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Form 990-PF .

STM127
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0052

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

2010

| For | alend | dar year 2010, or | tax y | ear beg | inning | | | | , 20 |)10, a | nd endin | g | | - | | , 20 | |
|----------------|----------|--------------------------|----------|--------------|-------------|-------------------|----------|-------------|--------------------|-------------|--------------|---------------------------------------|--------------------------------------------------|----------------------------------------|-----------------|--------------------------------------------------|-------------|
| G C | heck a | all that apply | | Initial r | eturn | | | Initial ret | urn of a former pu | ublic | charity | | Final r | eturn | | | |
| | | | X | Amend | ded retur | n | [| Add | ress change | | Name c | hange | . <u>-</u> | | | | |
| Nan | ne of fo | undation | | | | - <u>-</u> - | | | | | | A Employer is | dentrification nu | mber | | | |
| AS | TRE | FOUNDATION | | | | | | | | | | 62-104 | 6446 | | | | |
| Nun | nber an | d street (or P O box nur | mber | f mail is no | t delivered | to street address |) | | | Ro | om/suite | B Telephone | number (see p | age 10 of the | e instr | ructions) | |
| P | о во | X 11325 | | | | | | | | | | | | | | | |
| City | or town | n, state, and ZIP code | | | · · | | | | | | | C If exempti | on application | is pending, e | check | here . | > |
| CH | ATTA | ANOOGA, IN 3 | 740 | 1-232 | 5 | | | | | | | | organizations | | | | ▶ |
| H C | heck t | type of organization | n: | | Sec | ction 501(c)(3 | 3) exe | empt priv | ate foundation | | | 2. Foreigr check t | organizations here and attach | meeting the computation | 85% n | test, | ▶ |
| X | Secti | on 4947(a)(1) nor | exe | mpt chai | ritable tru | ust | | Other t | axable private for | undat | tion | E If private f | | us was to ma | | Lundar | _ |
| 1 Fa | air ma | rket value of all as | ssets | at | | J Accountir | ng me | ethod: | Cash | [X] | Accrual | | oundation stat 07(b)(1)(A), che | | maleu | · · · · · | ▶ |
| er | nd of y | year (from Part II, | col. (| (c), | | Other | (spe | cify) | | | | E If the foun | dation is in a 6 | -C-month ton | minati | 00 | _ |
| lır | ne 16) | ▶ \$ | | 125,1 | 44 | (Part I, colun | nn (d) |) must b | e on cash basis.) | | | | tion 507(b)(1)(| | | • • • • | <u> </u> |
| Pa | rt I | Analysis of | Rev | enue | and Ex | kpenses (| The tota | al of | (a) Revenue and | | | | | | | (d) Disbursen | |
| | | amounts in columns (| (b). (c) | , and (d) m | ay not nece | essarily equal | | | expenses per | | | nvestment come | | sted net come | | for chantab purposes | |
| | | the amounts in colum | | | | | | | books | | | | " | | | (cash basis o | only) |
| T | 1 | Contributions, gif | | | | | | ıle) | 2, | 687 | | | | | | | |
| | 2 | Check ► X ift | | | | | | | | | ļ | | | | _ | | |
| | 3 | Interest on saving | - | - | • | | | í | | | | | | | 1. | | |
| | 4 | Dividends and in | teres | t from se | ecurities | | | | 4, | 158 | | 4,158 | | | | | |
| | 5a | Gross rents | | | | • • • • • • | | | | | | | ļ | | | | |
| R | Ь | Net rental income | | | | | | | | | | | ļ | 440444 | | ************* | |
| e | 6a | Net gain or (loss) | fron | n sale of | assets r | not on line 10 | | | 3, | 944 | | · · · · · · · · · · · · · · · · · · · | | OF | | |) |
| e e | b | Gross sales price for a | | | | | 7,4 | | | | | | | ************************************** | ~ 43 | | mit. |
| n | 7 | Capital gaın net i | | | | | | | | | | 3,944 | | . 55 | | · 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| u | 8 | Net short-term ca | | _ | | | | | | | | | 132 | <u>i DF</u> | |) 6 ZU1Z | - 4 |
| ĭ | 9 | Income modificat | | | | 1 | • • • | | | | | , ' | ļ | 1 | | |)[|
| . | 10a | Gross sales less return | | | | | | | | | | | | <u>سم</u> بھ | *** | [| Ţ |
| | b | Less. Cost of goo | | | | | | | | | | | <u> </u> | | * *** | | |
| . | С | Gross profit or (lo | | | | | | | | | | | | | | | |
| | 11 | Other income (at | | | | | | i i | - 10 | | | 100 | | | | | |
| \rightarrow | 12 | Total. Add lines | | _ | | | | | 10, | 789 | | 8,102 | - | | | | |
| | 13 | Compensation of | | | | | | | | | | | | | | | |
| Ą | 14 | Other employee | | | _ | | | | | | | | <u> </u> | | | | |
| m | 15 | Pension plans, et | | | | | | | | | | | | | -+ | | |
| ۱ <u>۱</u> ۱ | 16a | Legal fees (attack | n sci | neaule) | d.dc\ | | s | М108 | | 250 | | 250 | | | + | | |
| oi ps et | b | Accounting fees | (aπa | un sche | uuie) | ulo\ | S | ти109 | . ——— | 250 25 | | 250 25 | | | + | - | |
| | C 17 | Other profession | | | | | | | | 43 | | | ' - | | + | | |
| rr | 17 | Interest | hod. | | | of the instru | Si | M110 | | 76 | | 22 | | | + | | |
| tt | 18 19 | Taxes (attach sci | | | _ | | | | | / 0 | | | \ | | | | |
| n v | 20 | Occupancy | | | • | • | | | | | | | | | \dashv | | |
| 3 - | 20 21 | Travel, conference | | | | | | | | | | | | | - | | |
| a L | 22 | Printing and publ | | | | | | | | | - | | | | \dashv | | |
| - n | 23 | Other expenses | (atta | ch scher | dule) | | ST | M103 | | 87 | | 87 | , | | \top | | |
| n | 24 | Total operating | | | | | • • | • • | | | | | | | 十 | | |
| s e | | Add lines 13 thro | | | | | | | | 438 | | 384 | | | | | 0 |
| sl | 25 | Contributions, gif | | | | | | | | 350 | ************ | | | | | 3. | 350 |
| 1 | 26 | Total expenses | | | | | | | | 788 | | 384 | | | | | 350 |
| \rightarrow | 27 | Subtract line 26 f | | | | IIIO 24 | u | | | | | | | | _ | | |
| | z, | Excess of reven | | | enses a | nd disburse | ment | s | 7. | 001 | | | | | 1 | | |
| ļ | b | Net investment | | - | | | | | | | | 7,718 | | | - | | |
| | c | Adjusted net in | | • | _ | | | | | | | , | | | 0 | ······ | |
| For | | work Reduction | | | | | | | | •• | | EEA | | * | Fo | orm 990-PF | (2010 |

| Form 990-PF (2010) ASTRE FOUNDATION 62-1046446 | | | | | 446 Page 2 | |
|------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|------------|-----------------------|
| - D- | ma 24 | Bolones Shoots Attached schedules and amounts in the description column | Beginning of year | | End of y | ear |
| 7 a | rt II | Balance Sheets should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 6,165 | 7,6 | 523 | 7,623 |
| | 2 | Savings and temporary cash investments | | | | |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for doubtful accounts | | | | |
| | 4 | Pledges receivable | | • | | |
| | | Less: allowance for doubtful accounts | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons (attach schedule) (see page 15 of the | | | | |
| A | | instructions) | | | | |
| S | 7 | Other notes and loans receivable (attach schedule) | | | | |
| 5 e | | Less: allowance for doubtful accounts ▶ | | | | |
| t | 8 | Inventories for sale or use | | | | |
| S | 9 | Prepaid expenses and deferred charges | | | | |
| | 10a | Investments - U.S. and state government obligations (attach schedule) | | | | |
| | ь | | 77,902 | 84,3 | 312 | 100,501 |
| | c | Investments - corporate bonds (attach schedule) STM138 | 15,225 | 14,3 | 357 | 17,020 |
| | 11 | Investments - land, buildings, and equipment basis | | | | |
| | | Less accumulated depreciation (attach schedule) | | | | |
| | 12 | Investments - mortgage loans | | | | |
| | 13 | Investments - other (attach schedule) | | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | | |
| | | Less accumulated depreciation (attach schedule) | | | | |
| | 15 | Other assets (describe ▶ | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | |
| | | instructions. Also, see page 1, item l) | 99,292 | 106, | 292 | 125,144 |
| <u></u> | 17 | Accounts payable and accrued expenses | | | | |
| i a | 18 | Grants payable | | | | |
| þ | 19 | Deferred revenue | | | | |
| į | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| t | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| i e | 22 | Other liabilities (describe ►) | | | | |
| S | 23 | Total liabilities (add lines 17 through 22) | 0 | · | 0 | |
| | | Foundations that follow SFAS 117, check here · · · · · · ▶ and complete lines 24 through 26 and lines 30 and 31. | | | | |
| N F | 24 | Unrestricted | | | | |
| e u t n | 25 | Temporarily restricted | | | | |
| ď | 26 | Permanently restricted | | | | |
| Α | | Foundations that do not follow SFAS 117, check here X | | | | |
| s B | | and complete lines 27 through 31. | | | | |
| s a e i | 27 | Capital stock, trust principal, or current funds | 99,292 | 106, | 292 | |
| t a | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| s n | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| c _ e | 30 | Total net assets or fund balances (see page 17 of the | | | | |
| , s | | ınstructions) | 99,292 | 106, | 292 | |
| • | 31 | Total liabilities and net assets/fund balances (see page 17 | | | | |
| | 1 | of the instructions) | 99,292 | 106, | 292 | |
| | art II | Analysis of Changes in Net Assets or Fund Balance | | | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | e 30 (must agree with | | | |
| | | of-year figure reported on prior year's return) | | | 1 | 99,292 |
| | | r amount from Part I, line 27a | • • • • • • • • • • • • • • • • • • • • | | 2 | 7,001 |
| 3 | Othe | er increases not included in line 2 (itemize) | | | 3 | |

106,293

106,292

4

5

| | | RE FOUNDATION and Losses for Tax on Inve | estment | ncome | <u> </u> | _ | 62-10 | 46446 | Page |
|------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|-------------|------------------------------|------------------|-----------------------------------------------------|--------------------------------------|-------------|
| <u>' '</u> | | | | | (b) How acquired | (4) | Data seewood | (d) Date | |
| | 2-story bnck wareh | e the kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co.) | | | P-Purchase D-Donation | (yr | Date acquired , mo , day) | (yr, mo | , day) |
| 1 a | | | | | P | | 7-01-21 | 2010-0 | |
| _ <u>t</u> | | PARTIAL CALL | | | P | 199 | 8-08-11 | 2010-0 | 5-15 |
| | | | | | | - | · | | |
| • | | | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | Cost or oth | | | | in or (loss) f) minus (g) | |
| a | 6,450 | | | | 2,636 | | | | 3,814 |
| _ k | 1,000 | | <u> </u> | | 870 | | | | 130 |
| | | | | | | | | | |
| | | | | | | | | . . | |
| | | owing gain in column (h) and owned | by the found | dation or | 12/31/69 | | | | _ |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | | col (k), but not | ol (h) gain minus less than -0-) rom col (h)) | or . | |
| a | 1 | | | | | | | | 3,814 |
| ŀ |) | | | | | | | | 130 |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | <u> </u> | f If gain al | so enter in I | Part I lin | 9.7 | | | | |
| 2 | Capital gain net income or (n | iot canital loce) | enter -0- in F | | • | 2 | | | 3,944 |
| 3 | Net short-term capital gain o | r (loss) as defined in sections 1222(5 | | | | | | | -, |
| | | ne 8, column (c) (see pages 13 and 1 | | tructions | s) · ·] | | | | |
| | | e8 | | | J | 3 | | | |
| _ | | nder Section 4940(e) for Re | | | | | ncome | | |
| (Fo | or optional use by domestic pri | ivate foundations subject to the secti | on 4940(a) | tax on n | et investment ind | ome) | | | |
| lf s | ection 4940(d)(2) applies, lea | ve this part blank. | | | | | | | |
| | | section 4942 tax on the distributable | | | | od? | | Yes | X No |
| | | qualify under section 4940(e) Do no | | | | _ | | | |
| | Enter the appropriate amoun | nt in each column for each year; see | page 18 of | ine instri | | aking a | any entries | (d) | |
| | Base penod years Calendar year (or tax year beginning in | (b) Adjusted qualifying distributions | Net v | alue of nor | (c) nchantable-use assets | ; | Dis (col (b) | tribution ratio divided by col (d | c)) |
| | 2009 | 8,8 | 50 | | 95,6 | 69 | | 0.09250 | |
| | 2008 | 7,9 | 00 | | 120,3 | 03 | | 0.06566 | 8 |
| | 2007 | 2,4 | | | 139,2 | | _ | 0.01734 | |
| | 2006 | 6,4 | | | 128,3 | | | 0.05030 | |
| | 2005 | 7,4 | 83 | | 119,8 | 164 | | 0.06242 | 9 |
| 2 | Total of line 1 column (d). | | | | | | 2 | 0.28825 | 5 |
| | | the 5-year base period - divide the to | | | | ŀ | | | |
| | number of years the foundat | ion has been in existence if less than | 5 years . | | | | 3 | 0.05765 | 1 |
| | | | | | | | | | |
| 4 | Enter the net value of nonch | arıtable-use assets for 2010 from Pa | rt X, line 5 | | | • • | 4 | 11 | 3,800 |
| _ | Advibabiling day log 0 | | | | | | 5 | | e |
| Э | Multiply line 4 by line 3 | | | | | • • • | - | | 6,561 |
| 6 | Enter 1% of net investment in | ncome (1% of Part I, line 27b) | | | | | 6 | | 77 |
| | | | | | | ſ | | | |
| 7 | Add lines 5 and 6 | | | | | • • } | 7 | | 6,638 |
| 8 | | from Part XII, line 4 | | | | | 8 | | 3,350 |
| | If line 8 is equal to or greater | than line 7, check the box in Part VI | , line 1b, an | d compl | ete that part usin | g a 1% | tax rate Se | e the | |

| | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 1 | 8 of the | e instruct | ions) | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|------------------|--------------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.¬ | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | - | | | |
| | Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | 154 |
| | here ▶ and enter 1% of Part I, line 27b | ŧ | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | - | | | |
| _ | Part I, line 12, col. (b) | | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | 0 |
| | Add lines 1 and 2 | 3 4 | | | 154 |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 5 | | | 0 154 |
| 5 6 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | ····· | 154 |
| | Credits/Payments: 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | 1 | | | |
| a b | Exempt foreign organizations - tax withheld at source 6b 324 | 1 | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | | | |
| d | Backup withholding erroneously withheld | ŧ | | | |
| | Total credits and payments. Add lines 6a through 6d . Tax Paid w/ O.R | 7 | | | 324 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | 170 |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ | 11 | | | 170 |
| Par | t VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | | . <u>1a</u> | <u> </u> | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | | |
| | of the instructions for definition)? | | . 1b | | <u> X</u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | | 4. | 1 | · · |
| | Did the foundation file Form 1120-POL for this year? | | . 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. (2) On foundation managers \$ | | | } | |
| • | (1) On the foundation. \$ (2) On foundation managers \$ | | | | |
| е | on foundation managers. > \$ | | | † | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | . 2 | 1 | X |
| _ | If "Yes," attach a detailed description of the activities. | | ., | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles o | f | | 1 | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | . 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | . 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | <u> </u> | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | . 5 | <u> </u> | X |
| | If "Yes," attach the statement required by General Instruction T. | | | 1 | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | ł | ٠,, |
| _ | conflict with the state law remain in the governing instrument? | | | X | <u> </u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I | (V • | • | ^ - | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | | |
| h | instructions) ► TN If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | - | | |
| b | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | . 8ь | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | † | |
| - | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page | | | | |
| | 27)? If "Yes," complete Part XIV | | . 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| | name and addresses | | 1 10 | ſ | v |

Form 990-PF (2010)

ASTRE FOUNDATION

62-1046446

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| Form | 990-PF (2010) ASTRE FOUNDATION 62-1046 | 146_ | P | age 5 |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------|------|------|--------------|
| | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | _X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ SAM HUGHES Telephone no ▶ 402-8 | 95-9 | 94 | |
| | Located at ▶ 16315 M STREET OMAHA, NE ZIP+4 ▶ 681 | 35_ | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here | | | ▼ X |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | 0 |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter | | | |
| | the name of the foreign country | | | |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| · · · · · · · · · · · · · · · · · · · | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly). | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | - | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | - | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | . ,, | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected before the first day of the tax year beginning in 2010? | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2010? Yes X | | | |
| | If "Yes," list the years | | | |
| ь | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see page 22 of the instructions.) | 2b | | X |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | • — — — — — — — — — — — — — — — — — — — | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | ĺ | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or | | | |
| - | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | ļ. | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of | | ŀ | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | 1 | |
| | foundation had excess business holdings in 2010) | 3b | Ţ | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| ь | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | Π |
| _ | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | X |

| Form 990-PF (2010) ASTRE FOUNDATION | | | | | | 62-1046 | 446 | Page 6 | | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|--------------|------------|-------------------------------------------------------------|----------|--------------|--|--|--|--|
| Part VII-B Statements Regarding Activities | s for V | Which Forr | n 4720 | May Be | Requi | red (continued) | | | | | | |
| 5a During the year did the foundation pay or incur any a | amount to | o. | | | | | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to in | | | tion 494 | 45(e))? | [| Yes X No | | | | | | |
| (2) Influence the outcome of any specific public elec | ction (see | e section 4955 |); or to | carry on, | _ | | | | | | | |
| directly or indirectly, any voter registration drive? | | | | | [| Yes X No | 1 1 | | | | | |
| (3) Provide a grant to an individual for travel, study, | or other | sımilar purpos | es? | | [| Yes X No | | | | | | |
| (4) Provide a grant to an organization other than a | charitable | e, etc., organiz | ation de | escribed in | _ | | | | | | | |
| section 509(a)(1), (2), or (3), or section 4940(d)(| 2)? (see | page 22 of the | e instruc | ctions) | [| Yes X No | | | | | | |
| (5) Provide for any purpose other than religious, cha | arıtable, s | scientific, litera | ry, or e | ducational | _ | | | | | | | |
| purposes, or for the prevention of cruelty to child | iren or ar | nimals? | | | [| Yes X No | 1 1 | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the tra | nsactions | s fail to qualify | under t | he exceptior | s descri | bed in | 1 | | | | | |
| Regulations section 53.4945 or in a current notice re | garding | dısaster assis | tance (s | ee page 22 | of the ins | structions)? | 5b | | | | | |
| Organizations relying on a current notice regarding | disaster a | assistance che | eck here | | | ▶ 🔲 | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the for | undation | claım exemptı | on from | the tax | _ | | | | | | | |
| because it maintained expenditure responsibility for the grant? Yes Ves Volume | | | | | | | | | | | | |
| If "Yes," attach the statement required by Regulation | If "Yes," attach the statement required by Regulations section 53.4945-5(d) | | | | | | | | | | | |
| Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums | | | | | | | | | | | | |
| on a personal benefit contract? | on a personal benefit contract? | | | | | | | | | | | |
| b Did the foundation, during the year, pay premiums, | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | | | | |
| If "Yes" to 6b, file Form 8870. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | | | | | | | | | | | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, | | | | | | | | | | | | |
| and Contractors | | | | | | | | | | | | |
| 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). | | | | | | | | | | | | |
| (a) Name and address | (a) Name and address (b) Title, and average (c) Compensation (d) Contributions to employee benefit plans (e) Expense according to their allowances | | | | | | | | | | | |
| See 990 OFOV | devoted | to position | | -0-) | and defe | rred compensation | | | | | | |
| MARY ELIZABETH HUGHES | PRESI | | | | | | | | | | | |
| 14014 FRANKLIN ST OMAHA, NE 68154 | | 0 | 0 | | | 0 | | | | | | |
| KATHALEEN HUGHES | SECRE' | | | | , | _ | | | | | | |
| 500 DODDS AVE CHATTANOOGA, TN 37404 | ļ | 0 | | 0 | | 0 | | | | | | |
| SAM HUGHES | TREAS | | | _ | | _ | | _ | | | | |
| 16315 M STREET OMAHA, NE 68135 | L | 0 | | 0 | | 0 | | | | | | |
| FRANK C HUGHES | DIREC' | | | • | | | | | | | | |
| 108 CRANDALL LOOKOUT MTN, TN 37350 | 49 | 0 | | 0 | 00 -/ | 0 | \ | 0 | | | | |
| 2 Compensation of five highest-paid employees (oth | er tnan t | nose include | a on iin | e i - see pa | ge 23 0 | the instructions, | /- | | | | | |
| If none, enter "NONE." | | | | | | (7) Control (1) | | | | | | |
| | | (b) Title, and a | | 4.3.0 | | (d) Contributions to employee benefit | (e) Expe | nse account, | | | | |
| (a) Name and address of each employee paid more than \$50,000 | | hours per we devoted to pos | | (c) Comper | sation | plans and deferred compensation | other al | lowances | | | | |
| NONE | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | |
| | | | - | | | | | | | | | |
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| | | | - | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see p. 1997). | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------|
| | | . |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | • |
| | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info | ormation such as the number of | |
| organizations and other beneficianes served, conferences convened, research papers produced, etc | | Expenses |
| 1 NONE | | |
| · NONE | | |
| | | |
| • | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
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| | | |
| Part IX-B Summary of Program-Related Investments (see page | ge 24 of the instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2 | Amount |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See page 24 of the instructions | | |
| 3 | | |
| | | |
| | | |
| Total Add lines 1 through 2 | | • |
| Total. Add lines 1 through 3 | | <u>- 1</u> |

ASTRE FOUNDATION 62-1046446 Form 990-PF (2010) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see page 24 of the instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1a 109,231 1b 6,302 1c 0 1d 115,533 d Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 115,533 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of 4 1,733 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 . . 113,800 5,690 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | | | and do not complete this part.) 1 1 5,690 Tax on investment income for 2010 from Part VI, line 5 2a 154 2a Income tax for 2010. (This does not include the tax from Part VI) b 2c 154 C Distributable amount before adjustments. Subtract line 2c from line 1 3 5,536 3 4 4 5 5,536 5 6 Deduction from distributable amount (see page 25 of the instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 5,536 Part XII Qualifying Distributions (see page 25 of the instructions)

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
|---|-------------------------------------------------------------------------------------------------------------|----|-----------|
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 3,350 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3Ь | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4. | 4 | 3,350 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3,350 |
| | | | |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

| Par | XIII Undistributed Income (see page 26 | of the instructions) | | | |
|-----|---------------------------------------------------------------|----------------------|----------------------------|---------------------------------------------------|----------------|
| 1 | Distributable amount for 2010 from Part XI, | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| | line 7 | | - | | 5,536 |
| 2 | Undistributed income, if any, as of the end of 2010. | | | | |
| а | Enter amount for 2009 only | | | 97 | |
| b | Total for prior years:,, | | | | |
| 3 | Excess distributions carryover, if any, to 2010: | • • • | | 1 | |
| а | From 2005 | | | ļ | |
| b | From 2006 | | | | |
| C | From 2007 | | | | |
| d | From 2008 | | | | |
| е | From 2009 | | | ļ | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | | | | |
| | line 4: ▶\$3,350 | | | | |
| а | Applied to 2009, but not more than line 2a | | | 97 | |
| b | Applied to undistributed income of prior years | | | } | |
| | (Election required - see page 26 of the instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | 1 | 1 | |
| | required - see page 26 of the instructions) | | | Harriston 's Hittim | |
| d | Applied to 2010 distributable amount | | | | 3,253 |
| е | Remaining amount distributed out of corpus | | | H | |
| 5 | Excess distributions carryover applied to 2010 . | | | | |
| | (If an amount appears in column (d), the same | | | | |
| | amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as | | | 1 | |
| | indicated below: | - | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. | | | | |
| Ь | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | ' .,· |
| С | Enter the amount of prior years' undistributed | | | 1 | |
| | income for which a notice of deficiency has | | - | 1 | |
| | been issued, or on which the section 4942(a) | | | <u> </u> | |
| _ | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | ' ' |
| е | Undistributed income for 2009. Subtract line | | | · · | |
| | 4a from line 2a. Taxable amount - see page | | | | |
| _ | 27 of the instructions | | | | |
| f | Undistributed income for 2010 Subtract lines | | |] | |
| | 4d and 5 from line 1. This amount must be | ļ | | | 2,283 |
| _ | distributed in 2011 | <u> </u> | ··· | | |
| 7 | Amounts treated as distributions out of corpus | 1 | | | |
| | to satisfy requirements imposed by section | | 1 | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | 1 | |
| • | instructions) | | | | |
| 8 | Excess distributions carryover from 2005 not | | | | |
| | applied on line 5 or line 7 (see page 27 of the instructions) | | 1 | - | |
| 9 | Excess distributions carryover to 2011. | | - | | |
| J | Subtract lines 7 and 8 from line 6a | | | + | |
| 10 | Analysis of line 9: | | | | |
| a | Excess from 2006 | | | į | |
| b | Excess from 2007 | 1 | | 1 | |
| c | Excess from 2008 | ‡ | | | |
| d | Excess from 2009 | 1 | | | |
| ٠ | Excess from 2010 | 1 | | ļ | |

| | 990-PF (2010) ASTRE FOU | | | | 62-1046446 | Page 10 |
|------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------|----------------------------------------------------|--------------------------------------------------|-------------|
| Part | XIV Private Operating Four | | | | ion 9) | |
| 1a | If the foundation has received a ruling | or determination lette | r that it is a private op | erating | | |
| | foundation, and the ruling is effective for | or 2010, enter the dat | te of the ruling | | <u> </u> | |
| ь | Check box to indicate whether the four | ndation is a private op | perating foundation de | scribed in section | 4942(j)(3) or 494 | 12(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | 7 | Prior 3 years | | |
| | income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| | investment return from Part X for each year listed | | | | | |
| b | 85% of line 2a | | 1 | | | |
| | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| | · | | ·· | + | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| | 10) delive condest of offential delivities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c · · · | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test - enter. | | | 1 | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | | - |
| _ | section 4942(j)(3)(B)(i) | | | ļ | | |
| Ь | "Endowment" alternative test - enter 2/3 of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed • • • | | | | | |
| С | "Support" alternative test - enter: | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | · | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | | | | |
| , | (4) Gross investment income | | | | | |
| Part | | | | | d \$5,000 or more in | assets at |
| | any time during the year | | of the instruction | ons.) | | |
| 1 | Information Regarding Foundation N | | | | | |
| а | List any managers of the foundation w before the close of any tax year (but or | ho have contributed r | nore than 2% of the to | otal contributions receiv 00) (See section 507(| ved by the foundation | |
| | before the close of any tax year (but of | ny nancy nave comm | bated more than \$6,0 | 00) (000 000.0.1 007(| 2/(2 /·/ | |
| | | | | | | |
| | NONE, | | | | | |
| b | List any managers of the foundation w | | | | arge portion of the | |
| | ownership of a partnership or other en | uty) of which the foun | uation has a 10% or g | greater interest. | | |
| | | | | | | |
| | NONE, | | | | | |
| 2 | Information Regarding Contribution, | | | = | | |
| | | • | • | table organizations an | | |
| | unsolicited requests for funds. If the for | - | • | e 28 of the instructions |) to individuals or | |
| | organizations under other conditions, o | | | | | |
| а | The name, address, and telephone nu | mber of the person to | whom applications s | hould be addressed: | | |
| | 990APP | | | | | |
| b | The form in which applications should | be submitted and info | ormation and materials | s they should include | | |
| | | | | | | |
| | Any submission deadlines. | | | | | |
| • | rary submission deadines. | | | | | |
| | Any restrictions or limitations on award | s, such as by geogra | phical areas, charitab | le fields, kinds of institi | utions, or other | |
| _ | factors: | _, , , , , , , , , , , , , , , , , , , , | to commendate the second | | , , e | |
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62-1046446

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| 3 Grants and Contribution | ons P | aid During the | Year or Approve | d for Future | Payment | |
|------------------------------------------|--------------|----------------|--------------------------------------------------------------------------------------|----------------------|-----------------------------------------|--------|
| Recipie | nt | _ | if recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (ho | ome c | or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | | | |
| FRIENDS OF THE SMOKIN | 3S | | | | OPERATIONAL | |
| PO BOX 1660 | | | | | | |
| KODAK | TN | 37764-7660 | NONE | | | 350 |
| | | | | | | |
| USAFA FALCON PRIDE LA | | | | | OPERATIONAL | |
| 2168 FIELD HOUSE DRIV | | | | | | |
| U S A F ACADEMY | CO | 80840-9500 | NONE | | | 1,000 |
| | 2 NTT TO TO | | | | OPERATIONAL | |
| CHATTANOOGA NATURE CE 400 GARDEN ROAD | ZNIEK | • | | | OPERATIONAL | |
| CHATTANOOGA | TN | 37419 | NONE | | | 1,000 |
| CHAITANOOGA | 114 | 3/419 | NONE | | | 1,000 |
| NEBRASKA HUMANE SOCIE | TY | | | | GREYHOUND RESCUE | |
| 8929 FORT STREET | | | | | | |
| ОМАНА | NE | 68134 | NONE | | | 1,000 |
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| | • • • | <u> </u> | | | ▶ 3a | |
| b Approved for future payment | | | | | 000000000000000000000000000000000000000 | |
| GIRLS PREPARATORY SCI | HOOL | | | | OPERATIONAL | |
| 205 ISLAND AVENUE | 773.7 | 27405 | NONE | | | 350 |
| CHATTANOOGA | TN | 37405 | NONE | | | 350 |
| CUARRANGOCA VOIDIC LI | o to | | | | ODERATIONAL | |
| CHATTANOOGA YOUNG LII | r Es | | | | OPERATIONAL | |
| 516 CHEROKEE BLVD | TINT | 27405 | NONE | | | 1 000 |
| Chattanooga | TN | 37405 | NONE | | 1 | 1,000 |
| CAMPBELL FOLK SCHOOL | | | | | OPERATIONAL | |
| ONE FOLK SCHOOL ROAD | | | | | J. Dimit I Olina | |
| BRASSTOWN | NC | 28902 | NONE | | | 1,000 |
| | 140 | 20702 | | | | 1,000 |
| MIKE BATTERY MEMORIA | L. | | | | MEMORIAL FUND | |
| 4051 AMNICOLA HIGHWAY | | | | | SUPPORT | |
| CHATTANOOGA | TN | 37406 | NONE | | | 2,000 |
| | | | | | | _,000 |
| | | | | | 1 | |
| Total | | | | | ▶ 3b | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |

62-1046446 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment recipient is an individual, Foundation status of recipient Recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year 3,350 **b** Approved for future payment **OPERATIONAL** BOY SCOUTS OF AMERICA CHEROKEE 6031 LEE HIGHWAY TN 37411 NONE 350 Chattanooga

4,700

| | 1-A Analysis of income I roddenig | | | 1 _ : | | (-) |
|----------|-------------------------------------------------------|-----------------|-----------------------|-------------------|-------------------------|--------------------------------------------------------------------------|
| · | s amounts unless otherwise indicated. | (a) Business | (b) Amount | (c) Exclusion | (d) Amount | (e) Related or exempt function income (See page 28 of the instructions) |
| • | ım service revenue: | code | | code | | the instructions) |
| a | | | | | | |
| ь — | | | | | | |
| ີ | | | | | | |
| <u> </u> | | - | | | | |
| , | | | | | | |
| 0 Fee | es and contracts from government agencies | | | | | |
| = | ership dues and assessments | | | 1 | | |
| | st on savings and temporary cash investments - | | | 1 | | |
| | nds and interest from securities | | <u> </u> | 14 | 4,158 | |
| | ntal income or (loss) from real estate: | | - | | | ··· |
| | ot-financed property | | <u> </u> | | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | investment income | | | | | |
| | or (loss) from sales of assets other than inventory | | | 18 | 3,944 | |
| | come or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory | | | | | |
| | revenue. a | | | 1 | | · |
| b | | | | | | |
| | | | | | | |
| a | | - | | | | |
| e — | · · · · · · · · · · · · · · · · · · · | | | | | |
| | al. Add columns (b), (d), and (e) | | | | 8,102 | · · · · · · · · · · · · · · · · · · · |
| | Add line 12, columns (b), (d), and (e) | | | | | 8,102 |
| | sheet in line 13 instructions on page 29 to verify ca | | | | | |
| | I-B Relationship of Activities to the | | lishment of Exc | empt Purpos | es | |
| Line No. | Explain below how each activity for which inc | come is repo | orted in column (e) c | of Part XVI-A cor | tributed importantly to | the |
| Tine No. | accomplishment of the foundation's exempt | purposes (o | ther than by providi | ng funds for suc | h purposes) (See pag | e 29 of the |
| | ınstructions.) | | - | | | |
| _4 | INCOME EARNED FROM INVESTMENTS | | | THE | · | |
| 8 | DONATIONS OF CHOSEN CHARITABLE | ORGANIZ | ZAION. | | | |
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| | Information Re Exempt Organi | | nsfers To and Transac | tions and | Relation | ships With Nonc | harita | ble | <u>9</u> |
|-----------------------------------------|-------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|------------------------------------------------------------------|-------------|----------|----------|
| | | | age in any of the following with | any other or | ganization (| described | T | Yes | No |
| | | | tion 501(c)(3) organizations) o | | | | | | |
| | | (Other than sect | ion 501(c)(5) organizations) of | 111 36011011 34 | 27, relating | to political | | | į |
| organizatio | | | | | | | | | į |
| | | | oncharitable exempt organiza | | | | 4-(4) | | v |
| | | | | | | | 1a(1) | | X |
| • • | | | | | | | 1a(2) | | |
| b Other trans | | | | | | | a. (a) | | |
| | | | t organization | | | | 1b(1) | | X |
| | | | e exempt organization | | | | 1b(2) | | X |
| | | | sets | | | | 1b(3) | | X |
| | | | | | | | 1b(4) | | X |
| | | | | | | | 1b(5) | | X |
| | | | or fundraising solicitations 🕠 | | | | 1b(6) | | X |
| c Sharing of | facilities, equipmen | it, mailing lists, o | other assets, or paid employee | s | | | 1c | | X |
| d If the answ | ver to any of the abo | ove is "Yes," co | mplete the following schedule | Column (b) | should alwa | ys show the fair marke | t | | |
| value of th | e goods, other asse | ets, or services | given by the reporting foundat | on. If the fou | ndation rec | eived less than fair mai | ket | | |
| | | | ent, show in column (d) the va | | | | | | |
| (a) Line no (b) Ai | mount involved | (c) Name of noncl | hantable exempt organization | (d) Desc | nption of transfe | ers, transactions, and shanng a | rrangeme | ents | |
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| described | | the Code (othe | d with, or related to, one or mo er than section 501(c)(3)) or in | | | | Ye | s X |] No |
| (a | a) Name of organization | | (b) Type of organization | | | (c) Description of relations | ni p | | |
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| Sign Under pe | nalties of penury, I declare s true, correct, and comple | e that I have examine ete Declaration of pr | ed this return, including accompanying s eparer (other than taxpayer or fiduciary) | chedules and sta is based on all in | itements, and to | o the best of my knowledge and such preparer has any knowleds | i je | <u>.</u> | |
| | 5 /// | _ | | 10.22 | 2121 | 9 \ w 2.02 \ T | | | |
| Here Signa | ature of officer or trustee | | | Date | <u> </u> | Title | | | |
| | Print/Type preparer's nar | me | Preparer's signature | 0 ~ | Date | Check X if | PTIN | | |
| Paid | | | Wands Hamile Ca | Kins. (JA | 11/27/ | _ •• | 0059 | 3307 | |
| Preparer | Sandra Hamill | | | VT110, | 11/01/2 | | 0033 | 3307 | |
| - | | andra Hami | | | | Firm's EIN ▶ | | | |
| Use Only | | 143 Highla | | | | Phone no | 004 | | |
| | <u>_</u> | hattanooga | TN 37405 | | | 423-267-2 | 1094 | | |

Current Officers, Directors, Trustees, and Key Employees

| 1 List all officers, directors, trustees, and key employees for the | | ere not compensat | | |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| List all officers, directors, trustees, and key employees for tr | (b) Title, and average | (c) Compensation | (d) Contributions to | Υ |
| (a) Name and address | hours per week | (If not paid, enter | employee benefit plans | (e) Expense account, other allowances |
| | devoted to position | -0-) | deferred compensation | Other allowances |
| D'ARCY HUGHES DIREC | TOR | | | |
| 108 CRANDALL LOOKOUT MTN, TN 37350 | 0 | 00 | 0 | 0 |
| DAVID L HUGHES DIREC | TOR | | | |
| 500 DODDS AVENUE CHATTANOOGA, TN 37404 | 0 | 0 | 0 | 0 |
| NAT C HUGHES DIREC | TOR | | | |
| 604 BARTON AVENUE CHATTANOOGA, TN 37405 |] o | 0 | 0 | 0 |
| BUCKNER L HUGHES DIREC | TOR | | | |
| 604 BARTON AVENUE CHATTANOOGA, TN 37405 | 0 | 0 | 0 | 0 |
| KELSEY HUGHES DIREC | | ļ ——— | | |
| 108 CRANDALL LOOKOUT MTN, TN 37350 | 0 | 0 | 0 | 0 |
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Federal Supporting Statements Name(s) as shown on return ASTRE FOUNDATION FORM 990PF, Part III, Line 5 Other Decreases Schedule ROUNDING ADJUSTMENT 1 Total

PG 01
Form 990PF, General Explanation Attachment (1) Statement #127

The 2010 Form 990-PF was inadvertently marked as an exempt foreign organization. Therefore, excise tax was paid in the amount of \$324(4% of line 12(b)). The correct amount should have been \$154 (2% of Line 27b). The amended return is being filed to reclaim the refund of \$170.

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

PG 01 Statement #137

| Category | BOY | Book Value | EOY FMV |
|------------------------------|--------|------------|---------|
| SEE STATEMENT ATTACHED-STOCK | 77,902 | 84,312 | 100,501 |
| Totals | 77,902 | 84,312 | 100,501 |

Form 990PF, Part II, Line 10(c)
Investments: Corporate Bond Schedule

PG 01 Statement #138

| Category | BOY | Book Value | EOY FMV |
|------------------------|--------|------------|---------|
| SEE STATEMENT ATTACHED | 15,225 | 14,357 | 17,020 |
| Totals | 15,225 | 14,357 | 17,020 |

| | | Federal Su | leral Supporting Statements | nents | 2010 PG 01 | |
|-----------------------------------------------------|--------------------------------|----------------------------------|-----------------------------------------------------------|-------------------------|----------------------------------------|--|
| Name(s) as shown on return ASTRE FOUNDATION | | | | | Your Social Security Number 62-1046446 | |
| | Form 990PF, P | art I, Line 23 - 0 | Form 990PF, Part I, Line 23 - Other Expenses Schedule | ule | Statement #103 | |
| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose | | |
| TENNESSEE SECRETARY OF STATE POST OFFICE BOX Totals | 20 | 20 67 87 | 0 0 | 0 0 | | |
| | Form 990PF, Par | rt I, Line 16(b) - | Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule | edule | PG 01 Statement #108 | |
| Description TAX PREPARATION FEE | Revenue and expenses 250 | Net investment 25 <u>0</u> | Adjusted net income | Charitable purpose 0 | | |
| Totals | 550 | 250 | 0 | 0 | | |
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| | | Federal Su | Federal Supporting Statements | nents | 2010 PG 01 | |
|---------------------------------------------|-------------------------------|----------------------------------------------|-------------------------------------------------------------------|-----------------------|----------------------------------------|-----|
| Name(s) as shown on return ASTRE FOUNDATION | | | | | Your Social Security Number 62-1046446 | |
| | Form 990PF, Part | I, Line 16(c) - Othe | Form 990PF, Part I, Line 16(c) - Other Professional Fees Schedule | Schedule | Statement #109 | |
| Description | Revenue and expenses | Net investment | Adjusted net income | Charitable purpose | | |
| BROKER FEES | 25 | 25 | 0 | 0 | | |
| Totals | 25 | \$2 | 0 | 0 | | |
| | | Form 990PE. Part 1. Line 18 - Taxes Schedule | 18 - Taxes Schedule | | PG 01 Statement #110 | |
| | | | | | | |
| Description EXCISE TAX FOREIGN TAX | Revenue and expenses 54 | Net investment 0 | Adjusted net income 0 | Charitable purpose 0 | | |
| Totals | 76 | 22 | 0 | 0 | | |
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| | Federal Supporting Statements | 2010 PG 01 |
|-------------------------------------------|----------------------------------------------------------------------------------|-------------------------------|
| Name(s) as shown on retum | | Your Social Secunty Number |
| ASTRE FOUNDATION | Form 990PF, Part I, Line 3 - Subsidiary Schedule | Subsidiary Statement |
| Decerintion | Revenue Net Adjusted and expenses investment net income | |
| CASH EQUIVALENTS | 0 0 | |
| Totals | 0 0 | |
| | | |
| | Form 990PF, Part I, Line 25 - Subsidiary Schedule | PG 01 Subsidiary Statement |
| Description CONTRIBUTIONS & GIFTS PAID | Revenue Net Adjusted Charitable and expenses investment net income purpose 0 0 0 | |
| Totals | 0 0 0 | |
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Federal Supporting Statements 2010 PG 01 Your Social Security Number

Name(s) as shown on return

ASTRE FOUNDATION

62-1046446

990APP

Form 990PF, Part XV, Line 2 Application Submission Information

Grant Program

ASTRE FOUNDATION

Applicant Name

NAT HUGHES

Address

PO BOX 11325

CHATTANOOGA TN 37401

Telephone 423-266-1747

Form & Content NO SPECIFIC FORM

Submission Deadline NONE

Restrictions on Award NONE