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Form 990-PF

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending Final return G Check all that apply Initial return Initial Return of a former public charity Address change Amended return Name change Employer identification number R.M. BEALL SR. CHARITABLE FOUNDATION 1806 38TH AVE EAST 59-2851924 В Telephone number (see the instructions) BRADENTON, FL 34208 (941) 747-2355 C If exemption application is pending, check here D 1 Foreign organizations, check here Н X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization: here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end of year Accounting method: Cash X Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) 4,101,183. Part | Analysis of Revenue and (a) Revenue and (c) Adjusted net (d) Disbursements (b) Net investment Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income for charitable purposes (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 52.613 if the foundn is not reg to att Sch B Interest on savings and temporary 125 125 125 cash investments 87,260 87,260 87,260 Dividends and interest from securities 5a Gross rents b Net rental income 537,311 R 6 a Net gain/(loss) from sale of assets not on line 10 RECEIVED EVEN b Gross sales price for all assets on line 6a 5,775,539 537,311 Capital gain net income (from Part IV, line 2) 30 Net short-term capital gain ന JUN 2 0 2011 Income modifications 10 a Gross sales less returns and allowances OGDEN b Less Cost of c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 87,385 677.309 624,696 Compensation of officers, directors, trustees, etc. 58.551 Other employee salaries and wages 15 Pension plans, employee benefits 2,157. 2,157. See St 1 16 a Legal fees (attach schedule) ADMINISTRATIVE 14,000. See St 2 14,000. **b** Accounting fees (attach sch) 21,881. 21,881 See St 3 c Other prof fees (attach sch) OPERATING 17 Interest 301 301. See Stm 4 18 Taxes (attach schedule)(see instr.) Depreciation (attach sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications. EXPENSES 23 Other expenses (attach schedule) Total operating and administrative 24 96,890. 21,881 expenses, Add lines 13 through 23 16,458. Contributions, gifts, grants paid Part XV 209,401 209,401 25 26 Total expenses and disbursements. N 21,881 306,291. 0. 225,859. Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses 371,018. and disbursements

87,385

602,815.

| Par | FII | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | or year |
|------------------|---------|--|---|--|----------------|-----------------------|
| 1 94 | <u></u> | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest | t-bearing | -12,703. | 39,125. | 39,125. |
| | 2 | Savings and tempor | ary cash investments | 424,178. | 519,253. | 519,253. |
| | 3 | Accounts receivable | ▶ | | | |
| | | Less, allowance for | doubtful accounts | <u> </u> | | |
| | 4 | Pledges receivable | > | | | |
| | | Less: allowance for | doubtful accounts |] | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from offi | cers, directors, trustees, and other | | | |
| | - | disqualified persons (atta | ich schedule) (see the instructions) | | | |
| _ | 7 | Other notes and loans rec | eivable (attach sch) | | | |
| Ą | | Less: allowance for | doubtful accounts | | | |
| Š | 8 | Inventories for sale | or use | | | |
| A S E T | 9 | Prepaid expenses a | nd deferred charges | | | |
| Ś | 10 a | Investments - US. | and state government | | | |
| | | obligations (attach s | schedule) | 50,271. | | |
| | 1 | b Investments — corporate | stock (attach schedule) Statement 5 | 2,889,426. | 2,308,682. | 2,334,893. |
| | • | c Investments — corporate | bonds (attach schedule) Statement 6 | 341,481. | 1,200,000. | 1,207,801. |
| | 11 | Investments – land, equipment: basis | , buildings, and | | | |
| | | Less: accumulated depred (attach schedule) | ciation • | | | |
| | 12 | Investments - mort | gage loans | | | |
| | 13 | Investments - other | r (attach schedule) Statement 7 | | 111. | 111. |
| | 14 | Land, buildings, and | d equipment: basis ▶ | | | |
| | | Less: accumulated depred (attach schedule) | ciation • | | | |
| | 15 | Other assets (descr | | | <u></u> | |
| | 16 | see instructions. Als | completed by all filers – so, see page 1, item I) | 3,692,653. | 4,067,171. | 4,101,183. |
| Ļ | 17 | Accounts payable a | nd accrued expenses | 3,500. | 7,000. | _ |
| Å | 18 | Grants payable | | | | _[|
| В | 19 | Deferred revenue | | | | _[|
| Ĺ | 20 | Loans from officers, direc | ctors, trustees, & other disqualified persons | | | _[|
| ļ | 21 | | es payable (attach schedule) | | | |
| i | 22 | Other liabilities (descr | nbe ►) | | | _ |
| E S | 23 | Total liabilities (add | l lines 17 through 22) | 3,500. | 7,000. | |
| | | Foundations that fo and complete lines | ollow SFAS 117, check here 24 through 26 and lines 30 and 31. | | |] |
| N F | 24 | Unrestricted | • | | | |
| TN | 25 | Temporarily restrict | | | | - |
| D | 26 | • | | | | 1 |
| A E S A E T A | | Foundations that do and complete lines | o not follow SFAS 117, check here 🔀 27 through 31. | 1 | | |
| EL | 27 | | principal, or current funds | 3,689,153. | 4,060,171. | |
| SN | . | | s, or land, building, and equipment fund | | | - |
| 0 E | 29 | 29 Retained earnings, accumulated income, endowment, or other funds. | | 2 (00 152 | 4 060 171 | - |
| RS | 1 | | fund balances (see the instructions) | 3,689,153. | 4,060,171. | -[|
| | 31 | (see the instruction: | Total liabilities and net assets/fund balances (see the instructions) | | 4,067,171. | |
| Pa | 111 | | nges in Net Assets or Fund Balan | 3,692,653. ces | | |
| | | | palances at beginning of year – Part II, colu | | ee with | |
| • | end | of-year figure reporte | ed on prior year's return) | inin (a), inic so (mast agr | _1 | 3,689,153. |
| 2 | Ente | er amount from Part I | , line 27a | | 2 | 371,018. |
| 3 | Other | increases not included in I | Ine 2 (Itemize) | | 3 | |
| 4 | | lines 1, 2, and 3 | | | 4 | 4,060,171. |
| 5 | Decre | eases not included in line 2 | (itemize) | | 5 | |
| 6 | Tota | al net assets or fund b | palances at end of year (line 4 minus line 5) | - Part II, column (b), lin | e 30 6 | 4,060,171. |
| | | | | | | |

| Part I | (a) List and describe | .osses for Tax on Investment to the kind(s) of property sold (e.g., re se, or common stock, 200 shares MLC | al estate, | (b) How acque P — Purcha D — Donat | se | (C) Date acquired (month day year) | (d) Date sold (month, day year) |
|--|--|--|--|--|------------------|--|---|
| 1à S | ee Statement 8 | | | D - Donat | | | |
| <u> ъ</u> | | | | | | | |
| С | | | <u> </u> | | | | |
| d | | | | | | | <u> </u> |
| е | | *************************************** | | | | | |
| _ | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sal | | | (h) Gain or (e) plus (f) m | |
| <u>a</u> | | | · · · · · · · · · · · · · · · · · · · | | | | ****** |
| b | | | | | | | |
| c d | | | | - + | | | |
| e e | | | | - | | | |
| | omplete only for assets showin | ng gain in column (h) and owned by t | he foundation on 12/31/69 | | | (I) Gains (Colu | ımn (h) |
| | (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if ar | | | gain minus column (k an -0-) or Losses (fr |), but not less |
| а | | | | | | | |
| b | | | | | | | |
| С | | | | | - | | |
| d | | | | | | | |
| е | | | 7 7 7 7 7 7 7 | | | | |
| | apital gain net income or (net | If (loss), ent | enter in Part I, line 7 er 0- in Part I, line 7 | - | 2 | | 537,311. |
| 3 N | et short-term capital gain or (lo | oss) as defined in sections 1222(5) ar | nd (6) | | | | |
| | gain, also enter in Part I, line Part I, line 8 | 8, column (c) (see the instructions). I | f (loss), enter -0- | - | 3 | | 0. |
| lf | | <u>'</u> | | | | L | |
| Part \ (For opt | / Qualification Under | Section 4940(e) for Reduced foundations subject to the section 494 is part blank. | | | ne | | |
| Part \ Part \ (For opt If section Was the If 'Yes,' | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this foundation liable for the section the foundation does not qualify | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amount of the section 4940(e). Do not comit | 40(a) tax on net investment unt of any year in the base i plete this part | income) | ne | Yes | X No |
| For opt If section Was the If 'Yes,' | Qualification Under tonal use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualificate the appropriate amount in | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not compare the control of the contr | 40(a) tax on net investment unt of any year in the base i plete this part instructions before making a | income) | ne | | |
| If in Part \(\) (For optility (For optility Section) | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this foundation liable for the section the foundation does not qualify | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amount of the section 4940(e). Do not comit | 40(a) tax on net investment unt of any year in the base i plete this part | period? | | Yes (d) Distribution umn (b) divided | X No |
| If in Part \(\begin{align*} Part \\ (For opt \\ If sectio \\ Was the \\ If 'Yes,' \\ 1 E | Qualification Under tonal use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualified inter the appropriate amount in (a) Base period years alendar year (or tax year) | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amoing under section 4940(e). Do not compare the column for each year, see the (b) | unt of any year in the base in | period? | | (d) Distribution | X No |
| If in Part \(\begin{align*} Part \\ (For opt \\ If sectio \\ Was the \\ If 'Yes,' \\ 1 E | Qualification Under tonal use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualified inter the appropriate amount in Base period years alendar year (or tax year beginning in) | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amore fy under section 4940(e). Do not come each column for each year, see the (b) Adjusted qualifying distributions 163,815. 109,897. | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use ass 3,75 | period? any entries sets 3,720. 8,691. | | (d) Distribution | X No n ratio by column (c)) 0.055461 0.029238 |
| If in Part \(\begin{align*} Part \\ (For opt \\ If sectio \\ Was the \\ If 'Yes,' \\ 1 E | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this e foundation liable for the section the foundation does not qualified inter the appropriate amount in (a) Base period years alendar year (or tax year beginning in) 2009 2008 2007 | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete to column for each year, see the (b) Adjusted qualifying distributions 163,815. 109,897. 157,171. | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 00 | period? any entries sets 3,720. 8,691. 8,672. | | (d) Distribution | X No n ratio by column (c)) 0.055461 0.029238 0.031380 |
| If in Part \(\begin{align*} Part \\ (For opt \\ If sectio \\ Was the \\ If 'Yes,' \\ 1 E | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualificate the appropriate amount in Base period years alendar year (or tax year beginning in) 2009 2008 2007 2006 | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 00, 5, 21 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | | (d) Distribution | X No 1 ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 |
| If in Part \(\begin{align*} Part \\ (For opt \\ If sectio \\ Was the \\ If 'Yes,' \\ 1 E | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this e foundation liable for the section the foundation does not qualified inter the appropriate amount in (a) Base period years alendar year (or tax year beginning in) 2009 2008 2007 | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete to column for each year, see the (b) Adjusted qualifying distributions 163,815. 109,897. 157,171. | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 00, 5, 21 | period? any entries sets 3,720. 8,691. 8,672. | | (d) Distribution | X No n ratio by column (c)) 0.055461 0.029238 0.031380 |
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| If In Part V (For option of Section of Secti | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualificate the appropriate amount in (a) Base period years alendar year (or tax year beginning in) 2009 2008 2007 2006 2005 otal of line 1, column (d) everage distribution ratio for the | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amore fy under section 4940(e). Do not complete and column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | (col | (d) Distribution | X No n ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 |
| If In Part \((For opt \) (For opt \) If section \(\text{Was the If 'Yes,'} \) 1 Ei \(\text{Ca} \) | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this en 4940(d)(2) applies, leave this end at the section of the 4940(d)(2) applies, leave this end at the section of the 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(| foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | (col | (d) Distribution umn (b) divided | X No n ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 0.042111 |
| If In Part \((For opt \) (For opt \) If section \(\text{Was the If 'Yes,'} \) 1 Ei \(\text{Ca} \) | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this en 4940(d)(2) applies, leave this end at the section of the 4940(d)(2) applies, leave this end at the section of the 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(| foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable amore fy under section 4940(e). Do not complete and column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | (col | (d) Distribution umn (b) divided | X No n ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 |
| If In Part (For option of the Information of the In | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this en 4940(d)(2) applies, leave this end at the section of the 4940(d)(2) applies, leave this end at the section of the 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(| foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | (col | (d) Distribution umn (b) divided | X No n ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 0.042111 |
| If In Part V (For option of Section of Secti | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave this e foundation liable for the section the foundation does not qualificate the appropriate amount in Base period years alendar year (or tax year beginning in) 2009 2008 2007 2006 2005 otal of line 1, column (d) everage distribution ratio for the number of years the foundation | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | (col | (d) Distribution umn (b) divided | X No n ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 0.042111 3,859,288. |
| If In Part V (For option of Section Was the If 'Yes,' 1 En Carter of Section | Qualification Under tional use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualificate the appropriate amount in (a) Base period years alendar year (or tax year beginning in) 2009 2008 2007 2006 2005 otal of line 1, column (d) everage distribution ratio for the sumber of years the foundation on the return of the sumber of years the foundation of the years of the sumber of years the foundation of the years of the y | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | 2 3 4 | (d) Distribution umn (b) divided | X No 1 ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 0.042111 3,859,288. 162,518. |
| If In Part V (For option of Section of Secti | Qualification Under tronal use by domestic private on 4940(d)(2) applies, leave the foundation liable for the section the foundation does not qualificate the appropriate amount in (a) Base period years alendar year (or tax year beginning in) 2009 2008 2007 2006 2005 otal of line 1, column (d) everage distribution ratio for the foundation of years the foundation on the return of years the foundation of the return of the retur | foundations subject to the section 49 is part blank. Ion 4942 tax on the distributable among under section 4940(e). Do not complete ach column for each year, see the (b) Adjusted qualifying distributions 163, 815. 109, 897. 157, 171. 199, 340. 269, 072. | unt of any year in the base in plete this part instructions before making a (c) Net value of noncharitable use ass 2, 95, 3, 75, 5, 00, 5, 21, 4, 78 | period? any entries sets 3, 720. 8, 691. 8, 672. 3, 695. | 2 3 4 5 | (d) Distribution umn (b) divided | X No 1 ratio by column (c)) 0.055461 0.029238 0.031380 0.038234 0.056242 0.210555 0.042111 3,859,288. 162,518. 6,028. |

| Form 990-PF (2010) R.M. BEALL SR. CHARITABLE FOUNDATION 59-28 | 51324 | | Р | age 4 |
|--|---------------------|-------------|----------|------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the | instruction | ns) | | |
| 1 a Exempt operating foundations described in section 4940(d)(2), check here | | | | |
| Date of ruling or determination letter (attach copy of letter if necessary — see instr.) | | | | |
| | 1 | | 6,0 | 28. |
| check here ► X and enter 1% 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, column (b) | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | | • |
| | 2 | | | 0. |
| | 3 | | 6,0 | |
| Cabillative (instance) tank (assessed assessed in the Capity and the capity of the cap | 4 | | <u> </u> | 0. |
| Tax based of the same transfer and the same | 5 | | 6,0 | 28. |
| 6 Credits/Payments | | | | |
| a 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | | | |
| b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c 6c 6,028. | | | | |
| ' | | | | |
| Total Land Control | _ | | 6 0 | 28. |
| | 7 | | 0,0 | 20. |
| | 9 | | | 0. |
| | | | | υ. |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax | ! ! | | | |
| Part VII-A Statements Regarding Activities | E | 1 | Van | |
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | ļ | 1a | Yes | No X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1 b | | Х |
| If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities | red | | | |
| c Did the foundation file Form 1120-POL for this year? | | 1 c | | Χ |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| (1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | 0. | | | : |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0. | | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| If 'Yes,' attach a detailed description of the activities | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | .,, |
| of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | | _ 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | - | 4a | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | - | 4b | N | / <u>A</u> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | } | 5 | | X |
| If 'Yes,' attach the statement required by General Instruction T | | | | |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or | | | | |
| • 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? | ct | 6 | Х | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | 7 | Χ | |
| 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) FL | - | | | |
| 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 | | 8b | Х | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Pa | .2())(5) art XIV | 9 | , | Х |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nam | | | | |
| and addresses BAA | | 10 rm 99 | N.PF | (2010) |
| DAM | 1.0 | ,,,,, J | U-FF | 12VIV |

| Par | t VII-A Statements Regarding Activities (Continued) | | | |
|-----|---|----------|------|--|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| 14 | Website address ► N/A The books are in care of ► MICHAEL MADDALONI Telephone no ► (941) | 777- | 2355 | |
| 17 | Located at ► 1806 38TH AVE. EAST BRADENTON FL ZIP + 4 ► 34208 | <u> </u> | | ′ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year. | N/A | | DI/A |
| | | | Yes | N/A No |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ► | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 If any Item is checked in the 'Yes' column, unless an exception applies. | | Yes | No |
| 1 8 | a During the year did the foundation (either directly or indirectly). | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | - | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | | |
| ŀ | o If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | 1b | | Х |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | 1 c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$). | | | |
| i | a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? Yes X No | | | |
| | if 'Yes,' list the years ► 20 , 20 , 20 | | | |
| ı | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions.) | 2ь | N | /A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | - | | |
| | ► 20, 20, 20 | | | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | |
| l | b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after 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, Form 4720, to determine if the foundation had excess business holdings in 2010). | 3b | N | /A |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | h Did the foundation make any investment in a prior year (but offer December 21, 1900) 45-4-5-44 | | | |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4 b | | х |
| BAA | | orm 99 | 0-PF | |
| | | | | |

| Form 990-Pf (2010) R.M. BEALL SR. CHA | | | 59-285 | 51924 | Page (|
|--|---|--|--|--------------|--------------------------|
| Part VII-B Statements Regarding Activit | ies for Which Forn | n 4720 May Be Req | uired (continued) | | |
| 5a During the year did the foundation pay or incur | any amount to | | | | |
| (1) Carry on propaganda, or otherwise attemp | t to influence legislation | n (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific publion, directly or indirectly, any voter registra | ic election (see section tion drive? | 4955), or to carry | Yes X | No | |
| (3) Provide a grant to an individual for travel, | • | · | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section (4) | an a charitable, etc, org 4940(d)(2)? (see instruc | ganization described ctions) | Yes X | No | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | us, charitable, scientific, n of cruelty to children c | , literary, or or animals? | Yes X | No | |
| b If any answer is 'Yes' to 5a(1) (5), did any of the described in Regulations section 53 4945 or in (see instructions)? | ne transactions fail to qual a current notice regard | ualify under the exception ing disaster assistance | ons | 5 b | N/A |
| Organizations relying on a current notice regar | ding disaster assistance | e check here | ▶ [| | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons | ne foundation claim exe ability for the grant? | emption from the | N/A Yes | No | |
| If 'Yes,' attach the statement required by Regu | ılatıons section 53 4945 | i-5(d) | | | |
| 6a Did the foundation, during the year, receive an on a personal benefit contract? | y funds, directly or indii | rectly, to pay premiums | Yes X | No | |
| b Did the foundation, during the year, pay premi | ums, directly or indirect | ily, on a personal benefit | t contract? | 6 Б | X |
| If 'Yes' to 6b, file Form 8870 | - L L - L | h. kd k | tion? Yes X | Na | |
| 7a At any time during the tax year, was the found b If yes, did the foundation receive any proceeds | | | | 7 b | |
| Part VIII Information About Officers, D | | | | | |
| and Contractors | mectors, masters | , i ouillulion manu | goro, riiginiy r ara | Lp.090 | ,, |
| 1 List all officers, directors, trustees, foundation | managers and their co | ompensation (see instruc | ctions). | | - |
| (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 and deferred compensation | | se account, llowances |
| ROBERT M. BEALL, II | Board | 0. | 0. | | 0 |
| 1806 38TH AVE. E. | 2.00 | | | | |
| BRADENTON, FL 34208 BEVERLY BEALL | Board | 58,551. | 0. | | 0 |
| 1806 38TH AVE. E. | 28.00 | 30,331. | 0. | | U |
| BRADENTON, FL 34208 | 20.00 | | | | |
| BETTY B. SZYMANSKI | Board | 0. | 0. | | 0 |
| 1806 38TH AVE. E. | 2.00 | 0. | 0. | | U |
| | 2.00 | | | | |
| BRADENTON, FL 34208 | Board | 0. | 0. | | 0 |
| CLIFFORD L. WALTERS | 2.00 | 0. | 0. | } | U |
| 1806 38TH AVE. E. BRADENTON, FL 34208 | 2.00 | | | | |
| | /other than those incl | uded on line 1 can inst | ructions) If none ente | 'NONE' | |
| | (b) Title and average | (c) Compensation | (d) Contributions to | | se account, |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | | llowances |
| None | | | | | |
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| |] | | | | |
| Total number of other employees paid over \$50,000 |) | -4 | • | | (|
| BAA | TEE A0306L | 07/23/10 | · · · · · · · · · · · · · · · · · · · | Form 9 | 90-PF (2010 |

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments. See instructions. Total. Add lines 1 through 3

BAA

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Form 990-PF (2010)

| Form 990-PF (2010) R.M. BEALL SR. CHARITABLE FOUNDATION | 59-285192 | 4 Page 8 |
|---|----------------|-------------------------|
| Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.) | . Foreign fo | undations, |
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities | 1 a | 3,721,565. |
| b Average of monthly cash balances | 1 b | 196,494. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | _1 d | 3,918,059. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | <u>0.</u> | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 3,918,059. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 58,771. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 3,859,288. |
| 6 Minimum investment return. Enter 5% of line 5. | 6 | 192,964. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private or | | ndations |
| and certain foreign organizations check here ► and do not complete this | part.) | |
| 1 Minimum investment return from Part X, line 6 | 1 | 192,964. |
| 2a Tax on investment income for 2010 from Part VI, line 5 | 8. | |
| b Income tax for 2010 (This does not include the tax from Part VI) | _ | |
| c Add lines 2a and 2b | 2 c | 6,028. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 186,936. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 186,936. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 186,936. |
| Part XII Qualifying Distributions (see instructions) | | |
| Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26, | 1 a | 225,859. |
| b Program-related investments – total from Part IX-B | 1b | |
| 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 | 225,859. |
| 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 instructions) | 5 | 6,028. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 219,831. |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years. | er the foundat | ion |
| DAA | F | orm 990-PF (2010 |

Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|----------------------|----------------------------|--------------------|---------------------------------------|
| Distributable amount for 2010 from Part XI, line 7 | | | 1 | 186,936. |
| 2 Undistributed income, if any, as of the end of 2010: | | • | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: 20, 20, 20 | | 0. | į | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 31,259. | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | İ | |
| e From 2009 16, 731. | | | | |
| f Total of lines 3a through e | 47,990. | , | | |
| 4 Qualifying distributions for 2010 from Part | | | | |
| XII, line 4. ► \$ 225,859. | | | | |
| 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 | | | | 186,936. |
| e Remaining amount distributed out of corpus | 38,923. | | | |
| 5 Excess distributions carryover applied to 2010. | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| Same amount most 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 | 86,913. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- | | | | |
| ed 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 instructions | | | 0. | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be | | | | 0 |
| distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed | | | | |
| by section 170(b)(1)(F) or 4942(g)(3) | _ | | | |
| (see instructions) | 0. | | | : |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 31,259. | | | , |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 55,654. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 . | - | | | |
| c Excess from 2008 | | | : | |
| d Excess from 2009 16, 731. | - | | | |
| e Excess from 2010 38, 923. | L | <u> </u> | | F 000 PF (2010) |

| Form 990-PF (2010) R.M. BEALL SR. CI | | | | 59-2851924 | |
|---|-----------------------|--|---|--------------------------|---------------------------|
| Part XIV Private Operating Foundation | | | | | N/A |
| 1a If the foundation has received a ruling or d is effective for 2010, enter the date of the r | ruling | | | | 1.0.00.00 |
| b Check box to indicate whether the foundation | | ating foundation des | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2006 | (a) 2007 | (e) Total |
| 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 | | | | | |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | : | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of all assets. | | | <u> </u> | | |
| (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 | |
| (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 assets at any time during the | (Complete this | part only if the | organization r | iad \$5,000 or mo | ore in |
| 1 Information Regarding Foundation Manag | | 13(14)(10)13.) | | | |
| a List any managers of the foundation who had close of any tax year (but only if they have None | ave contributed mo | re than 2% of the to han \$5,000). (See s | otal contributions re ection 507(d)(2).) | ceived by the founda | tion before the |
| b List any managers of the foundation who c | num 109/ or more of | the stack of a corp. | oration (or an agua | Illy large portion of th | a ownership of |
| a partnership or other entity) of which the | foundation has a 10 | % or greater interes | st. | ny large portion or th | e ownership or |
| None | | | | | |
| 2 Information Regarding Contribution, Gran | | | | | |
| Check here \(\bigcup \] If the foundation only n requests for funds. If the foundation make complete items 2a, b, c, and d. | | | | | |
| a The name, address, and telephone number | er of the person to w | whom applications st | nould be addressed | d. | |
| | | | | | |
| See Statement 9 | | ~ ~, | | | |
| b The form in which applications should be s | submitted and inforr | nation and materials | s they should includ | de | |
| See Statement for Line 2a | | | | | |
| c Any submission deadlines. | | | | | |
| See Statement for Line 2a | | | | | ······ |
| d Any restrictions or limitations on awards, s | such as by geograpl | hical areas, charitab | ile fields, kinds of ii | nstitutions, or other f | actors |
| See Statement for Line 2a | | | | . | ··· |
| BAA | TE | EA0310L 02/16/11 | | | Form 990-PF (2010) |

Part XV Supplementary Information (continued)

| 3 | Grants and Contributions Paid During the Yea | ar or Approved for Futu | re Payment | | |
|-----------|---|--|--------------------------------------|----------------------------------|----------|
| Recipient | | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | Name and address (home or business) | substantial contributor | recipient | | |
| See | Name and address (home or business) a Paid during the year Statement 10 | any foundation manager or substantial contributor | recipient | contribution | Amount |
| | | | | | |
| | Total | | <u> </u> | ► 3a | 209,401. |
| | b Approved for future payment | | | | |
| | Total | | | ► 3t | o |

Part XVI-A Analysis of Income-Producing Activities

| Ente | r gross amounts unless otherwise indicated. | Unrelated | 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 (see the instructions) | |
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| f | | | | | | - | |
| - | Fees and contracts from government agencies | | | | | | |
| 2 | Membership dues and assessments | | | | | | |
| 3 | Interest on savings and temporary cash investments | | | 14 | 125. | | |
| 4 | Dividends and interest from securities | | | 14 | 87,260. | | |
| 5 | Net rental income or (loss) from real estate: | | | | | | |
| | Debt-financed property | | | | | -44 | |
| ŀ | Not debt-financed property | ļ | | | | | |
| 6 | Net rental income or (loss) from personal property | ļ | | | | · · · · · · · · · · · · · · · · · · · | |
| 7 | Other investment income | | | | | | |
| 8 | Gain or (loss) from sales of assets other than inventory | <u> </u> | | 18 | 197,948. | 339,363. | |
| 9 | Net income or (loss) from special events | | | <u> </u> | | | |
| 10 | Gross profit or (loss) from sales of inventory | ļļ. | | | | | |
| 11 | Other revenue: | | | | ttilut tilla | | |
| • | 1 <u></u> | <u> </u> | | | | | |
| ł |) | | ··· | | | | |
| (| · | | | | | | |
| • | 1 | | | | | | |
| • | · | | | | | | |
| | Subtotal Add columns (b), (d), and (e) | | ······································ | | 285,333. | 339,363. | |
| | Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 624,696. | |
| (See | worksheet in line 13 instructions to verify calculation | ons) | | | | | |
| | | | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions) |
|---------------|--|
| N/A | |
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | Yes | No |
|-----------------|--|-------------------------------|--|--------------------------|------------------------------------|----------------------------|---|-------------|-------|
| descri | e organization directly bed in section 501(c) o ig to political organizati | of the Code (other tha | in any of the following with an section 501(c)(3) organi | any othe zations) o | r organization r in section 527 | 7, | | .02 | |
| | | | haritable exempt organiza | tion of: | | | | | |
| (1) C | | | , J | | | | 1a (1) | | Х |
| (2) 0 | (2) Other assets | | | | | | | | Х |
| b Other | transactions: | | | | | | 1a (2) | | |
| (1) S | ales of assets to a non- | charitable exempt or | ganization | | | | 1b(1) | | Х |
| (2) P | urchases of assets fron | n a noncharitable exe | empt organization | | | | 1b (2) | | Х |
| (3) R | ental of facilities, equip | ment, or other asset | s | | | | 1 b (3) | | Х |
| (4) R | eimbursement arrangei | ments | | | | | 1 b (4) | | Х |
| | oans or loan guarantee | | | | | | 1 b (5) | | X |
| (6) P | erformance of services | or membership or fu | indraising solicitations | | | | 1 b (6) | | Х |
| c Sharii | ng of facilities, equipme | ent, mailing lists, othe | er assets, or paid employe | es | | | 1 c | | X |
| the ac | ods, other assets, or s | services given by the | ete the following schedule reporting foundation. If th column (d) the value of th | e foundati | on received les | ss than fair market | irket value value in | e of | |
| (a) Line no. | (b) Amount involved | (c) Name of noncha | aritable exempt organization | (d) | Description of trans | sfers, transactions, and s | haring arran | gement | S |
| N/A | | | | | | | | | |
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| descr | foundation directly or ibed in section 501(c) os,' complete the following | of the Code (other tha | th, or related to, one or m an section 501(c)(3)) or in | ore tax-ex section 52 | empt organiza 27? | tions | Yes | s [X] | No |
| | (a) Name of organizati | | (b) Type of organization | | (c |) Description of rela | ationship | | |
| N/A | | | | - | ``` | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Ì | | | | | |
| | | | | | | | | | |
| Und | ler penalties of perjury, I decla | ire that I have examined this | s return, including accompanying s xpayer or fiduciary) is based on all | chedules an | d statements, and t | o the best of my knowled | ge and belief | f, it is tn | ue, |
| Sign Here | ect, and complete Declaration | n of preparer (other than tax | xpayer or fiduciary) is based on all | | 5 Jun 201 | _ | | | |
| Liele | Signature of officer or trustee | ~v[- | | Date | <u> </u> | Title | 114500 | | |
| | Print/Type preparer's na | | Preparer's signature | | Date | - Imm | PTIN | | |
| . | , | | | | | 1 - | | | |
| Paid | E-maile ma | <u> </u> | ٠ | | ` | self-employed | L | | |
| Preparer | | | | | | Firm's EIN | | | |
| Use Only | Firm's address - | | - | | • | Dhara a | | | |
| DAA | | | ······································ | | | Phone no | Form 9 | 00 PF | (2010 |
| BAA | | | | | | | 1 01111 3 | JU-FF | (2010 |

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2010

OMB No 1545 0047

Employer identification number

| R.M. BEALL SR. CHARITABLE FOUNDATION 59-2851924 | | | | | |
|---|---|------------------------------------|--|--|--|
| Organization type (check one). | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a p | private foundation | | | |
| | 527 political organization | | | | |
| | (m) | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a priva | ite foundation | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | | | | | |
| Check if your organization is covered by the G | eneral Rule or a Special Rule | and Bula Can matrustrans | | | |
| Note. Only a section 501(c)(7), (8), or (10) org | anization can check boxes for both the General Rule and a Sp | ecial Rule. See instructions. | | | |
| General Rule | | | | | |
| | Z, or 990-PF that received, during the year, \$5,000 or more (ir | money or property) from any one | | | |
| contributor (Complete Parts I and II.) | zi or 250 i i mari ocorrou, daring mo your, poposo or more (m | , meney en property, ment any ente | | | |
| | | | | | |
| Special Rules | \$ *** * ** * | | | | |
| For a section 501(c)(3) organization filing f | Form 990 or 990-EZ, that met the 33-1/3% support test of the r | egulations under sections | | | |
| 509(a)(1) and 170(b)(1)(A)(vi), and receive | ed from any one contributor, during the year, a contribution of | the greater of (1) \$5,000 or | | | |
| | t VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and | | | | |
| | zation filing Form 990 or 990-EZ, that received from any one control of the scientific literary | | | | |
| aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | |
| For a section 501(c)(7), (8), or (10) organiz | zation filing Form 990 or 990-EZ, that received from any one c | ontributor, during the year, | | | |
| contributions for use exclusively for religio | us, charitable, etc. purposes, but these contributions did not a | ggregate to more than \$1,000 | | | |
| | If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively | | | | |
| religious, charitable, etc, contributions of \$ | • | ► \$ | | | |
| Caution: An organization that is not covered h | by the General Rule and/or the Special Rules does not file Sch | edule B (Form 990, 990-EZ, or | | | |
| Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-PF) or 990-PF. | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

V - 1

of 1

of Part I

Employer identification number

| R.M. B | BEALL | SR. | CHARITABLE | FOUNDATION | |
|--------|-------|-----|------------|------------|--|
|--------|-------|-----|------------|------------|--|

59-2851924

| Part I | Contributors (see instructions) | | |
|---------------|--|-----------------------------------|---|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | BEALL'S, INC. 1806 38TH AVE E. BRADENTON, FL 34208 | \$43,282. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | . (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$\$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Page

of 1

of Part II

Name of organization

R.M. BEALL SR. CHARITABLE FOUNDATION

Employer identification number 59-2851924

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

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of I

of Part III

Name of organization
R.M. BEALL SR. CHARITABLE FOUNDATION

Employer identification number 59-2851924

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

| | For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (E | ital of <i>exclusively</i> religious, charit Enter this information once. See i | able, etc, nstructions |) ▶\$ | N/A |
|---------------------------|---|--|---------------------------------------|----------------------------------|---------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift i | s held |
| | N/A | | | | |
| | | (e) | | | |
| | Transferee's name, address | Transfer of gift | Rela | tionship of transferor to transf | eree |
| (a) | (b) | (c) | · · · · · · · · · · · · · · · · · · · | (d) | |
| No. from Part I | Purpose of gift | Use of gift | | Description of how gift i | ıs held |
| | | | | | |
| | Transferee's name, address | (e) Transfer of gift , and ZIP + 4 | Rela | tionship of transferor to transf | eree |
| | | <i>t</i> | · · · · · · · · · · · · · · · · · · · | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift | is held |
| | | | | | |
| | Transferee's name, address | (e) Transfer of gift s, and ZIP + 4 | Rela | tionship of transferor to transf | eree |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift | is held |
| | | | | | |
| | Transferee's name, address | Relationship of transferor to transferee | | | |
| | | | | | |

| 2010 | Federal Statements | Page 1 |
|---|--|---|
| R. | M. BEALL SR. CHARITABLE FOUNDATION | 59-285192 |
| Statement 1 Form 990-PF, Part I, Line 16a Legal Fees | ι,;; | |
| Bank Fees Legal Expense | (a) | (d) Charitable Purposes \$ 118. 2,039. \$ 2,157. |
| Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees | | |
| ACCOUNTING FEES | (a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 14,000. Total \$ 14,000. \$ 0. \$ 0. | (d) Charitable Purposes \$ 14,000. \$ 14,000. |
| Statement 3 Form 990-PF, Part I, Line 16c Other Professional Fees | , _{1,-} 1,- | |
| INVESTMENT FEES | (a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 21,881. \$ 21,881. Total \$ 21,881. \$ 21,881. \$ 0. | (d) Charitable Purposes \$ 0. |
| Statement 4 Form 990-PF, Part I, Line 18 Taxes | | |
| TAXES | (a) (b) Net (c) Expenses Per Books Investment Adjusted Income Net Income \$ 301. Total \$ 301. \$ 0. \$ 0. | (d) Charitable Purposes \$ 301. \$ 301. |
| | | |

R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

Statement 5 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

| Corporate Stocks | Valuation <u>Method</u> | Book Value | Fair Market Value |
|---|--|---------------|--|
| BEALL'S INC. STOCK ALLIANZ FDS SMALL-CAP VALUE FD EATON VANCE TR TAX-MANAGED VALUE CL FORUM FDS ABSOLUTE STRATEGIES FD RIDGEWORTH FD-MIDCAP VAL EQUITY RIDGEWORTH FD-LARGECAP CORE EQUITY RIDGEWORTH FD-LARGECAP CORE EQUITY T ROWE PRICE INSTL EQUITY FDS INC SENTINEL FDS SMALL CO FD-I ARTISAN FDS INTL VALUE FD ASTON FDS ASTON/RIVER RD DFA INVT DIMENSIONS GROUP US CORE DFA INVT DIMENSIONS GROUP EMERGING MKTS FIRST EAGLE FDS GOLD FD FIRST PACIFIC ADVISORS FDS CRESCENT HUSSMAN INVT TR STRAGEGIC GROWTH IVA FIDUCIARY TR IVA WORLDWIDE FD PIMCO FDS COMMODITY REALRETURN SCHWAB CAP TR HEDGED EQUITY FD UNIFIED SER TR AUER GROWTH FD | Method Cost Cost Cost Cost Cost Cost Cost Cost | | \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 283,284. 120,992. 326,439. 291,579. 94,860. 199,182. 156,312. 392,949. 104,774. 240,738. |
| | Total | \$ 2,308,682. | |

Statement 6 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds

| Corporate Bonds | Valuation | Book | Fair Market |
|---|-----------------------|---------------------------------------|---------------------------------------|
| | <u>Method</u> | Value | Value |
| EMERSON ELEC CO | Cost | \$ 0. | \$ 0. |
| GENERAL ELECTRIC CAP CORP | Cost | 0. | 0. |
| ABBOTT LABS GLOBAL NTS | Cost | 0. | 0. |
| GENERAL DYNAMICS CORP GLOBAL NOTES INTL BUSINESS MACHS BONDS | Cost | 0. | 0. |
| | Cost | 0. | 0. |
| PEPSICO INC PRAXAIR INC NTS NORTHERN LTS FD TR ALTEGRIS | Cost | 0. | 0. |
| | Cost | 0. | 0. |
| | Cost | 200,000. | 207,122. |
| TEMPLETON INCOME TR GLOBAL BD | Cost | 200,000. | 198,973. |
| VANGUARD BD INDEX FD TOTAL BD MKT | Cost | 400,000. | 401,135. |
| VANGUARD FIXED INCOME SECS FDS INFLATION VANGUARD FIXED INCOME SECS FDS ST | Cost Cost Total | 200,000. 200,000. \$ 1,200,000. | 200,385. 200,186. \$ 1,207,801. |

| \sim | 4 | _ |
|--------|---|---|
| | | |
| | | - |

Page 3

R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

Statement 7 Form 990-PF, Part II, Line 13 Investments - Other

| Other Investments | Valuation <u>Method</u> | Book Value | F | air Market Value |
|-------------------------------|----------------------------|-------------------|----|---------------------|
| Distribution - Not Reinvested | — Cost | \$ 111. | \$ | 111. |
| | Total | \$ 111. | \$ | 111. |

Statement 8 Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Tax on Investment Income

| Item | (a) Description | (b) How Acquired | (c) Date Acquired | (d) Date Sold |
|----------|---|---------------------|----------------------|------------------|
| 1 | 12864.102 EATON VANCE TAX-MGD VAL-1 #35572 | Purchased | Various | 12/09/2010 |
| 2 | 50000 FED HOME LN BK 5.375% 6/10/11 | Purchased | Various | 12/09/2010 |
| 3 | 18518.701 FORUM ABSOLUTE STRATEGIES | Purchased | Various | 12/09/2010 |
| 4 | 17705.377 T ROWE PRICE INSTL LARGE-CAP GRWTH | | | |
| | • | Purchased | Various | 12/09/2010 |
| 5 | 5185.405 JANUS PERKINS SMALL CAP VALUE | Purchased | Various | 12/09/2010 |
| 6 | 19576.813 MANNING & NAPIER WORLD OPPTYS-A | Purchased | Various | 12/09/2010 |
| 7 | 2409.912 OPPENHEIMER DEVELOPING MKTS INSTL-Y | | | |
| | | Purchased | Various | 12/09/2010 |
| 8 | 15053.103 RIDGEWORTH FD-MIDCAP VAL EQTY #RGD! | | | |
| _ | | Purchased | Various | 12/09/2010 |
| 9 | 30263.67 RIDGEWORTH FD-LARGECAP VAL EQTY #RGI | | | |
| 4.0 | | Purchased | Various | 12/09/2010 |
| 10 | 32240.919 RIDGEWORTH FD-LARGECAP GRTH STK#RG | | | 10/00/0010 |
| 1.1 | 11010 110 DIDOPHODMU ED INMI EOMY INDEY "DOD | Purchased | Various | 12/09/2010 |
| 11 | 11018.112 RIDGEWORTH FD-INTL EQTY INDEX #RGD | | ***** | 10/00/0010 |
| 10 | CO21 FOR DIDCEMODMU ED INMI 120/20 #DCD1 | Purchased | Various | 12/09/2010 |
| 12 13 | 6921.508 RIDGEWORTH FD-INTL 130/30 #RGD1 27057.341 RIDGEWORTH FD-US GOV SEC ULTRA #RGI | Purchased | Various | 12/09/2010 |
| 13 | 2/05/.341 KIDGEWORIN FD-05 GOV SEC ULIKA #KGI | Purchased | Various | 12/09/2010 |
| 14 | 27521.493 RIDGEWORTH FD-ULTRA-SHORT BD #RGCY | rulchaseu | valious | 12/03/2010 |
| 1.4 | 2/321.433 KIDGEWORTH FD-OBIRA-SHORT DD #KGCI | Purchased | Various | 12/09/2010 |
| 15 | 17522.738 SENTINEL SMALL CO-I | Purchased | Various | 12/09/2010 |
| 16 | 50000 ABBOTT LABS 5.600% 5/15/11 | Purchased | Various | 12/09/2010 |
| 17 | 50000 GENERAL ELEC CAP 6.125% 2/22/11 | Purchased | Various | 12/09/2010 |
| 18 | 35000 INTL BUSINESS MACH 4.750% 11/29/12 | Purchased | Various | 12/09/2010 |
| 19 | 50000 PEPSICO INC 4.650% 2/15/13 | Purchased | Various | 12/09/2010 |
| 20 | 50000 PRAXAIR INC 4.375% 3/31/14 | Purchased | Various | 12/09/2010 |
| 21 | 219943 SHARES OF BEALL'S INC. STOCK | Donated | Various | 1/31/2010 |
| 22 | 1723.809 ALLIANZ FDS NFJ SMALLCAP VALUE FD | Purchased | Various | 2/12/2010 |
| 23 | 6537.308 EATON VANCE TAX-MGD VAL-I-IBT #3557 | | | 2, 22, 2020 |
| | | Purchased | Various | 2/12/2010 |
| 24 | 9843.44 RIDGEWORTH FD-LARGECAP CORE EOTY#983 | | | |
| | ~ | Purchased | Various | 2/12/2010 |
| 25 | 13753.942 RIDGEWORTH FD-INTL EQ #540 | Purchased | Various | 2/12/2010 |
| 26 | 3311.905 T ROWE PRICE REAL ESTATE SHS | Purchased | Various | 6/02/2010 |
| 27 | 50000 EMERSON ELEC CO 7.125% 08/15/10 | Purchased | Various | 8/15/2010 |
| 28 | 50000 GENERAL DYNAMICS 4.500% 8/15/10 | Purchased | Various | 8/15/2010 |
| | | | | |
| | | | | |

59-2851924

Statement 8 (continued)
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

| | _(e) | (f) | _(g) | (h) | <u>(i)</u> | (j) | (k) | (1) |
|---|----------|-----------------|--------------|----------------|------------|-----------|----------------|----------------|
| | Gross | Deprec. | Cost | Gain | FMV | Adj. Bas. | Excess | Gain |
| <u> Item</u> | Sales | <u> Allowed</u> | <u>Basis</u> | (Loss) | 12/31/69 | 12/31/69 | <u>(i)-(j)</u> | <u>(Loss)</u> |
| 1 | 214,187. | | 214,587. | -400. | | | | \$ -400. |
| 2 | 51,050. | | 50,271. | 779. | | | | 779. |
| 3 | 200,743. | | 183,070. | 17,673. | • | | | 17,673. |
| 4 | 287,889. | | 227,338. | 60,551. | | | | 60,551. |
| 5 | 126,109. | | 108,012. | 18,097. | | | | 18,097. |
| 6 | 169,339. | | 151,133. | 18,206. | • | | | 18,206. |
| 7 | 83,672. | | 64,682. | 18,990. | | | | 18,990. |
| 8 | 185,003. | | 132,402. | 52,601. | | | | 52,601. |
| 1 2 3 4 5 6 7 8 9 | 380,112. | | 323,216. | 56,896. | | | | 56,896. |
| 10 | 345,945. | | 280,496. | 65,449. | | | | 65,449. |
| 11 | 143,897. | | 129,573. | 14,324. | | | | 14,324. |
| 12 | 49,904. | | 43,121. | 6,783. | | | | 6,783. |
| 13 | 272,197. | | 272,738. | -541. | | | | -541. |
| 14 | 273,288. | | 272,738. | 550. | | | | 550. |
| 15 | 135,451. | | 108,167. | 27,284. | | | | 27,284. |
| 16 | 51,014. | | 51,107. | ´ - 93. | | | | · - 93. |
| 17 | 50,493. | | 50,556. | -63. | | | | -63. |
| 18 | 37,541. | | 36,157. | 1,384. | | | | 1,384. |
| 19 | 53,789. | | 50,716. | 3,073. | | | | 3,073. |
| 20 | 53,575. | | 51,665. | 1,910. | | | | 1,910. |
| 21 | 2067464. | | 1869516. | 197,948. | | | | 197,948. |
| 22 | 41,199. | | 34,752. | 6,447. | | | | 6,447. |
| 23 | 98,125. | | 132,511. | -34,386. | | | | -34,386. |
| 24 | 118,909. | | 93,160. | 25,749. | | | | 25,749. |
| 25 | 133,276. | | 162,142. | -28,866. | | | | -28,866. |
| 26 | 51,368. | | 43,121. | 8,247. | | | | 8,247. |
| 27 | 50,000. | | 50,367. | -367. | | | | -367. |
| 28 | 50,000. | | 50,914. | -914. | | | | -914. |
| | 20,000. | | , | | | | Total | |
| | | | | . · *** | | | | |

Statement 9 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Name of Grant Program:

Name:

Care Of:

Street Address: City, State, Zip Code:

Telephone:

Form and Content:

Submission Deadlines: Restrictions on Awards: FOUNDATION ADMINISTRATOR

PATRICIA JOHNSON 1806 38TH AVE. EAST BRADENTON, FL 34208

PRESCRIBED APPLICATION FORM - SEE ATTACHED COPY

NONE

SEE ATTACHED COPY

| 20 | 1 | 1 |
|----|---|---|
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R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

| Statement 10 | | |
|---------------|----------|----------|
| Form 990-PF, | | |
| Recipient Pai | d During | the Year |

| | Donee | Found- ation | Purpose of | | l |
|---|-----------------------|-----------------|-------------|--------|------|
| Name and Address | <u>Relationship</u> | Status | Grant | Amount | |
| Cherise Latta 815 Indian River St. Box 3421 Boca Raton, FL 33431 | Employee Dependent | | SCHOLARSHIP | \$ 417 | |
| Jielaan Khlaaf 1540 Derringer Rd Jacksonville, FL 32225 | Employee Dependent | | SCHOLARSHIP | 2,500 | ١. |
| John Dickens PO Box 15872 Fernandina Beach, FL 32035 | Employee Dependent | | SCHOLARSHIP | 3,125 | ٠. ا |
| Teryn Lambart 71 Oakland Hills Pl Rotonda West, FL 33947 | Employee Dependent | نو | SCHOLARSHIP | 5,000 | ۱. |
| Just for Girls 936 14th St.W. Bradenton, FL 34205 | NONE | | DONATIONS | 1,000 | ۱. [|
| Hope Family Services 1201 8th Ave W Bradenton, FL 34205 | NONE | | DONATIONS | 1,000 | ۱. ا |
| Junior Achievement 15201 Roosevelt Blvd., Suite 112 Clearwater, FL 33760 | NONE | | DONATIONS | 250 |). |
| Andrea Ellis 2221 23rd Avenue South St Petersburg, FL 33712 | Employee Dependent | | SCHOLARSHIP | 2,500 | ١. |
| Ashlie Odom 4369 Bayou Ridge Drive Pace, FL 32571 | Employee Dependent | | SCHOLARSHIP | 1,250 | ١. (|
| Briana Frazier 16832 Beach Road Perry, FL 32348 | Employee Dependent | | SCHOLARSHIP | 6,250 | ١. (|
| Brittany Bondy 3577 Deerwood Trail Melbourne, FL 32934 | Employee Dependent | .1 ** | SCHOLARSHIP | 1,250 | ۱. ا |
| Chad Deskins 402 East Poinsettia Street Lakeland, FL 33803 | Employee Dependent | | SCHOLARSHIP | 2,500 |). |

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R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|---|-----------------------|---------------------------|---------------------|-----------|
| Heidi Khlaaf 1540 Derringer Road Jacksonville, FL 32225 | EmployeeDependent | | SCHOLARSHIP | \$ 5,000. |
| Jenna Pincas 12574 Oak Run Court Boyton Beach, FL 33436 | Employee Dependent | | SCHOLARSHIP | 2,500. |
| Morgan Carlton 356 Willow Lane Ellenton, FL 34222 | Employee Dependent | | SCHOLARSHIP | 7,500. |
| Thomas Liggieri 13915 Newport Shores Drive Hudson, FL 34669 | Employee Dependent | | SCHOLARSHIP | 5,000. |
| Palmetto Youth Center 501 17th Street West Palmetto, FL 34221 | NONE | | DONATIONS | 25,000. |
| Bradenton Country Club 4646 9th Avenue West Bradenton, FL 34209 | NONE | | DONATIONS | 750. |
| Florida School Choice Fund 337 South Plant Avenue Tampa, FL 33606 | NONE | | DONATIONS | 500. |
| Ashley Clark 628 Sea View Drive Destin, FL 32541 | Employee Dependent | | SCHOLARSHIP | 937. |
| Ashley Jacobs 1024 Grandeur Street Palm Bay, FL 32909 | Employee Dependent | | SCHOLARSHIP | 1,250. |
| Corey Daharsh 6482 Harold Avenue Cocoa, FL 32927 | Employee Dependent | | SCHOLARSHIP | 3,750. |
| Dominique Walker 304 25th Street East Palmetto, FL 34221 | Employee Dependent | | SCHOLARSHIP | 1,250. |
| Jared Freeman 463 Louis Ed. Court Lakeland, FL 33809 | Employee Dependent | | SCHOLARSHIP | 937. |
| Nicolas Peters 217 Howey Road Sebring, FL 33872 | Employee Dependent | | SCHOLARSHIP | 2,500. |

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| _ | u | | |
| | | | |

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R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|--|-----------------------|---------------------------|---------------------|----------|
| Randee Pitkin 11057 Valencia Avenue Seminole, FL 33772 | Employee Dependent | | SCHOLARSHIP | \$ 5,000 |
| American Red Cross 2905 59th Street West Bradenton, FL 34209 | NONE | | DONATIONS | 73,671 |
| 13th Avenue Community Center 201 13th Avenue W Bradenton, FL 34205 | NONE . | | DONATIONS | 250 |
| Boy Scouts of America 1801 Boy Scout Drive Fort Myers, FL 33907 | NONE | | DONATIONS | 440 |
| Children's Academy of Southwest FL, Inc. 923 26th Street West Bradenton, FL 34205 | NONE | | DONATIONS | 500 |
| Alexis Arrazcaeta 3128 Latrobe Street New Port Richey, FL 34655 | Employee Dependent | | SCHOLARSHIP | 1,250 |
| Ashlie Law 21 Leidel Drive Palm Coast , FL 32137 | Employee Dependent | | SCHOLARSHIP | 7,500 |
| Benjamin Speakman 3015 SW 23rd Terrace Miami, FL 34984 | Employee Dependent | | SCHOLARSHIP | 2,500 |
| Cedrick Myrick 1815 3rd Ävenue West Palmetto, FL 34221 | Employee Dependent | | SCHOLARSHIP | 2,500 |
| Christina Miller 23020 SW Marine Boulevard Dunnellon, FL 34431 | Employee Dependent | * * | SCHOLARSHIP | 2,500 |
| Emily Beltran 238 Heritage Isles Way Bradenton, FL 34212 | Employee Dependent | | SCHOLARSHIP | 1,250 |
| Francisco Esparza 1917 Gerber Dairy Road Winter Haven, FL 33880 | Employee Dependent | | SCHOLARSHIP | 1,250 |

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Page 8

R.M. BEALL SR. CHARITABLE FOUNDATION

59-2851924

Statement 10 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

| Name and Address | Donee Relationship | Found- ation Status | Purpose of Grant | Amount |
|--|-----------------------|---------------------------|---------------------|--------------|
| Jennifer Oakley 2996 Seasons Boulevard Sarasota, FL 34240 | Employee Dependent | - | SCHOLARSHIP | \$ 1,250. |
| Joaquin Mendoza 4526 Busti Drive Sarasota, FL 34232 | Employee Dependent | | SCHOLARSHIP | 2,500. |
| Kari Truong 5309 36th Avenue Circle West Bradenton, FL 34209 | Employee Dependent | | SCHOLARSHIP | 625. |
| Katelyn Gooden 2675 Bantry Bay Drive Tallahassee, FL 32309 | Employee Dependent | | SCHOLARSHIP | 625. |
| Kyle Hemsley 9820 55th Way Pinellas Park, FL 33782 | Employee Dependent | | SCHOLARSHIP | 2,500. |
| Leah Stewart 6350 Grand Oak Circle # 101 Bradenton, FL 34203 | Employee Dependent | | SCHOLARSHIP | 5,000. |
| Melvin Melendez 1055 SW 62nd Boulevard Gainesville, FL 32607 | Employee Dependent | | SCHOLARSHIP | 1,250. |
| Myrline Joseph 1802 9th Avenue East Bradenton, FL 34208 | Employee Dependent | | SCHOLARSHIP | 937. |
| Nicole Damico 83 Mayfield Circle Ormond Beach, FL 32174 | Employee Dependent | | SCHOLARSHIP | 1,250. |
| Nirmankdmar Gadhiya 2320 46th Avenue West Apt. 23 | Employee Dependent | | SCHOLARSHIP | 2,500. |
| Bradenton, FL 34207 Patrick Bailey 5202 17th Avenue West Bradenton, FL 34209 | Employee Dependent | | SCHOLARSHIP | 2,187. |
| Sarah Osoria - Ruiz 2807 31st Avenue East Bradenton, FL 34208 | Employee Dependent | | SCHOLARSHIP | 2,500. |

| Amount 1,250 2,500 209,401 |
|----------------------------|
| 1,250 2,500 |
| 1,250 2,500 |
| 2,500 |
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| 209,401 |
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R.M. Beall, Sr. Charitable Foundation R.M. Beall, Sr. Charitable Operating Foundation Robert and Aldona Beall Family Foundation P.O. Box 25207 Bradenton, FL 34206-5207 941.744.4455 (Phone) 941.747.0857 (Fax) foundations@bealisinc.com

Palmetto Youth Center Scholarship Program

Sponsored by Beall's Foundations

The Palmetto Youth Center scholarship program, sponsored by the Beall's Foundations, is designed to give students with the will and ability, an opportunity to make the most of their educational career. The purpose is to ensure young people that have participated in the Palmetto Youth Center and have demonstrated drive and ability are able to take full advantage of their high school and college experience and earn an academic degree/diploma within four years.

Scholarship Rules

Selection Criteria

Selection will be determined based on the following factors:

- Extent of involvement with the Palmetto Youth Center
- Academic achievement
- Involvement in extracurricular activities
- ♦- Financial need
- Correctly completed scholarship application and accompanying information
- ♦ Interview with the Palmetto Youth Center Scholarship Committee

Description of Scholarship Program and Benefits

Each year the Beall's Foundations may select students to receive a scholarship award. The Trustees of the Foundation may award up to \$2,500 (per year) to help fund college education for the first two years and up to \$5,000 for years three and four. The scholarship can be used for room and board, tuition, fees, and books.

Any interested student can request a Scholarship Application Form from the Foundation or from the Palmetto Youth Center. The form must be submitted by the deadline determined by the Palmetto Youth Center to be considered. A decision will be made in April or May.

Eligibility Requirements for a Foundation Scholarship

Applicant must:

- ♦ Be a member of the Palmetto Youth Center
- ♦ Have a minimum of 2.5 GPA (A=4 0)
- ♦ Be formally accepted to a Florida Secondary, two-year or four-year accredited institution

Completed applications should be returned to:

Scholarship Committee Chairperson Palmetto Youth Center PO Box 608 Palmetto, FL 34220

R.M. Beall, Sr. Charitable Foundation R.M. Beall, Sr. Charitable Operating Foundation Robert and Aldona Beall Family Foundation P.O. Box 25207 Bradenton, FL 34206-5207 941.744.4455 (Phone) 941.747.0857 (Fax) foundations@beallsinc.com

Qualifications for Continuing Eligibility of a Foundation Scholarship

- 1. Recipients will be at risk of losing the scholarship if they fail to maintain at least a 2.5 (A=4.0) GPA each semester and overall. Demonstrated effort as well as the difficulty of school and major will be considered.
- 2. Suspension or expulsion will automatically terminate scholarship assistance.
- 3. Convictions in court of law may terminate scholarship assistance.
- 4. The student must maintain a full course load (generally 12 hours) as specified by the school recipient is attending.
- 5. The student must have official transcripts sent directly from the school to Beall's Foundations at the end of each grading period.
- 6. The student must send a copy of their new class schedule for the next grading period to Beall's Foundations.
- 7. The student must volunteer at minimum of 10 hours at the Palmetto Youth Center annually. The volunteer hours must be performed during the period August July of each year. If the student does not fulfill the minimum requirement, they may lose their scholarship funding.
- 8. The student must attend the Annual Martin Luther King banquet sponsored by the Palmetto Youth Center. The banquet is held in January of each year.
- 9. The student must attend mandatory Scholarship Retreats that will be held twice a year.
- 10. During June and December of each year that the student is eligible and wants to continue receiving the scholarship for the next academic year, he or she must complete the scholarship certification form. This form details scholarship eligibility requirements, due dates, and other pertinent information. In addition to completing the form, the following must be attached:
 - ♦ Official Transcript
 - Financial Aid Award Letter or Summary
- Class Registration Schedule
- ♦ College Acceptance Letter (new students)

While it is the intent of the Foundations is to continue the funding of qualified recipients for four years, this is not guaranteed and is at the discretion of the Foundation and the availability of funds. Additionally, the Palmetto Youth Center Scholarship Committee will evaluate the program annually and may make changes to program at that time.

Mentor Program

The mentor program was designed to provide an opportunity for constructive dialogue and sharing of wisdom that will enhance the student's ability to have a successful college career. Below are guidelines for the program.

- + Each student will be assigned a mentor of the same gender.
- The mentor and student should meet before and after each grading period. Frequent meetings should help develop a rapport between the student and the mentor. The mentor should discuss the student's class schedule including number of classes the student is taking, grades, etc.
- 4 The student is required to inform mentor any time there is a schedule or major subject change.
- Mentors should make a student status report to the board after each grading period.

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| Acknowledgment | |
|--|--|
| I acknowledge that I have read the above scholarship rules with the rules my scholarship assistance may be terminated. | and will abide by them. I understand that if I do not comply |
| Applicant | Date |
| Parent(s) or Guardian(s) of Applicant | Date |

NOTE: Copies of the signed acknowledgement form should be given to the student and the Palmetto Youth Center Chairperson. The original document will be placed in the student's scholarship file maintained by the Foundation Administrator.

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Palmetto Youth Center Scholarship Program

Sponsored by Beall's Foundations

| | Scholarship Application |
|----------|---|
| Name: | Last, First, Middle |
| Address | Street or Box Number |
| | City, State, Zip Code |
| Home P | Phone #: |
| Social S | Security #: |
| Date of | Birth: |
| Require | ed Information |
| 1. Plea | se provide a one-page summary stating why you wish to attend school (high school or college) and why need financial assistance. |
| 2. Plea | se provide a transcript of your high school and, if applicable, college scholastic record. |
| 3. Plea | ase indicate the school you plan to attend. |
| 4. Plea | se indicate the major course of study you will be pursuing. |
| 5. Plea | ase list other assistance applied for and status: |
| 6. Plea | ase list extracurricular activities: |
| | |

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| <u>on</u> |
|---|
| n employed by Beall's: Last, First, Middle Date of Hire |
| ent children in your family besides yourself: |
| Guardian's Name: |
| |
| Guardian's Gross Income:* |
| Income:* |
| Guardian's Employer & Address: Mother's Employer & Address: |
| arent household, please indicate if financial support is not provided by parent |
| |
| |
| nded: Dates: |
| School: |
| |
| Dates: GP. |

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| Current Job: | | Average Hours V | Average Hours Worked:Address: | | |
|--|------------------------------|---------------------------|-------------------------------|--|--|
| Company Name: | | | | | |
| Phone Number: | | | | | |
| From Month/Year | To Month/Year | Position Title | Salary Start/End | | |
| Brief description of duties | : | | | | |
| Previous job | | Average Hours Worked: | | | |
| Company Name: | | Address: | Address: | | |
| Phone Number: | | Supervisor: | | | |
| From Month/Year | To Month/Year | Position Title | Salary Start/End | | |
| Brief description of duties: | | | | | |
| rences wo character references not re | elated to you – teachers, cl | ub/team leaders, employer | s or religious leaders. | | |
| a | Relationship | b. Name | Relations | | |
| Mante | Konnomiah | 1 7 144140 | 1/01401120 | | |
| Street or Box Number | | Street or Box Number | | | |

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| Have you been convicted of any offense within the last five years? | 0 | Yes | 0 | No | | |
|---|---------|--------|-------------|----------|----------|-----|
| If your answer is "yes," on a separate sheet of paper explain the disposition of the case. | details | and | indicate | when, | where | and |
| I certify that I have not knowingly withheld any facts of circumstances further agreed that any misrepresentation by me in this application vapplication. I authorize The Beall's Foundations to conduct an investigand will not hold anyone liable who supplies information. | will be | suffic | ient cause | e for re | ejecting | the |
| Student's Signature | Date | ; | | _ | | |
| Parent/Guardian Signature | Date | | | | | |

Return the fully completed application and accompanying information to:

Scholarship Committee Chairperson Palmetto Youth Center PO Box 608 Palmetto, FL 34220

R.M. Beall, Sr. Charitable Foundation R.M. Beall, Sr. Charitable Operating Foundation Robert and Aldona Beall Family Foundation P.O. Box 25207 Bradenton, FL 34206-5207 941.744.4455 (Phone) 941.747.0857 (Fax) foundations@bealisinc.com

SCHOLARSHIP APPLICATION - EMPLOYEES

| Na | me: | | | | Local Phone # | | | |
|------|---|-------------------|---|---------------------|--------------------------------|------------------------------------|----------------------------|--|
| 110 | 1110. | Last | First | Middle | Social | | | |
| Ado | dress: . | Street or Box N | umber | | Security #: | | | |
| | | | | | Email Address: | | | |
| | • | City | Stale | Zip ! | Present | | | |
| Birt | h date: | | | | Age: | | | |
| Rec | quired l | Information | | | | | 20 03, 440, 241 | |
| 1. | Plea | ase provide a o | ne page <u>summar</u> | γ stating why you | wish to attend college and v | why you need financial assistance. | | |
| 2. | Plea | ase provide a tr | anscript of your h | nigh school and, if | applicable, college scholast | ic record. | - 1 | |
| 3. | Plea | ase indicate the | school you plan | to attend | | | j | |
| 4. | Plea | ase indicate the | major course of | study you will be p | ursuing. | | | |
| 5 | Plea | ase list other as | sistance applied t | for and status: | | | | |
| 6. | Dios | ee liet extracur | ricular activities: | | | | | |
| U. | rice | ase hat extracur | - | | | | | |
| | | | | | | · | | |
| Fam | ilv Info | ormation: | | | | | - | |
| 1 | | | nployed by Beall's | ·· | | | | |
| 1 | Pale | envouardian en | ipioyed by Deali's | Name | | Date of Hire | | |
| | Employ | yee# | | Relationship | | Store Number/Department/Title | | |
| 2. | Num | nber and ages o | f dependent child | Iren in your family | besides yourself: | | | |
| 3. | Fath | er's Name: | | | Mother's Name: | | | |
| 4. | *Fatt | her's Annual Gr | oss income**: | | *Mother's Annual Gross | Income** | | |
| 5. | Fath | er's Employer & | Address. | | Mother's Employer & Ac | ddress: | | |
| | | | | | | | | |
| | | | | | | | | |
| 6. | 6. I am the first to go to college in my family Yes No. | | | | | | | |
| | • | | ent household, please e before taxes and oth | | not provide financial support. | | | |
| Educ | ation | | | | | | | |
| | | ols attended: | | | | | | |
| | High - | School: | | | Dates: | | | |
| | Colle | ge: | | | Dates | GPA: | | |

Revised: 02/06

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SCHOLARSHIP APPLICATION - EMPLOYEES, continued

| Work History | | | | | | | |
|--|---|-----------------------|--------------|--------------|--|--|--|
| <u>Current Job:</u> | | Average Hours Worked: | | | | | |
| Name: | | Address: | | | | | |
| Phone#: | | Supervisor: | | | | | |
| t. From MonthYear | tto Manjh Yeat | Position Edit | Salary | Stant-nd | | | |
| Brief description of duties: | | | | | | | |
| Previous Job: | | Average Hours Worked: | | | | | |
| Name: | | Address: | | | | | |
| Phone#: | | Supervisor: | | | | | |
| From Month/Year | To Month/Year | Position Title: | Salary S | tait/End==== | | | |
| Brief description of duties: | | | | | | | |
| | | | | | | | |
| References List two character references not related to you - teachers, club/team leaders, employers or religious leaders. (Reference letters are attached.) | | | | | | | |
| a | Relationship | b | Relationship | | | | |
| remo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Street or Box Number | | Street or Box Number | | | | | |
| City State | Σip | Cily St | ale Zip | | | | |
| | | | | | | | |

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Revised: 02/06

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SCHOLARSHIP APPLICATION - EMPLOYEES, continued

| | any offense within the last five years . separate sheet of paper explain the detail | yes | no , where and disposition of the | | | |
|---|---|-----|-----------------------------------|--|--|--|
| I certify that I have not knowingly wiithheld any facts of circumstances in completing this application and it is further agreed that any misrepresentation by me in this application will be sufficient cause for rejecting the application. I authorize Beall's, Inc. to conduct an investigation of the contents of this application and will not hold anyone liable who supplies information. | | | | | | |
| Student's Signature | Parent/Guardian Signature | | Date | | | |
| Return the fully completed application to: R. M. Beall, Sr. Charitable Foundation | | | | | | |
| • | P. O. Box 25207 | | | | | |
| | Bradenton, Florida 34206-5207 | | | | | |
| | | | | | | |

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Revised: 02/06

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REFERENCE Date Name Address Address (Student) has given your name as a reference in applying for a college scholarship. We would appreciate your assistance in our selection process by answering a few questions and returning this letter to us at the following address: R.M. Beall, Sr. Charitable Foundation 1806 38th Avenue E. Bradenton, FL 34208 Thank you very much. Sincerely, Patricia A. Johnson R.M. BEALL, SR. CHARITABLE FOUNDATION Patricia A. Johnson Charitable Foundation Administrator How long have you known the student? _____ In what capacity? What, in your opinion, is his/her capacity for academic success in college? Excellent Moderate Poor Don't know ____ How well do his/her accomplishments match his/her ability? ► Works unusually hard to achieve ____ ► Achievement generally reflects ability

S:/rmbsrfnd/scholarships/applications/Scholarship Application Beall's

Tends to underachieve ____

➤ Don't know ____

Revised: 02/06

Reference Page 1

R.M. Beall, Sr. Charitable Foundation R.M. Beall, Sr. Charitable Operating Foundation Robert and Aldona Beall Family Foundation P.O. Box 25207 Bradenton, FL 34206-5207 941.744.4455 (Phone) 941.747.0857 (Fax) foundations@beallsinc.com

REFERENCE - Page 2

| How would you rate his/her integrity? | |
|--|-------------|
| High Moderate Low Don't know | |
| Do you recommend him/her for a scholarship? | |
| Yes, strongly Yes, with some reservations No | |
| Additional Remarks: | |
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| I hereby certify that the information I have provided on these pages is accurate and | true. |
| Signature: Date: | |

Reference Page 2

R.M. Beall, Sr. Charitable Foundation R.M. Beall, Sr. Charitable Operating Foundation Robert and Aldona Beall Family Foundation P.O. Box 25207 Bradenton, FL·34206-5207 941.744.4455 (Phone) 941.747.0857 (Fax) foundations@beallsinc.com

REFERENCE

| Name |
|--|
| Address |
| |
| Address |
| |
| Dear: |
| (Student) has given your name as a reference in applying for a college scholarship. We would appreciate your assistance in our selection process by answering a few questions and returning this letter to us at the following address: R.M. Beall, Sr. Charitable Foundation 1806 38 th Avenue E. Bradenton, FL 34208 |
| Thank you very much. |
| Sincerely, |
| Patricia A. Johnson |
| R.M. BEALL, SR. CHARITABLE FOUNDATION Patricia A. Johnson Charitable Foundation Administrator . |
| How long have you known the student? |
| In what capacity? |
| What, in your opinion, is his/her capacity for academic success in college? |
| Excellent Moderate Poor Don't know |
| How well do his/her accomplishments match his/her ability? |
| ➤ Works unusually hard to achieve ➤ Achievement generally reflects ability ➤ Tends to underachieve ➤ Don't know |

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REFERENCE - Page 2

| How would you rate | his/her integrity? | | | |
|---------------------------|---------------------|----------------|-------------------|--------------------|
| High | Moderate | Low | Don't know | |
| Do you recommend | d him/her for a sch | nolarship? | | |
| Yes, strongly | Yes, with | n some reserv | ations | No |
| Additional Remarks: | | | | |
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| I hereby certify that the | ne information I ha | ave provided o | on these pages is | accurate and true. |
| Signature: | | | Date | e |

(Rev. January 2011)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

OMB No. 1545 1709

X

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number Name of exempt organization Type or print R.M. BEALL SR. CHARITABLE FOUNDATION 59-2851924 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions |1806 38TH AVE EAST instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions BRADENTON, FL 34208 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Return Application Code ls For Code Form 990 01 Form 990-T (corporation) 07 90 Form 1041-A Form 990-BL 02 03 Form 4720 09 Form 990-EZ 10 Form 990-PF 04 Form 5227 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 The books are in the care of ► MICHAEL MADDALONI Telephone No ► (941) 747-2355 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group If it is for part of the group, check this box check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/16, 20 11, to file the exempt organization return, for the organization named above The extension is for the organization's return for X calendar year 20 10 or _____, 20 ____, and ending ______, 20 ____. tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any 6,028. nonrefundable credits. See instructions. 3a|\$ b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3ы\$ payments made Include any prior year overpayment allowed as a credit 6,028. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2011)

BAA For Paperwork Reduction Act Notice, see Instructions.