none, enter	er "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research policy.		Expenses
1 NONE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	page 24 of the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE		Amount
1 NONE		

All other program-related investments See page 24 of the instructions

Total. Add lines 1 through 3

Form **990-PF** (2010)

Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	tions,
	see page 24 of the instructions)	, , -	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 4	
а	Average monthly fair market value of securities	1a	1,287,983
b	Average of monthly cash balances	1b	58,167
С	Fair market value of all other assets (see page 25 of the instructions)	1c	2,968,079
d	Total (add lines 1a, b, and c)	1d	4,314,229
е	Reduction claimed for blockage or other factors reported on lines 1a and	15.0	
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,314,229
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	64,713
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,249,516
6	Minimum investment return. Enter 5% of line 5	6	212,476
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating]
	foundations and certain foreign organizations check here L and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	212,476
2a	Tax on investment income for 2010 from Part VI, line 5	<u>]</u>]	
b	Income tax for 2010 (This does not include the tax from Part VI)	2	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	212,476
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	212,476
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	212,476
Dar	t XII Qualifying Distributions (see page 25 of the instructions)		
Ган	t An add the mistractions (see page 25 of the mistractions)		
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	101,886
b	Program-related investments—total from Part IX-B	1b	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	₩	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	101,886
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	101,886
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	dation	

a i	Alli Olidistributed ilicollie (see page 20 t		4.)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7				212,476
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only			0	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2010				
а	From 2005	0			
b	From 2006	0			
С	From 2007	0		3ar 4	
d	From 2008	0			
е	From 2009 1,778,3	69		•	
f	Total of lines 3a through e	1,778,369		•	•
4	Qualifying distributions for 2010 from Part	, **	2 × 4 (*.	w., , , , , , , , , , , , , , , , , , ,
	XII, line 4 ► \$ 101,886	, ,	,		
а	Applied to 2009, but not more than line 2a			l ~ 0	
	Applied to undistributed income of prior years	. 1		,	
	(Election required—see page 26 of the instructions)	iligare.	1 0	* *	
С	Treated as distributions out of corpus (Election			7	- "
	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount	2 4	4 800	`	101,886
е	Remaining amount distributed out of corpus	0		44	101,000
5	Excess distributions carryover applied to 2010	110,590		2	110,590
	(If an amount appears in column (d), the			*	110,550
	same amount must be shown in column (a))		***	~	, , ,
6	Enter the net total of each column as	\$ 400			
	indicated below:				, , ,
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,667,779	, ,	\$ ** ** **	
	Prior years' undistributed income Subtract	*		, 4,34 MA	v
-	line 4b from line 2b	**	1 0		
С	Enter the amount of prior years' undistributed			- <u> </u>	*
_	income for which a notice of deficiency has	1', \$,
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	20 mg (1 mg		3 4	, ,
d	Subtract line 6c from line 6b Taxable	*		7)	
_	amount—see page 27 of the instructions	, 3**			
е	Undistributed income for 2009 Subtract line		* *	77 E 186	(A) A(C)
·	4a from line 2a Taxable amount—see page 27 of the		.5%		
	instructions			,	
f	Undistributed income for 2010 Subtract	*		0	· · · · · · · · · · · · · · · · · · ·
•	lines 4d and 5 from line 1. This amount must		A W	[* * · · · · · · · · · · · · · · · · ·	
	be distributed in 2011	*6 **.	Ž		_
7	Amounts treated as distributions out of	^8^	J.A.		0
•			,		3
	corpus to satisfy requirements imposed by		** ** **	1.00	
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of			, ", ", ",	*, * * * * * * * * * * * * * * * * * *
0	the instructions)		-4, -12	*,	
8	Excess distributions carryover from 2005				**
	not applied on line 5 or line 7 (see page 27 of the		, ,	, *	** /
^	instructions)	0		-	
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	1,667,779	<u> </u>		,
10	Analysis of line 9	_			
a	Excess from 2006	0 **			
b	Excess from 2007	<u>0</u> , · , ,		•	-
С	Excess from 2008	-		. <u>\$</u>	, , ,
d	Excess from 2009 1,667,8	53			
<u>e</u>	Excess from 2010	0			İ

59-1987265

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid dunng the year SALVATION ARMY			CHARITABLE	250
DOCTORS WITHOUT BORDERS			CHARITABLE	250
FIDELITY CHARITABLE			CHARITABLE	10,000
LA MARQUE INDEPENDENT SCHOOL			CHARITABLE	2,000
CONGREGATION BETH SHALOM			CHARITABLE	950
CHAIR SCHOLARS FOUNDATION			CHARITABLE	25,000
H LEE MOFFITT CENTER			CHARITABLE	120,000
THE SPRING OF TAMPA BAY			CHARITABLE	25,000
TAMPA BAY PERFORMING ARTS			CHARITABLE	29,600
FRIENDS OF THE RIVERWALK			CHARITABLE	100,000
SAM HOUSTON COUNCIL BOY SCOUTS			CHARITABLE	4,000
Total See Attached Statement			> 20	101 006
Total See Attached Statement . b Approved for future payment		Τ	<u>▶ 3a</u>	101,886
Total			> 3b	0

Form 990-PF (2010) NORTH AMERICAN COMMUNITIE				<u>59-1</u> 98	7265 Page 12
Part XVI-A Analysis of Income-Producing Act	vities		-		
Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	C
b		0		0	
С		0		0	C
d		0		0	С
е	-	0		0	C
f		0		0	C
g Fees and contracts from government agencies					
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		31,116			
5 Net rental income or (loss) from real estate	(A) .:	4 733.7	. 45	il v	Ŷ 4.2.
a Debt-financed property		7.79,000	*		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory		-18,425	-	0	
9 Net income or (loss) from special events		10,120		<u> </u>	
10 Gross profit or (loss) from sales of inventory	-				
11 Other revenue a OTHER INCOME		20,145		0	C
•	-	20,143		0	
		0		0	
d	-	0		0	· · · · · · · · · · · · · · · · · · ·
e	-	0		0	
12 Subtotal Add columns (b), (d), and (e)		32,836		0	
13 Total. Add line 12, columns (b), (d), and (e)		02,000	<u> </u>	13	32,836
(See worksheet in line 13 instructions on page 29 to verify calc	culations)				52,000
Part XVI-B Relationship of Activities to the Ac		of Exempt P	urnoses		
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	ne is reported in colu	umn (e) of Part X	VI-A contributed ii		
			-		
					
	-				
		-			
					· · · ·
					_

Part XVII	Information Regarding	Transfers To and	Transactions an	nd Relationships	With Noncharitable
	Exempt Organizations			•	

		- rxemb	n Organiz	ations								
		_				f the following will organizations)	-	-			Yes	No
	orgar	nizations?										
а	Trans	sfers from th	ne reporting	foundation to	a noncharitable	e exempt organi	zation of					
	(1) C		, ,			,				1a(1)	İ	X
		ther assets	5							1a(2)		Х
b	Othe	r transaction	าร									
	(1) S	ales of ass	ets to a non	charitable exe	mpt organizatio	on .		•		1b(1)		X
	(2) F	urchases o	f assets fro	m a noncharita	able exempt org	ganization			•	1b(2)		Х
	(3) F	Rental of fac	ulities, equip	oment, or othe	r assets					1b(3)		Χ
	(4) F	Reimbursem	ent arrange	ements						1b(4)		Х
	(5) L	oans or loa	n guarantee	es						1b(5)		Χ
	(6) F	erformance	e of services	or membersh	np or fundraisin	g solicitations				1b(6)		X
С	Shar	ng of faciliti	es, equipme	ent, mailing lis	ts, other assets	s, or paid employ	ees/			1c_		_X
	value	of the good	ds, other as	sets, or service	es given by the	ollowing schedul reporting found column (d) the	ation If th	ne foundation re-	ceived less tha	n fair m	narket	t d
(a) I	ine no	(b) Amoi	unt involved	(c) Name o	of noncharitable exe	mpt organization	(d) Des	scription of transfers,	transactions, and sl	naring ari	angem	ents
			C									_
			C		_							
			C									
		<u> </u>										
		 		+		·						
				1				······································	.			
												
		 					-			_		
		 -			- 		+					
		 				···			·			
												
		 		 	_		+					
22	le the	foundation		<u> </u>	ated with or rela	ated to, one or n	nore tay e	evemnt organiza	tione			
	desc	ribed in sec	tion 501(c)			on 501(c)(3)) or i				Yes X	No	_
		(a) Name	of organization	1	(b) Ty	ype of organization		(c) l	Description of relation	nship		
					<u> </u>				·			
								<u> </u>				
Sig	l _h					including accompany than taxpayer or fiduo	_		•		~	
He	re		· .				\$/19	/// /-	7 KUS 788	-		
		Signature of	officer or truste	ee		1	Date	Tit	le			
		Print/Ty	pe preparer's n	ame	Preparer's signatur	e a		Date		PTIN		
Pai	id			_ ,,	/ h/	15		51.1	Check I if	-		
Pre	par	er ⊢ ⊬ ď	n Beat 1	- HUNTEZ	The	> pan		8/16/11	self-employed	P006	<u> 25897</u>	<u> </u>
	e Or	Eremic o		ERBERT F HU				<u> </u>	Fırm's EIN ► C	4-3204	1553	
		Firm's a	iddress ► 13	7 SCHOOL S	<u>T, FRANKLIN, I</u>	MA 02038			Phone no (50	8) 528-	0260	
									F	orm 99 0)-PF	(2010)

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

aın	SS	-18,425	0		o to N	or loss	-81 250	23/2	-2 017	184 186	3 4	20.655	10 010	150,000	000) 0	,
Net Gain	or Loss					Depreciation											
Cost, Other	Basis and Expenses	509,091	0	Expense of Sale and	Cost of	ments	2										
Cost	Basis and				Valuation	Method		-									
Gross	Sales	490,666	0		Costor		81.250	1 288			1001			150,000			
ชั้	Sa				Gross Sales	Price		1311	1 607	221 788	096	250 000	15,000	0			
Totals		Securities	Other sales		Date	Sold	12/31/2010	5/18/2010	8/11/2010	10/31/2010	4/21/2010	12/23/2010	1/28/2010	12/31/2010			
					Acquisition	Method					-						
					Date	Acquired											
				Check "X" If	rurchaser Is a	Business											
						Purchaser											
	Amount				_	CUSIP#					! !						
		Long Term CG Distributions	Short Term CG Distributions			Description	ENRON	BIMINI	BIMINI	MICROFINANCIAL INC	COMM GLOBAL FUND	ALPINE PROPERTIES	ALPINE PROPERTIES	BIMINI			
				Z" xoad	if Sale of	ndex Security	×	×	×	×	×	×	×	×			
						Index	-	7	က	4	2	ဖ	7	8	6	9	

Line 11 (990-PF) - Other Income

20,145 0	ment Adjusted Pe Net Income	45	0	0	0	0	0	0	0	0	0
20,145	Revenue and Expenses Net Investment per Books Income	55									
	cription										
		OTHER INCOME									0

Line 16a (990-PF) - Legal Fees

Revenue and Name of Organization or Expenses per Person Providing Service Books O'MELVENY & MYERS Income In	0 0	Disbursements for Charitable	Purposes	(Cash Basis Only)						
Revenue and Expenses per Books 31 270)		Adjusted Net	Income						
Revenue and Expenses per Books	0		Net Investment	Income						
Name of Organization or Person Providing Service O'MELVENY & MYERS PETERSON & MYERS	301	Revenue and	Expenses per	Books		270				
			Name of Organization or	Person Providing Service	O'MELVENY & MYERS	PETERSON & MYERS				

Line 16b (990-PF) - Accounting Fees

		13,569	0	0	0
		Revenue and		-	Disbursements for Charitable
	Name of Organization or Person Providing Service	Expenses per Books	Net Investment Income	Adjusted Net	Purposes (Cash Basis Only)
半	RBERT F HUNTER CPA	13,569			

Line 16c (990-PF) - Other Fees

0				_				l		 	_	<u> </u>		1
	Disbursements	for Charitable	Purposes	(Cash Basis Only)						 				
0			Adjusted Net	Income										
0			=											
			Net Investment	Income										
21,626		Revenue and	Expenses per	Books	21,626									
			Name of Organization or	Person Providing Service	FCA CORP									
		_	_		1	2	3	4	5	9	7	8	6	0

Line 23 (990-PF) - Other Expenses

		249,219	248,316	0)
_		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
	Amortization See attached statement	0	0	0	
	Fund Raising				
3	BAD DEBT	9,333	9,333		
	BANK CHARGES	200			
	MISCELLANEOUS EXPENSE	203			
	OTHER EXPENSES	12,415			
	LOSS ON NOTES RECEIVABLE	226,568	226,568	!	ı
_					
0					

Part II, Line 7 (990-PF) - Other Notes

•		,	Security Provided										
2,600,990		FMV of	Other Notes	100,000	89,216	400,000	419,050	565,924	235,000	50,000	384,000	345,000	12,800
0	Allowance for	Doubtful Accts	End of Year										
2,600,990		Balance Due	End of Year	100,000	89,216	400,000			235,000	50,000	384,000	345,000	12,800
3,870,258	Net Balance	Due Beginning	of Year	707,500	558,784	400,000	419,050	770,924	235,000	20,000	384,000	345,000	0
0		Original	Amount										
		Check "X" Check "X" If	f Business 501(c)3 Org							1			
		Check "X"	if Business	×	×	×		×	×	×	×	×	×
			Borrower's Name	1 CMEDIA	2 WILCO TRANCHE	3 HOLLY MORTGAGE TRUST	4 THOMAS BARRETTE	5 SEISCO DATA LTD	6 TH LAND LLC	7 EVERGREEN ACQUISITION CORP	8 HEIGHTS OF TAMPA LLC	9 ALL LAND LLP	10 TERRACE HOTEL

Part

	Date of	Maturity	Repayment	Interest	Purpose	Consideration	Consideration	
	Note	Date	Terms	Rate	of Loan	Description	FM<	Relationship
-								
2								
3								
4								
5								
9								
7								
8								
6								
10								

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			1,067,089	1,903,691	856,678	1,555,000
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	GENERAL FUND COMMON STOCK		97,623	147,623	111,514	168,932
7	WARSAW FUND COMMON STOCK		484,089	895,703	259,787	525,703
ဗ	WARSAW FUND PREFERRED STOCK		93,952	93,952	93,952	93,952
4	GENERAL FUND PREFERRED STOCK		100,000	130,833	100,000	130,833
2	WALLACE FUND PREFERRED STOCK		291,425	291,425	291,425	291,425
9	WALLACE FUND COMMON STOCK		0	344,155	0	344,155
7						
8				! !		
6						
10						

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

0	_	Tc) I	1	1	1	ī	1		_	1
•	FMV	End of Year							-		
0	FMV	eg of Year									
0	Book Value	End of Year									
81,250	Book Value	Beg of Year	007,10								
	Maturity	Date									
	Interest	Kale									
	a contract of the contract of	CORPORATE BONDS									
		-	7	က	4	2	9	7	8	6	10

Part II, Line 13 (990-PF) - Investments - Other

	_		J MU	2 PAF	3 DE	4	2	9	 8	6	0
		Item or Category	MUTUAL FUNDS	PARTNERSHIP & LLC INTERESTS	DEBENTURE						
	Basis of	Valuation									
628,572	Book Value	Beg of Year	22,110	447,462	159,000						
257,514	Book Value	End of Year			!				 - - - -		
262,415	L	End of Year	26,020						 - - -		

Part II, Line 15 (990-PF) - Other Assets

		373,439	567,189	567,189
		Beginning	Ending	Fair Market
ļ	Description	Balance	Balance	Value
_	STAMP COLLECTION	100	100	100
7	PRINT CREDITS	300,000	287,664	287,664
<u>س</u>	CASH SURRENDER VALUE	56,073	62,159	62,159
4	ESCROW RECEIVABLE	17,266	17,266	17,266
2	ALPINE PROPERTY RECEIVABLE	0	200,000	200,000
9				
7				
&	***************************************			1
6				
0				
			-	

Part II, Line 22 (990-PF) - Other Liabilities

		595,019	10,115
		Beginning	Beginning Ending
	Description	Balance	Balance
1	PORTFOLIO CREDIT LINE	595,019	10,115
7			
က			
4			
2			
9			
7			
80			
6			
10			

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Amount											
Long Term CG Distributions												
Short Term CG Distributions	0			Totals	490,666	0	509,091	-18,425	0	0	0	-18,425
					Gross		Cost or Other		У М Ч	Adjusted Basis		Gains Minus Excess
		¥o⊬	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	
Kind(s) of Property Sold	CUSIP #	Acquired	Acquired	Sold	Price	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Adj Basis	
1 ENRON				12/31/2010	0	0	81,250	-81,250			0	-81,250
2 BIMINI				5/18/2010	1,311	0	1,288	23			0	23
3 BIMINI				8/11/2010	1,607	0	4,524	-2,917			0	-2.917
4 MICROFINANCIAL INC				10/31/2010	221,788	0	37,602	184,186			0	184,186
5 COMM GLOBAL FUND				4/21/2010	096	0	1,001	4			0	4-
6 ALPINE PROPERTIES				12/23/2010	250,000	0	229,345	20,655			0	20,655
7 ALPINE PROPERTIES				1/28/2010	15,000	0	4,081	10,919			0	10.919
8 BIMINI				12/31/2010	0	0	150,000	-150,000			0	-150,000
တ					0	0	0	0			0	0
10					0	0	0	0			0	0

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name	if Business	Street	Cit	State	Zip Code	Country	Title	Hours
-	MADELINE LAY			LAKELAND	ď	FL 33802		PRES/TRUSTEE	
7	PHILIP O ALLEN			LAKELAND	교	33802		VP/TRUSTEE	
က				FRANKLIN	MA	02038		TREAS/TRUSTER	
4	ROBERT W SCHARAR			HOUSTON	×	77024		SECT/TRUSTER	
5				HOUSTON	×	77024		ASST SECT	
9									
7									
æ		-			:	1		:	;
6									
10									

		- Explanation										
	0	Expense Account										
	0	Benefits										
	0	Compensation										
Part			-	7	က	4	ß	9	7	œ	တ	7

8868 Form

(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extensi e filing for an Additional (Not Automatic) nplete Part II unless you have already be	3-Month E	extension, complete only Part II (on page 2 of			► X 8868		
a corporation 8868 to require Return for T	filing (e-file). You can electronically file Form equired to file Form 990-T), or an additional and extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of	onal (not a forms liste I Benefit C	utomatic) 3-month extension of timed in Part I or Part II with the except contracts, which must be sent to the	ne You can e non of Form 8 e IRS in pape	lectro 870, er forn	onically Information	file Form ation e		
Part I	Automatic 3-Month Extension of T	ime. Only	y submit original (no copies nee	ded)					
A corporation Part I only	on required to file Form 990-T and requesti	ng an auto	omatic 6-month extension—check t	his box and c	ompl	ete	▶ 🗌		
	rporations (including 1120-C filers), partnei ncome tax returns	rships, RE	MICs, and trusts must use Form 70	004 to reques	t an e	extensi	on of		
Type or	Name of exempt organization			Employer ide	ntific	ation n	umber		
print	NORTH AMERICAN COMMUNITIES FOL	INDATION	I	59-1987265					
File by the	Number, street, and room or suite no If a P O			100 1001200					
due date for 791 TOWN & COUNTRY BLVD SUITE 250									
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions									
instructions	HOUSTON			TX	770	057			
Enter the R	eturn code for the return that this application	on is for (fil	e a separate application for each r	eturn)			04		
Application Return Application Return									
Is For Code Is For Cod									
Form 990		01	Form 990-T (corporation)			-	07		
Form 990-l	3L	02	Form 1041-A				08		
Form 990-l		03	Form 4720				09		
Form 990-I	PF	04	Form 5227				10		
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990-	Γ (trust other than above)	06	Form 8870				12		
Telephor If the org If this is for the whol list with the I requ until is for X	names and EINs of all members the extenuest an automatic 3-month (6 months for a	of busines s four digit If it is for p sion is for corporatio exempt or	FAX No ► (508) 528-4864 ss in the United States, check this Group Exemption Number (GEN) part of the group, check this box In required to file Form 990-T) exte ganization return for the organization, and ending	nsion of time on named ab	ove -	The ext			
	hange in accounting period				returi	1			
	application is for Form 990-BL, 990-PF, 9 sfundable credits. See instructions	90-T, 4720 ———), or 6069, enter the tentative tax, I	ess any	3a	\$			
	application is for Form 990-PF, 990-T, 47	20, or 6069	9, enter any refundable credits and						
	ated tax payments made Include any prio				3b	\$			
c Balaı	nce due. Subtract line 3b from line 3a Incl	ude your p	payment with this form, if required,	by using	. 1	l			

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

EFTPS (Electronic Federal Tax Payment System). See instructions

0

for payment instructions

r Ollin O	300 (Rev 1-2011)						Page 2
	ou are filing for an Additional (Not Automatio Only complete Part II if you have already beer						► X
	ou are filing for an Automatic 3-Month Exten			promodely in	1001	01111	,000
Pari				no copies i	need	-d)	
Туре			The state of the s	Employer id			number
print	NORTH AMERICAN COMMUNITIES FO	OUTAGNUC	, l	59-1987265			• • • • • • • • • • • • • • • • • • • •
File by t				00 1007200		<u> </u>	
extende	701 TOWN & COUNTRY BLVD SUITE						
due date filing you			n address, see instructions				_
return S instructi	ee LICUOTON	9		TX			77057
mon don	, in the second						11001
Enter	the Return code for the return that this applica	tion is for (fi	le a separate application for each re	eturn)			04
qqA	ication	g Return	Application				Return
Is Fo	4	Code	Is For				Code
Form	990	01	,	<u> </u>		_	 3315
	990-BL	02	Form 1041-A				08
	990-EZ	03	Form 4720			_	09
	990-PF	04	Form 5227				10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			_	11
	990-T (trust other than above)	06	Form 8870				12
	Do not complete Part II if you were not already g			viously filed F	orm (000	12
If the	he organization does not have an office or place his is for a Group Return, enter the organization whole group, check this box the the names and EINs of all members the extension of the transport of the tax year 2010 and the tax year entered in line 5 is for less than Change in accounting period State in detail why you need the extension AD	n's four digit If it is for pension is for me until beginning 12 months,	t Group Exemption Number (GEN) part of the group, check this box 11/15/2011 , and check reason Initial return	ending Final		a	If this is and attach a
8a	If this application is for Form 990-BL, 990-PF, nonrefundable credits See instructions	990-T, 4720), or 6069, enter the tentative tax, le	ess any	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4						
	estimated tax payments made Include any pr	ior year ovei	payment allowed as a credit and ar	ηy			
	amount paid previously with Form 8868				8b	\$	
С	Balance due. Subtract line 8b from line 8a In			y using			
	EFTPS (Electronic Federal Tax Payment Syst				8c	\$	0
Under p	enalties of perjury, I declare that I have examined this form, it, correct, and complete, and that I am authorized to prepare	ncluding accom	and Verification panying schedules and statements, and to the	best of my kno	wledge	and b	elief,
. 10 11 00	, section, and complete, and that i am authorized to prepare	and form					
Signatu	re >	Title ► TR	REASURER	Da	ate 🕨		8/9/2011