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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

## B Check if applicable

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization WARREN P. POWERS CHARITABLE FOUNDATION  
PATRICK D. POWERS, TRUSTEE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1050 TALLEYRAND AVENUE

City or town, state or country, and ZIP + 4

JACKSONVILLE, FL 32206

F Name and address of principal officer

D Employer identification number

59-6935247

E Telephone number

(904) 353-5533

G Gross receipts \$ 3,922,907.

H(a) Is this a group return for affiliates? Yes ☐ No ☒H(b) Are all affiliates included? Yes ☐ No ☒

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other

L Year of formation 1989 M State of legal domicile FL

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1.
	6	Total number of volunteers (estimate if necessary)	6	9.
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	211,563.	30,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-97,063.	117,871.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	706,784.	375,351.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	821,284.	523,222.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	157,422.	169,497.
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	59,000.	93,590.
16b		Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	66,282.	48,947.
18		Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	282,704.	312,034.
19		Revenue less expenses. Subtract line 18 from line 12	538,580.	211,188.
20		Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21		Total liabilities (Part X, line 26)	3,337,603.	3,548,791.
22		Net assets or fund balances - Subtract line 21 from line 20	1,145.	1,156.
Net Assets or Fund Balances			3,336,458.	3,547,635.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	Date				
	NANCY M. POWERS	8/2/11				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	JAMIE JOLLES	J. Jolles	7-29-11	<input type="checkbox"/>	P00293744	
	Firm's name	HEINZ & COMPANY, LLP.	Firm's EIN	20-3903040		
	Firm's address	7545 CENTURION PARKWAY, SUITE 206 JACKSONVILLE, FL 32256	Phone no	904-652-2230		
May the IRS discuss this return with the preparer shown above? (see instructions)						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

JSA  
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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

SEE FOOTNOTE ATTACHED TO END OF RETURN

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code: ) (Expenses \$ 172,485. including grants of \$ 169,497. ) (Revenue \$ 30,000. )

SEE FOOTNOTE ATTACHED TO END OF RETURN

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 172,485.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b> X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	X

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 1		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 9		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 5		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Does the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . <b>7a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . <b>12a</b>	X	
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . <b>12c</b>		X
<b>13</b> Does the organization have a written whistleblower policy? . . . . . <b>13</b>		X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . . <b>14</b>		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► FL,

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► NANCY POWERS 1050 TALLEYRAND AVE JACKSONVILLE, FL 32206  
 904-353-5533

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY POWERS EXECUTIVE DIRECTOR	8.00	X						60,000	0	0
(2) FATHER JAMES BODDIE TRUSTEE	1.00	X						0	0	0
(3) TRUDY HARRIS TRUSTEE	1.00	X						0	0	0
(4) SIDNEY SIMMONS TRUSTEE	1.00	X						0	0	0
(5) PATRICK D. POWERS TRUSTEE	1.00	X						0	0	0
(6) THOMAS J. POWERS TRUSTEE	1.00	X						0	0	0
(7) FRANK JAPOUR TRUSTEE	1.00	X						0	0	0
(8) JANE A. COLLINS TRUSTEE	1.00	X						0	0	0
(9) MOLLIE A. O'NEIL TRUSTEE	1.00	X						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
<b>1b Sub-total</b> .....								60,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								60,000.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	30,000.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			30,000.		
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			0.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ATTACHMENT 1 . . . . .			126,397.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0.		
	<b>5</b>	Royalties . . . . .			0.		
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .			-89.		
	<b>7a</b>	(i) Securities	(ii) Other				
		3,385,778.	5,381.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
		3,398,637.	1,048.				
	<b>c</b>	Gain or (loss) . . . . .			-12,859.		
	<b>d</b>	Net gain or (loss) . . . . .			-8,526.		
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			0.		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .			0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			0.			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	UNREALIZED GAINS . . . . .			360,442.			
<b>b</b>	GRANT REFUND . . . . .			15,000.			
<b>c</b>	ML-CSP II A TRUST - ORDINARY INCOME . . . . .			-2.			
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			375,440.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			523,222.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	169,497.	169,497.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	60,000.		60,000.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	0.			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . .	29,000.		29,000.	
<b>9</b> Other employee benefits . . . . .	0.			
<b>10</b> Payroll taxes . . . . .	4,590.		4,590.	
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	2,100.	350.	1,750.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services See Part IV, line 17	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other . . . . .	0.			
<b>12</b> Advertising and promotion . . . . .	0.			
<b>13</b> Office expenses . . . . .	0.			
<b>14</b> Information technology . . . . .	0.			
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	0.			
<b>17</b> Travel . . . . .	2,142.	2,142.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	22.		22.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0.			
<b>23</b> Insurance . . . . .	0.			
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> PROFESSIONAL FEES . . . . .	25,809.		25,809.	
<b>b</b> PORTFOLIO EXPENSES . . . . .	9,955.		9,955.	
<b>c</b> POSTAGE . . . . .	183.		183.	
<b>d</b> BANK CHARGES . . . . .	339.		339.	
<b>e</b> MEALS & ENTERTAINMENT . . . . .	496.	496.		
<b>f</b> All other expenses . . . . .	7,901.		7,901.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	312,034.	172,485.	139,549.	
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	88,081.	<b>2</b>	95,354.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D <b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . . <b>ATCH 2</b>	3,106,723.	<b>11</b>	3,210,807.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	142,799.	<b>15</b>	242,630.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,337,603.	<b>16</b>	3,548,791.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	1,145.	<b>25</b>	1,156.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,145.	<b>26</b>	1,156.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	5,660,005.	<b>30</b>	5,660,005.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	-2,323,547.	<b>32</b>	-2,112,370.
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	3,336,458.	<b>33</b>	3,547,635.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	3,337,603.	<b>34</b>	3,548,791.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	523,222.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	312,034.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	211,188.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	3,336,458.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-11.
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	3,547,635.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☒ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>		%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>		%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

## ATTACHMENT 1

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)	(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	
CATHOLIC CHARITIES - GAINESVILLE	59-1785681	01		X				
CASA TERESA	95-3251986	01		X				
CATHOLIC COMMUNITY SERVICES OF UTAH	59-1785681	01		X				
EMERGENCY PREGNANCY SERVICES	59-1728078	04		X				
LIFE TEEN, INC.	86-0602592	01		X				
FOOTHILLS FOOD BANK	UNKNOWN	01		X				
THOMAS HOUSE	33-0204757	01		X				
ASSOCIATION OF ST. LAWRENCE	59-3426484	01		X				
DIOCESE OF PHOENIX	UNKNOWN	01		X				
FRIENDS OF L'ARCHE ATLANTA	20-3091620	01		X				
KNIGHTS OF COLUMBUS LARKIN COUNSEL	UNKNOWN	01		X				
L'ARCHE HARBOR HOUSE	59-3117677	01		X				
LUMEN ENTERTAINMENT	UNKNOWN	01		X				
NATIONAL BLACK CATHOLIC APOSTOLATE	UNKNOWN	01		X				
PROJECT SOS	UNKNOWN	01		X				
SOCIETY OF ST. VINCENT DE PAUL	UNKNOWN	01		X				
ST. PHILLIP NERI CATHOLIC CHURCH	UNKNOWN	01		X				
WOMENS HELP CENTER	UNKNOWN	01		X				
TOTAL AMOUNT OF SUPPORT								

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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Schedule D (Form 990) 2010

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ \_\_\_\_\_ %  
**c** Term endowment ▶ \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations . . . . .  
**(ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ). . . . . ▶

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENTS, PARTNERSHIPS	242,630.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	
	242,630.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	1,156.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	
	1,156.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18).		<b>5</b>	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐ No

**Part II Grants and Other Assistance to Governments and Organizations In the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

<b>1</b>	<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
<b>(1)</b>	CATHOLIC CHARITIES BUREAU - ST. AUGUSTINE	59-0862770		25,000.				CHARITABLE
<b>(2)</b>	CASA TERESA	95-3251986		18,885.				CHARITABLE
<b>(3)</b>	LIFE TEEN, INC.	86-0602592		35,292.				CHARITABLE
<b>(4)</b>	FRIENDS OF L'ARCHE ATLANTA	20-3091620		25,000.				CHARITABLE
<b>(5)</b>	L'ARCHE HARBOR HOUSE	59-3117677		22,000.				CHARITABLE
<b>(6)</b>	NATIONAL CATHOLIC PARTNERSHIP ON DISABILITY	928		25,000.				CHARITABLE
<b>(7)</b>	TALLER SAN JOSE	59-3816355		13,320.				CHARITABLE
<b>(8)</b>								
<b>(9)</b>								
<b>(10)</b>								
<b>(11)</b>								
<b>(12)</b>								

- 2** Enter total number of section 501(c)(3) and government organizations ☐
- 3** Enter total number of other organizations ☐

**Schedule I (Form 990) (2010)**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						
<b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.						



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ \$										

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PATRICK POWERS	TRUSTEE	25,214.	INVESTMENT MANAGEMENT FEES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

**PART VI**

**SECTION A. LINE 2.**

NANCY POWERS, PATRICK POWERS, THOMAS POWERS AND JANE COLLINS ARE ALL  
SIBLINGS. PATRICK POWERS ALSO HAS A BUSINESS RELATIONSHIP WITH THE  
FOUNDATION THROUGH HIS INVESTMENT MANAGEMENT COMPANY, POWERS CAPITAL. HE  
PROVIDES INVESTMENT MANAGMENT SERVICES FOR THE ASSETS OF THE FOUNDATION.

**PART VI**

**SECTION C. LINE 19.**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.  
THE ORGANIZATION DOES NOT MAINTIAN A WEBSITE IN WHICH THE ABOVE ITEMS ARE  
POSTED.

**PART XI**

**LINE 5**

PAYROLL LIABILITIES INCREASED FROM \$1,145 IN 2009 TO \$1,156 IN 2010. THIS  
\$11 INCREASE IN PAYROLL LIABILIES DECREASED THE FUND BALANCE AMOUNT.

Name of the organization **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**

Employer identification number  
**59-6935247**

ATTACHMENT 1FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	103,414.			
INTEREST INCOME	5,740.			
DIVIDEND INCOME - ML-CSP II A TRUST	4,072.			
INTEREST INCOME - ML-CSP II A TRUST	13,171.			
TOTALS	<u>126,397.</u>			

ATTACHMENT 2FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
INVESTMENTS, MUTUAL FUNDS	778,853.	912,598.	FMV
INVESTMENTS, STOCKS	2,327,870.	2,298,209.	FMV
TOTALS	<u>3,106,723.</u>	<u>3,210,807.</u>	

**SCHEDULE D**  
**(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses****► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2010**Name of estate or trust **WARREN P. POWERS CHARITABLE FOUNDATION**  
**PATRICK D. POWERS, TRUSTEE**Employer identification number  
**59-6935247****Note:** Form 5227 filers need to complete *only* Parts I and II.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	<b>-39,472.</b>
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ►	<b>5</b>	<b>-39,472.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	<b>31,994.</b>
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ►	<b>12</b>	<b>31,994.</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

<b>Part III Summary of Parts I and II</b>		<b>(1) Beneficiaries'</b> (see instr.)	<b>(2) Estate's</b> or trust's	<b>(3) Total</b>
<b>Caution: Read the instructions before completing this part.</b>				
<b>13 Net short-term gain or (loss)</b> . . . . .	<b>13</b>			-39,472.
<b>14 Net long-term gain or (loss):</b>				
<b>a</b> Total for year . . . . .	<b>14a</b>			31,994.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrkst) . . . . .	<b>14b</b>			
<b>c</b> 28% rate gain . . . . .	<b>14c</b>			
<b>15 Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>			-7,478.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of:	<b>16</b>	( 3,000 )
<b>a</b> The loss on line 15, column (3) or <b>b</b> \$3,000		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	<b>21</b>		
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23. . . . .	<b>25</b>		
<b>26</b> Subtract line 25 from line 24. . . . .	<b>26</b>		
<b>27</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31 <input type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>27</b>		
<b>28</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b> Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b> Multiply line 29 by 15% (.15) . . . . .	<b>30</b>		
<b>31</b> Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>		
<b>32</b> Add lines 30 and 31 . . . . .	<b>32</b>		
<b>33</b> Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>		
<b>34</b> <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>		

Schedule D (Form 1041) 2010

**Department of the Treasury**  
**Internal Revenue Service**

▶ **See instructions for Schedule D (Form 1041).**  
▶ **Attach to Schedule D to list additional transactions for lines 1a and 6a.**

2010

Name of estate or trust

WARREN P. POWERS CHARITABLE FOUNDATION

Employer Identification number

59-6935247

### Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

[illegible]

<b>1b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . .	<b>-39,472.</b>
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**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.**

Schedule D-1 (Form 1041) 2010

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PAGE 33

Employer Identification number

[illegible]

<b>6b Total.</b> Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . .	31,994.
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5/3/2011

Realized Gains and Losses  
Fiscal Year Ending 12/31/2010

Warren P. Powers Foundation Charitable Trust ML Acct #: 2SD-02220

Charitable Foundation Trust (Merrill)  
8141 E. Kaiser Blvd., Ste 300  
Patrick D. Powers TTEE  
Anaheim, CA 92808

Realized Gains and Losses

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Total Long Gains
NESTLE ADR	1/18/2008	12/10/2010	100	\$ 5,657.90	\$ 4,387.20		\$ 1,270.70
STARBUCKS	7/29/2004	3/31/2010	240	\$ 5,865.62	\$ 5,703.79		\$ 161.83
				<u>\$ 11,523.52</u>	<u>\$ 10,090.99</u>		<u>\$ 1,432.53</u>

5/3/2011

Realized Gains and Losses  
Fiscal Year Ending 12/31/2010

Warren P. Powers Foundation Charitable Trust-GS Acct #: 012-71508-2

Charitable Foundation Tr (GS)  
8141 E. Kaiser Blvd., Ste 300  
Patrick D. Powers TTEE  
Anaheim Hills, CA 92808

Realized Gains and Losses

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Total Long Gains
ARTIO GLOBAL INVESTORS	4/15/2010	11/17/2010	450	\$ 5,942.37	\$ 11,096.69	\$ (5,154.32)	
		Total Short Term		\$ 5,942.37	\$ 11,096.69	\$ (5,154.32)	
HEWLETT PACKARD	10/28/2008	3/29/2010	65	\$ 3,407.35	\$ 2,246.32		\$ 1,161.03
I SHARES NASDAQ BIOTECH	11/1/2007	3/29/2010	50	\$ 4,548.61	\$ 4,332.94		\$ 215.67
ITT CORPORATION	7/2/2003	8/3/2010	200	\$ 9,187.96	\$ 6,574.83		\$ 2,613.13
JONES LANG LASALLE	9/25/2006	4/15/2010	140	\$ 10,945.59	\$ 12,140.61		\$ (1,195.02)
MOSAIC CO	10/28/2008	4/15/2010	190	\$ 10,495.33	\$ 5,598.80		\$ 4,896.53
TOTAL	1/16/2009	3/26/2010	242	\$ 13,765.31	\$ 12,184.18		\$ 1,581.13
TRANSOCEAN OFFSHORE	7/27/2006	4/30/2010	76	\$ 5,474.87	\$ 5,850.01		\$ (375.14)
TRANSOCEAN OFFSHORE	10/28/2008	4/30/2010	50	\$ 3,601.89	\$ 3,262.72		\$ 339.17
		Total Long Term		\$ 61,426.91	\$ 52,190.41		\$ 9,236.50

Realized Gains and Losses  
Fiscal Year Ending 12/31/2010

Warren P. Powers Foundation Charitable Trust PMG Acct #: 92109180

PMG  
8141 E. Kaiser Blvd., Ste.300  
Anaheim Hills, CA 92808

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Total Long Gains
Y R C WORLDWIDE	2/11/2009	1/4/2010	234.56	\$ 174.15	\$ 1,144.97	\$ (970.82)	
SANDRIDGE ENERGY	4/5/2010	7/26/2010	0.985	\$ 5.94	\$ 6.68	\$ (0.74)	
Y R C WORLDWIDE	2/11/2009	1/4/2010	0.16	\$ 0.46	\$ 0.78	\$ (0.32)	
SPECTRUM BRANDS 12XXX	3/4/2010	3/11/2010	1765	\$ -	\$ -	\$ -	
SEMPRA ENERGY	9/1/2009	6/18/2010	119	\$ 5,943.84	\$ 5,941.98	\$ 1.86	
SEMPRA ENERGY	9/1/2009	8/26/2010	36	\$ 1,846.18	\$ 1,797.58	\$ 48.60	
SEMPRA ENERGY	9/25/2009	8/26/2010	44	\$ 2,256.44	\$ 2,194.23	\$ 62.21	
SEMPRA ENERGY	9/3/2009	8/26/2010	45	\$ 2,307.73	\$ 2,209.60	\$ 98.13	
ALPINE GLOBAL PREMIER FND	3/5/2009	2/17/2010	50	\$ 304.52	\$ 114.82	\$ 189.70	
RCN	5/10/2010	8/27/2010	500	\$ 7,500.00	\$ 7,250.65	\$ 249.35	
COVANTA HLDG	4/28/2009	4/16/2010	3000	\$ 2,862.00	\$ 2,453.75	\$ 408.25	
CRYSTAL RIVER CAPITAL	12/21/2009	4/20/2010	1700	\$ 1,147.03	\$ 620.95	\$ 526.08	
ADFITECH INC	3/15/2010	6/25/2010	1174	\$ 917.46	\$ -	\$ 917.46	
ALPINE GLOBAL PREMIER FND	2/20/2009	2/17/2010	300	\$ 1,827.10	\$ 862.42	\$ 964.68	
ALPINE GLOBAL PREMIER FND	3/5/2009	3/3/2010	250	\$ 1,596.32	\$ 574.10	\$ 1,022.22	
MCCLATCHY CO HLDG CL A	2/5/2009	1/15/2010	400	\$ 1,993.10	\$ 282.50	\$ 1,710.60	
Total Short Term				\$ 30,682.27	\$ 25,455.01	\$ 5,227.26	
BLACKROCK LTD DURATION	9/22/2008	7/28/2010	350	\$ 5,897.54	\$ 4,640.82		\$ 1,256.72
BLACKROCK LTD DURATION	10/30/2008	7/28/2010	150	\$ 2,527.51	\$ 1,670.89		\$ 856.62
BLACKROCK PRFD & EQUITY TRUST	9/24/2008	4/6/2010	125	\$ 1,544.08	\$ 1,351.37		\$ 192.71
BLACKROCK PRFD & EQUITY TRUST	11/21/2008	4/6/2010	60	\$ 741.17	\$ 330.42		\$ 410.75
BLACKROCK PRFD & EQUITY TRUST	11/21/2008	9/13/2010	225	\$ 2,959.54	\$ 1,239.08		\$ 1,720.46
CRYSTAL RIVER CAPITAL	7/8/2008	3/25/2010	750	\$ 558.54	\$ 1,869.40		\$ (1,310.86)
CRYSTAL RIVER CAPITAL	11/21/2008	3/25/2010	950	\$ 707.49	\$ 664.26		\$ 43.23
EDISON INTL	10/2/2009	11/19/2010	150	\$ 5,637.19	\$ 4,892.61		\$ 744.58
FRANKLIN UNIVERSAL TRUST BEN INT	4/1/2009	6/21/2010	475	\$ 2,813.83	\$ 1,812.76		\$ 1,001.07
GENERAL COMMUNICATIONS	7/20/2007	11/29/2010	300	\$ 3,520.15	\$ 3,736.28		\$ (216.13)
GENERAL COMMUNICATIONS	7/24/2007	11/29/2010	100	\$ 1,173.38	\$ 1,217.69		\$ (44.31)
GENERAL COMMUNICATIONS	7/24/2007	12/7/2010	150	\$ 1,799.87	\$ 1,826.54		\$ (26.67)
GENERAL COMMUNICATIONS	7/24/2007	12/13/2010	200	\$ 2,493.48	\$ 2,435.38		\$ 58.10
GENERAL COMMUNICATIONS	8/6/2007	12/13/2010	50	\$ 623.37	\$ 569.47		\$ 53.90
GRUPO FIN INBURSA SA SER	1/30/2004	11/16/2010	493	\$ 2,100.20	\$ 616.25		\$ 1,483.95
HOOPER HOLMES	9/12/2007	3/11/2010	1500	\$ 1,631.57	\$ 2,873.91		\$ (1,242.34)
HOOPER HOLMES	9/12/2007	12/3/2010	600	\$ 405.55	\$ 1,149.56		\$ (744.01)
HOOPER HOLMES	1/16/2008	12/3/2010	900	\$ 608.35	\$ 1,277.33		\$ (668.98)
HOOPER HOLMES	2/25/2008	12/3/2010	600	\$ 405.55	\$ 377.42		\$ 28.13
HUNTSMAN	5/29/2008	1/6/2010	125	\$ 1,490.88	\$ 2,762.77		\$ (1,271.89)
HUNTSMAN	9/30/2008	1/6/2010	200	\$ 2,385.41	\$ 2,330.84		\$ 54.57
HUNTSMAN	9/29/2008	1/7/2010	200	\$ 2,397.90	\$ 1,587.93		\$ 809.97
HUNTSMAN	9/30/2008	1/7/2010	50	\$ 599.48	\$ 582.71		\$ 16.77
HUNTSMAN	1/6/2009	1/7/2010	50	\$ 599.48	\$ 175.14		\$ 424.34
ISTAR FINANCIAL	11/2/2007	3/16/2010	300	\$ 1,246.80	\$ 7,992.53		\$ (6,745.73)
ISTAR FINANCIAL	12/18/2007	3/16/2010	100	\$ 415.60	\$ 2,644.75		\$ (2,229.15)
ISTAR FINANCIAL	2/28/2008	3/16/2010	100	\$ 415.60	\$ 2,059.34		\$ (1,643.74)
ISTAR FINANCIAL	3/4/2008	3/16/2010	300	\$ 1,246.81	\$ 5,161.78		\$ (3,914.97)
ISTAR FINANCIAL	7/22/2008	3/16/2010	50	\$ 207.80	\$ 326.41		\$ (118.61)

ISTAR FINANCIAL	7/22/2008	3/17/2010	125	\$	548.20	\$	816.02	\$	(267.82)
ISTAR FINANCIAL	7/24/2008	3/17/2010	400	\$	1,754.24	\$	2,549.67	\$	(795.43)
ISTAR FINANCIAL	8/26/2008	3/17/2010	325	\$	1,425.33	\$	1,779.49	\$	(354.16)
JUPITER TELECOMM ORD F	8/1/2007	4/21/2010	3	\$	4,471.74	\$	2,304.89	\$	2,166.85
LIBERTY MEDIA CP A WI	9/19/2008	4/8/2010	175	\$	6,972.52	\$	2,492.27	\$	4,480.25
LIBERTY MEDIA CP A WI	9/19/2008	4/9/2010	25	\$	1,004.40	\$	356.04	\$	648.36
LIBERTY MEDIA CP A WI	9/30/2008	4/9/2010	175	\$	7,030.85	\$	2,299.35	\$	4,731.50
MCCLATCHY CO HLDG CL A	2/5/2009	4/22/2010	600	\$	3,668.74	\$	423.74	\$	3,245.00
MFS CHARTER INC TRUST	3/3/2009	4/8/2010	300	\$	2,800.05	\$	2,116.84	\$	683.21
NEWCASTLE INVESTMENT CORP	8/14/2008	4/6/2010	1800	\$	6,222.00	\$	3,157.47	\$	3,064.53
NEWCASTLE INVESTMENT CORP	8/14/2008	4/7/2010	1622	\$	6,007.91	\$	2,845.24	\$	3,162.67
NEWCASTLE INVST CLASS D	3/4/2009	4/13/2010	99	\$	1,557.20	\$	125.67	\$	1,431.53
NEWCASTLE INVST CLASS D	3/4/2009	4/26/2010	132	\$	1,987.00	\$	167.57	\$	1,819.43
NORTHSTAR REALTY FIN PFD	11/29/2007	10/12/2010	100	\$	1,996.02	\$	1,738.98	\$	257.04
PARK-OHIO HOLDINGS CORP	4/27/2005	12/7/2010	75	\$	1,566.37	\$	1,039.48	\$	526.89
PARK-OHIO HOLDINGS CORP	4/27/2005	12/8/2010	25	\$	530.65	\$	346.49	\$	184.16
PARK-OHIO HOLDINGS CORP	1/3/2006	12/8/2010	50	\$	1,061.28	\$	674.01	\$	387.27
PROLOGIS TRUST	12/3/2008	3/8/2010	10000	\$	9,610.71	\$	3,519.80	\$	6,090.91
PROLOGIS TRUST	12/16/2008	3/8/2010	4000	\$	3,844.29	\$	1,340.00	\$	2,504.29
RCN	12/29/2004	3/5/2010	19	\$	286.36	\$	-	\$	286.36
RCN	4/12/2005	3/5/2010	181	\$	2,727.94	\$	-	\$	2,727.94
RCN	10/11/2006	3/5/2010	34	\$	512.43	\$	-	\$	512.43
RCN	8/16/2007	3/5/2010	100	\$	1,507.15	\$	1,251.92	\$	255.23
RCN	9/28/2007	3/5/2010	166	\$	2,501.87	\$	2,052.38	\$	449.49
THORNBURG	3/6/2008	10/13/2010	8000	\$	327.33	\$	3,244.54	\$	(2,917.21)
THORNBURG	3/10/2008	10/13/2010	7000	\$	286.42	\$	2,026.38	\$	(1,739.96)
WESTRN ASSET VARBL RAXXX	3/13/2006	6/1/2010	177	\$	2,799.04	\$	3,010.71	\$	(211.67)
WHX CORP NEW	7/29/2005	4/14/2010	10.3	\$	43.30	\$	-	\$	43.30
WHX CORP NEW	10/1/2008	4/14/2010	10.3	\$	43.30	\$	144.20	\$	(100.90)
WHX CORP NEW	10/1/2008	4/14/2010	146.4	\$	615.47	\$	2,049.60	\$	(1,434.13)
WILLIAMS COMPANIES	9/9/2008	11/15/2010	150	\$	3,418.57	\$	3,864.23	\$	(445.66)
XL CAPITAL LTD CL A	2/20/2009	9/29/2010	400	\$	8,676.02	\$	1,293.34	\$	7,382.68
Y R C WORLDWIDE	1/17/2008	1/4/2010	469.44	\$	348.55	\$	5,405.75	\$	(5,057.20)
Y R C WORLDWIDE	1/17/2008	2/19/2010	0.24	\$	0.09	\$	0.11	\$	(0.02)
Y R C WORLDWIDE	1/17/2008	10/6/2010	0.32	\$	1.62	\$	3.51	\$	(1.89)
Y R C WORLDWIDE	1/17/2008	11/8/2010	493.098	\$	1,987.92	\$	5,402.13	\$	(3,414.21)
Y R C WORLDWIDE	2/11/2009	11/8/2010	237.902	\$	959.10	\$	1,145.75	\$	(186.65)

Total Long Term

\$ 140,256.10 \$ 121,163.21

\$ 19,092.89

Realized Gains and Losses  
Fiscal Year Ending 12/31/2010

Warren P. Powers Foundation Charitable Trust Schwab Acct #: 80684037

Charitable Foundation Trust (Schwab)  
8141 E. Kaiser Blvd., Ste 300  
Anaheim Hills, CA 92808

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Total Long Gains
S&P SPDRs	8/2/2010	6/30/2010	6636	\$ 683,487.49	\$ 745,497.19	\$ (62,009.70)	
S&P SPDRs	3/2/2010	1/28/2010	5342	\$ 578,879.67	\$ 600,983.95	\$ (22,104.28)	
NRG ENERGY	2/24/2010	12/21/2010	450	\$ 8,406.18	\$ 9,840.55	\$ (1,434.37)	
INTEL	10/23/2009	9/3/2010	541	\$ 9,945.60	\$ 10,687.86	\$ (742.26)	
LOOMIS SAYLES GLOBAL BND	11/3/2009	2/10/2010	2161.413	\$ 34,339.17	\$ 35,000.00	\$ (660.83)	
ARTIO INTL EQUITY I	12/29/2009	1/22/2010	472.555	\$ 12,961.12	\$ 13,430.01	\$ (468.89)	
ARTIO INTL EQUITY I	12/29/2009	8/13/2010	186.011	\$ 4,901.97	\$ 5,286.43	\$ (384.46)	
PIMCO COMMODITY REAL RETURN	12/30/2009	2/24/2010	234.158	\$ 1,883.91	\$ 1,945.85	\$ (61.94)	
LOOMIS SAYLES GLOBAL BND	12/11/2009	2/10/2010	61.338	\$ 974.50	\$ 990.00	\$ (15.50)	
SSGA EMERGING MARKETS	10/23/2009	1/22/2010	59.908	\$ 1,110.69	\$ 1,125.07	\$ (14.38)	
LOOMIS SAYLES GLOBAL BND	11/24/2009	2/10/2010	23.725	\$ 376.93	\$ 389.56	\$ (12.63)	
PIMCO TOTAL RETURN INSTL	11/30/2009	2/10/2010	71.838	\$ 784.31	\$ 793.09	\$ (8.78)	
LOOMIS SAYLES GLOBAL BND	10/27/2009	2/10/2010	25.521	\$ 405.46	\$ 412.67	\$ (7.21)	
LOOMIS SAYLES GLOBAL BND	1/26/2010	2/10/2010	31.406	\$ 498.96	\$ 505.33	\$ (6.37)	
SSGA EMERGING MARKETS	10/23/2009	1/22/2010	19.407	\$ 359.81	\$ 364.46	\$ (4.65)	
LOOMIS SAYLES GLOBAL BND	11/24/2009	2/10/2010	7.095	\$ 112.72	\$ 116.50	\$ (3.78)	
VANGUARD GNMA	11/30/2009	1/22/2010	21.144	\$ 226.97	\$ 230.47	\$ (3.50)	
GOLDMAN SACHS ABSOLUTE RETUR	12/30/2009	8/13/2010	18.828	\$ 168.39	\$ 171.52	\$ (3.13)	
LOOMIS SAYLES GLOBAL BND	9/22/2009	2/10/2010	24.672	\$ 391.98	\$ 394.75	\$ (2.77)	
JPM STRATEGIC INCOME	4/30/2010	8/13/2010	22.716	\$ 264.51	\$ 267.14	\$ (2.63)	
ROYCE TOTAL RETURN	3/11/2010	8/18/2010	6.756	\$ 75.19	\$ 77.42	\$ (2.23)	
PIMCO TOTAL RETURN INSTL	1/29/2010	2/10/2010	52.419	\$ 572.31	\$ 574.51	\$ (2.20)	
PIMCO TOTAL RETURN INSTL	10/30/2009	2/10/2010	89.455	\$ 976.65	\$ 978.64	\$ (1.99)	
PIMCO COMMODITY REAL RETURN	12/9/2009	2/24/2010	117.164	\$ 942.64	\$ 944.34	\$ (1.70)	
GOLDMAN SACHS ABSOLUTE RETUR	12/8/2009	8/13/2010	6.919	\$ 61.89	\$ 63.10	\$ (1.21)	
VANGUARD GNMA	10/30/2009	1/22/2010	22.745	\$ 244.15	\$ 245.19	\$ (1.04)	
JPM STRATEGIC INCOME	3/31/2010	8/13/2010	27.633	\$ 321.76	\$ 322.75	\$ (0.99)	
JPM STRATEGIC INCOME	7/30/2010	8/13/2010	38.829	\$ 452.13	\$ 452.75	\$ (0.62)	
ROYCE TOTAL RETURN	3/11/2010	8/18/2010	1.681	\$ 18.71	\$ 19.26	\$ (0.55)	
VANGUARD GNMA	9/30/2009	1/22/2010	24.927	\$ 267.57	\$ 267.96	\$ (0.39)	
PIMCO TOTAL RETURN INSTL	9/30/2009	2/10/2010	97.557	\$ 1,065.11	\$ 1,065.32	\$ (0.21)	
ROYCE TOTAL RETURN	6/10/2010	8/18/2010	2.5	\$ 27.82	\$ 27.60	\$ 0.22	
JPM STRATEGIC INCOME	9/30/2010	10/19/2010	15.344	\$ 180.52	\$ 179.83	\$ 0.69	
ROYCE TOTAL RETURN	6/10/2010	8/18/2010	10.049	\$ 111.85	\$ 110.94	\$ 0.91	
VANGUARD GNMA	8/31/2009	1/22/2010	27.308	\$ 293.13	\$ 292.20	\$ 0.93	
ROYCE TOTAL RETURN	12/9/2009	8/18/2010	1.643	\$ 18.22	\$ 17.17	\$ 1.05	
VANGUARD GNMA	12/30/2009	1/22/2010	15.725	\$ 168.80	\$ 167.63	\$ 1.17	
PIMCO TOTAL RETURN INSTL	12/9/2009	2/10/2010	47.45	\$ 518.05	\$ 516.73	\$ 1.32	
ROYCE TOTAL RETURN	9/9/2009	8/18/2010	1.626	\$ 18.04	\$ 16.41	\$ 1.63	
JPM STRATEGIC INCOME	5/28/2010	8/13/2010	31.592	\$ 367.87	\$ 366.15	\$ 1.72	
VANGUARD GNMA	7/31/2009	1/22/2010	27.991	\$ 300.45	\$ 298.66	\$ 1.79	
VANGUARD GNMA	3/31/2009	1/22/2010	29.323	\$ 314.76	\$ 312.88	\$ 1.88	
VANGUARD GNMA	4/30/2009	1/22/2010	29.661	\$ 318.38	\$ 316.48	\$ 1.90	
VANGUARD GNMA	12/31/2009	1/22/2010	20.241	\$ 217.27	\$ 215.36	\$ 1.91	
JPM STRATEGIC INCOME	8/31/2010	10/19/2010	15.9	\$ 187.06	\$ 184.92	\$ 2.14	
JPM STRATEGIC INCOME	2/26/2010	8/13/2010	35.054	\$ 408.18	\$ 405.92	\$ 2.26	
VANGUARD GNMA	5/29/2009	1/22/2010	29.021	\$ 311.52	\$ 309.07	\$ 2.45	
VANGUARD GNMA	12/30/2009	1/22/2010	40.885	\$ 438.86	\$ 435.83	\$ 3.03	



PRECISION CASTPARTS	11/16/2007	3/29/2010	50	\$	6,345.44	\$	6,710.78	\$	(365.34)
ROYCE TOTAL RETURN	7/30/2004	8/18/2010	468.475	\$	5,195.52	\$	5,120.43	\$	75.09
ROYCE TOTAL RETURN	12/9/2008	8/18/2010	0.563	\$	6.25	\$	4.63	\$	1.62
ROYCE TOTAL RETURN	12/9/2008	8/18/2010	1.074	\$	11.91	\$	8.83	\$	3.08
ROYCE TOTAL RETURN	12/9/2008	8/18/2010	12.164	\$	134.91	\$	99.99	\$	34.92
ROYCE TOTAL RETURN	12/9/2008	8/18/2010	23.209	\$	257.40	\$	190.78	\$	66.62
ROYCE TOTAL RETURN	3/11/2009	8/18/2010	6.844	\$	75.90	\$	45.65	\$	30.25
ROYCE TOTAL RETURN	3/11/2009	8/18/2010	13.058	\$	144.82	\$	87.10	\$	57.72
ROYCE TOTAL RETURN	6/10/2009	8/18/2010	4.358	\$	48.33	\$	40.18	\$	8.15
ROYCE TOTAL RETURN	6/10/2009	8/18/2010	8.316	\$	92.23	\$	76.67	\$	15.56
ROYCE TOTAL RETURN	7/30/2004	8/18/2010	446.438	\$	4,968.85	\$	4,879.57	\$	89.28
ROYCE TOTAL RETURN	8/25/2004	8/18/2010	119.839	\$	1,333.81	\$	1,330.36	\$	3.45
ROYCE TOTAL RETURN	10/4/2007	8/18/2010	1641.615	\$	18,271.18	\$	18,287.59	\$	(16.41)
SCHLUMBERGER LTD	10/29/2007	12/10/2010	70	\$	5,712.05	\$	7,002.10	\$	(1,290.05)
THIRD AVENUE REAL ESTATE VALUE	12/19/2007	10/19/2010	12.847	\$	294.09	\$	351.11	\$	(57.02)
THIRD AVENUE REAL ESTATE VALUE	12/19/2007	10/19/2010	15.462	\$	353.95	\$	422.58	\$	(68.63)
THIRD AVENUE REAL ESTATE VALUE	12/19/2007	10/19/2010	285.633	\$	6,538.51	\$	7,806.35	\$	(1,267.84)
THIRD AVENUE REAL ESTATE VALUE	2/1/2008	10/19/2010	121.598	\$	2,783.54	\$	3,400.00	\$	(616.46)
TRANSOCEAN OFFSHORE	2/1/2008	4/30/2010	15	\$	1,086.36	\$	1,852.07	\$	(765.71)
VALE S.A.	6/26/2008	3/29/2010	45	\$	1,435.71	\$	1,596.78	\$	(161.07)
VALE S.A.	8/22/2008	3/29/2010	75	\$	2,392.87	\$	1,988.95	\$	403.92
VALUE LINE EMERGING OPPORTUNI	8/19/2005	2/24/2010	452.35	\$	11,702.30	\$	12,227.02	\$	(524.72)
VALUE LINE EMERGING OPPORTUNI	10/19/2005	2/24/2010	552.675	\$	14,297.70	\$	14,839.32	\$	(541.62)
VALUE LINE EMERGING OPPORTUNI	6/22/2005	4/30/2010	91.585	\$	2,581.78	\$	2,443.49	\$	138.29
VALUE LINE EMERGING OPPORTUNI	10/19/2005	4/30/2010	192.204	\$	5,418.22	\$	5,160.68	\$	257.54
VALUE LINE EMERGING OPPORTUNI	2/16/2005	5/25/2010	94.589	\$	2,434.72	\$	2,500.00	\$	(65.28)
VALUE LINE EMERGING OPPORTUNI	5/5/2005	5/25/2010	596.421	\$	15,351.88	\$	15,000.00	\$	351.88
VALUE LINE EMERGING OPPORTUNI	6/6/2005	5/25/2010	382.117	\$	9,835.69	\$	10,000.00	\$	(164.31)
VALUE LINE EMERGING OPPORTUNI	6/22/2005	5/25/2010	358.19	\$	9,219.81	\$	9,556.51	\$	(336.70)
VALUE LINE EMERGING OPPORTUNI	12/23/2008	5/25/2010	32.801	\$	844.30	\$	642.24	\$	202.06
VANGUARD GNMA	7/28/2006	1/22/2010	2980.104	\$	31,988.76	\$	30,000.00	\$	1,988.76
VANGUARD GNMA	7/31/2006	1/22/2010	0.412	\$	4.42	\$	4.14	\$	0.28
VANGUARD GNMA	8/31/2006	1/22/2010	12.804	\$	137.43	\$	130.22	\$	7.21
VANGUARD GNMA	9/29/2006	1/22/2010	1.733	\$	18.60	\$	17.66	\$	0.94
VANGUARD GNMA	9/29/2006	1/22/2010	11.112	\$	119.27	\$	113.23	\$	6.04
VANGUARD GNMA	10/31/2006	1/22/2010	12.902	\$	138.49	\$	131.73	\$	6.76
VANGUARD GNMA	12/29/2006	1/22/2010	13.101	\$	140.62	\$	133.76	\$	6.86
VANGUARD GNMA	1/31/2007	1/22/2010	13.198	\$	141.67	\$	134.09	\$	7.58
VANGUARD GNMA	3/30/2007	1/22/2010	13.318	\$	142.96	\$	135.98	\$	6.98
VANGUARD GNMA	4/2/2007	1/22/2010	2583.692	\$	27,733.59	\$	26,392.68	\$	1,340.91
VANGUARD GNMA	4/30/2007	1/22/2010	13.38	\$	143.62	\$	136.61	\$	7.01
VANGUARD GNMA	4/30/2007	1/22/2010	39.666	\$	425.78	\$	404.99	\$	20.79
VANGUARD GNMA	5/31/2007	1/22/2010	9.688	\$	103.99	\$	97.95	\$	6.04
VANGUARD GNMA	5/31/2007	1/22/2010	46.864	\$	503.04	\$	473.80	\$	29.24
VANGUARD GNMA	6/29/2007	1/22/2010	0.004	\$	0.04	\$	0.04	\$	-
VANGUARD GNMA	6/29/2007	1/22/2010	57.583	\$	618.10	\$	576.41	\$	41.69
VANGUARD GNMA	7/31/2007	1/22/2010	57.518	\$	617.40	\$	578.06	\$	39.34
VANGUARD GNMA	8/31/2007	1/22/2010	57.705	\$	619.41	\$	584.55	\$	34.86
VANGUARD GNMA	9/28/2007	1/22/2010	57.692	\$	619.27	\$	586.73	\$	32.54
VANGUARD GNMA	6/10/2008	1/22/2010	1964.11	\$	21,082.94	\$	20,000.00	\$	1,082.94
VANGUARD GNMA	8/29/2008	1/22/2010	0.002	\$	0.02	\$	0.02	\$	-
VANGUARD GNMA	10/31/2008	1/22/2010	67.038	\$	719.59	\$	677.08	\$	42.51
VANGUARD GNMA	11/28/2008	1/22/2010	33.589	\$	360.55	\$	350.67	\$	9.88
VANGUARD GNMA	12/31/2008	1/22/2010	31.828	\$	341.64	\$	336.74	\$	4.90

Total Long Term

\$ 720,758.04 \$ 723,188.80

\$ (2,430.76)

Form **4797**Department of the Treasury  
Internal Revenue Service (99)**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**▶ **Attach to your tax return.**▶ **See separate instructions.**

OMB No 1545-0184

**2010**Attachment  
Sequence No **27**

Name(s) shown on return

WARREN P. POWERS CHARITABLE FOUNDATION  
PATRICK D. POWERS, TRUSTEE

Identifying number

59-6935247

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions).

**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo, day, yr)	<b>(c)</b> Date sold (mo, day, yr)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)

- 3**
- Gain, if any, from Form 4684, line 42

**3**

- 4**
- Section 1231 gain from installment sales from Form 6252, line 26 or 37

**4**

- 5**
- Section 1231 gain or (loss) from like-kind exchanges from Form 8824

**5**

- 6**
- Gain, if any, from line 32, from other than casualty or theft

**6**

- 7**
- Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows.

**7**

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8**
- Nonrecaptured net section 1231 losses from prior years (see instructions)

**8**

- 9**
- Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions).

**9****Part II Ordinary Gains and Losses** (see instructions)

- 10**
- Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

<b>ATTACHMENT 1</b>							-1,048.

- 11**
- Loss, if any, from line 7

**11**

- 12**
- Gain, if any, from line 7 or amount from line 8, if applicable

**12**

- 13**
- Gain, if any, from line 31

**13**

- 14**
- Net gain or (loss) from Form 4684, lines 34 and 41a

**14**

- 15**
- Ordinary gain from installment sales from Form 6252, line 25 or 36

**15**

- 16**
- Ordinary gain or (loss) from like-kind exchanges from Form 8824

**16**

- 17**
- Combine lines 10 through 16

**17**

-1,048.

- 18**
- For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions.

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.

**18b**

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2010)



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property.		(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A			
B			
C			
D			

  

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21	23			
24	Total gain Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e.	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount Subtract line 34 from line 33. See the instructions for where to report	35	

Form 4797 (2010)

ATTACHMENT 1

PAGE: 37

FEDERAL FOOTNOTES

PRIMARY EXEMPT PURPOSE: "THE TRUST WAS FORMED TO PROVIDE FINANCIAL SUPPORT AND ASSISTANCE TO THE ROMAN CATHOLIC CHURCH IN THE UNITED STATES OF AMERICA ("ROMAN CATHOLIC CHURCH") TO FURTHER ITS RELIGIOUS, SPIRITUAL, CHARITABLE AND EDUCATION FUNCTIONS WITH PRIMARY EMPHASIS ON (I) PROMOTION AND FUNDING OF THE RECRUITMENT AND EDUCATION OF MEN AND WOMEN WHO DESIRE A RELIGIOUS VOCATION WITH THE ROMAN CATHOLIC CHURCH; (II) SUPPORT AND FUNDING FOR THE CARE AND HOUSING OF RETIRED PRIESTS, NUNS AND OTHER CLERICAL PERSONNEL WHO HAVE SERVED IN RELIGIOUS VOCATIONS AND WHO HAVE BEEN PROVIDED FOR HISTORICALLY IN THEIR RETIREMENT BY THE ROMAN CATHOLIC CHURCH AND (III) FUNDING OF SUPPORT AND CARE FOR HANDICAPPED AND DISABLED PERSONS. ALL FUNDS PROVIDED BY THE TRUST SHALL BE USED TO PROMOTE AND SUPPORT HISTORIC FUNCTIONS OF THE ROMAN CATHOLIC CHURCH AND SHALL PERMIT THE ROMAN CATHOLIC CHURCH TO EXPAND AND IMPROVE ITS EXEMPT ACTIVITIES AS CURRENTLY PROVIDED."

Form **8868**

(Rev. January 2011)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

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

**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](http://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.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization <b>WARREN P. POWERS CHARITABLE FOUNDATIO</b>	<b>Employer identification number</b>
	<b>PATRICK D. POWERS, TRUSTEE</b>	<b>59-6935247</b>
	Number, street, and room or suite no. If a P O box, see instructions.	
	<b>1050 TALLEYRAND AVENUE</b>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
<b>JACKSONVILLE, FL 32206</b>		

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **NANCY POWERS**

Telephone No ► **904 353-5533**

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, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members 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 **08/15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 **10** or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**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.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)