

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED WAY B 4 2011

S

# **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2010 calendar year, or tax year beginning , 201	0, and ending		, 20			
		C Name of organization		D Employer identifica	tion number			
<b>B</b> ch	eck of app							
X	Addres	55 Doug Rusings As		75-6314354	<b>:</b>			
	1 -	change Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Initial r	PO BOX 61540 TRUST TAX COMPLIA		866 442-3764				
	Termin	City or town atota or country and 7IP + 4						
	Amend			G Gross receipts \$	3,105,235			
	Applica	F Name and address of principal officer		H(a) Is this a group return affiliates?	for Yes X No			
_	_ pendin			H(b) Are all affiliates inclu	ded? Yes No			
ī .	Tax-exe	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1)	or 527	If "No," attach a list (	see instructions)			
J	Websit	te ► N/A		H(c) Group exemption num	nber <b>&gt;</b>			
		of organization   Corporation   X Trust   Association   Other	L Year of for	mation 1983 M State o	f legal domicile TX			
Pai		Summary		<u> </u>				
		Briefly describe the organization's mission or most significant activities						
	·	PROVIDES CHARITABLE DONATIONS TO SPECIFIED ORG	ANIZATIONS	FOR USE IN				
2		CAPITAL IMPROVEMENTS.						
l a								
Governance	2	Check this box  If the organization discontinued its operations or dispose	ed of more than 2	5% of its net assets				
20	3	Number of voting members of the governing body (Part V), line 1 [ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	<u></u>	3	1			
Activities &	4	Number of voting members of the governing body (Part V), line 150 Number of independent voting members of the governing body-(Part-V), line 160	<u> </u>	4	1			
Ξ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	NONE			
Ag	6	Total number of volunteers (estimate if necessary) MAY 0.2 2	D11 🌣	6				
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>&amp;  </u>	7a	NONE			
	b	Net unrelated business taxable income from Form 990-T line 34000 FAT	<del></del>	7b	NONE			
		L_OGDLN,		Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)	<del></del> . L					
Revenue	9	Program service revenue (Part VIII, line 2g)						
Je v	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>.</u>	41,242	183,094			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,104	45,628			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,346	228,722			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		478,954	<u>176,505</u>			
		Benefits paid to or for members (Part IX, column (A), line 4)						
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,552	41,730			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
ă.	b	Total fundraising expenses (Part IX, column (D), line 25)	ONE					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,712	4,605			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,218	222,840			
	19	Revenue less expenses Subtract line 18 from line 12		-415,872	5,882			
s or	20 21 22		<del> </del>	eginning of Current Year	End of Year			
set	20	Total assets (Part X, line 16)	_	3,793,655	3,801,096			
A Par	21	Total liabilities (Part X, line 26)	_	NONE	NON			
Ž,	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	3,793,655	3,801,096			
	rt II	Signature Block natties of perjury, I declare that I have examined this return, including accompanying schedule		nd to the heat of my knowled	lan and hallof it is true			
cor	der pen rect, ar	naities of perjury, I declare that I have examined this return, including accompanying schedule nd complete. Declaration of preparer (other than officer) is based on all information of which	es and statements, a preparer has any kn	nd to the best of my knowled owledge	ige and belief, it is true,			
		(1)	100=	04/04/06				
	ign	I what I was a line of	147 cer	04/21/20	)11			
Н	ere	Signature of officer		Date				
		CAPITAL ONE, N.A. BY:, TRUSTEE						
		Type or print name and title	Date	Check If	PTIN			
Paic	ı	Print/Type preparer's name Preparer's signature		self-	,			
	oarer	GORDON POWERS	134/21/20	<del></del>	P00260194			
-	Only	Firm's name ► THOMSON REUTERS (TAX & ACCOUNTING)			1297386			
		Firm's address ▶ 35 THOMSON PLACE, 1ST FLOOR; BOSTON, MA 02210		Phone no 617-	856-2811			
		RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · ·		X Yes No			
For	Paper	work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2010)			

JSA QE1010 1 000

# 1988 P.

Forr	990 (2010)	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission: PROVIDES CHARITABLE DONATIONS TO SPECIFIED ORGANIZATIONS FOR USE IN PAPITAL IMPROVEMENTS.	
3	f "Yes," describe these changes on Schedule O.	X No
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 \$	)
4b	Code:) (Expenses \$including grants of \$) (Revenue \$	)
		· · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
<u></u>	Other are grown continued (Describe in Schodule C.)	
	Other program services. (Describe in Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 46,335.	
46		90 (2010)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	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	3		X_
4	Section 501(c)(3) organizations. 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	4		X
5	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 98-197 If "Yes," complete Schedule C,			
	Part III	5		
6	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,"	i i		
	complete Schedule D, Part I	6		X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			.,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			<del> </del>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a		Х
	Schedule D, Part VI	110		_ ^_
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
u	reported in Part X, line 16 <sup>7</sup> If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
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	12b		X
13		13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<del>'''</del>		Λ.
18	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	18		Х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_ <del></del>	<del>                                     </del>	1-*
19	If "Yes," complete Schedule G, Part III	19		Х
20 -	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	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)	20b	<u> </u>	<u>L</u>

Page 4 Form 990 (2010)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	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 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
	employees? If "Yes," complete Schedule J	23		_^
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If No, go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	· · · · · · · · · · · · · · · · · · ·			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7	256		l ູ.
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	l		٠
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	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?			
	If "Yes," complete Schedule L, Part III	27		X
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
_	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
U	·	28b		Х
	Schedule L, Part IV	205		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
34	IV, and V, line 1	34		Х
05	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
35		-33		<u> </u>
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 Yes X No	1		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
<b>5</b> 5	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38		Х
	19: Hotel Air Form 550 micro and required to complete confedence of 11111111111111111111111111111111111	٠	990	<del></del>

Part				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V	• • •	Yes	No
٠ 1 ٥	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 . 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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) <sup>7</sup>	4a		X
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.			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		_^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
ьa	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?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		<b>_</b>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required $^{7}$	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		X
•	organization, have excess business holdings at any time during the year?	-		^
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	]		
а	Gross income from members or shareholders		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ļ	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1		
	the the direction of the contract of the contr	14a	<del> </del>	X
	Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
n	III 100, tigo it filou a l'otti 120 to topoit tiloso paythorito il 140, provide all'explanation il concadie O i i i i i i		1	1

	20- 1	-		
Form 9	990 (2010)			Page (
Part		b bel or ch	ow, ange	and s in
	Check if Schedule O contains a response to any question in this Part VI			
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent	]		1
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
74	of the governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<del>)</del> .)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		1
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?			X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
	with a taxable entity during the year?	16a	1	X

the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶Texas\_\_\_\_\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19

policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

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

organization: ► CAPITAL ONE, N.A. TEL: (866) 442-3764 P.O. BOX 61540; NEW ORLEANS, LA 70161

Form 990 (2010)

### 233

Form 990 (2010)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compensated	Employees,
	and Independent Contract	ors					

Continu A	Officers	Directors	Tructoos	Kay	Employees	and Highart	Compensated	Employees
Section A.	Omcers,	Directors,	irustees,	rey	Employees,	anu nignest	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.

(A)	(B)			(D)	(E)	(F)			
Name and Title	Average hours per week (describe hours for related organizations in Schedule	Individual tru or director	nstitutional trustee	Officer	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) CAPITAL ONE, N.A. TRUSTEE	1		Х				41,730.	NONE	NON
(2)									
(3)									
(4)									
(6)									-
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									-
(14)									
(15)	:				 			<del></del>	
(16)									

Form 990 (2010)



Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v En	nplo	ve	es.	and F	lial	hest Compensate	ed Emplo	yees (co	Page Intinued)
(A)	(B)	, <u> </u>	. p v		C)			(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)		c Institutional trustee	chec	-	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compense from rela organizat (W-2/1099	ation ated ions	Estimated amount of other compensation from the organization and related organizations
(17)			<del> </del>		_						
(18)											
(19)								-			
(20)											
(21)											
(22)											
(23)		-									
(24)		-									
(25)											-
(26)											
(27)											
(28)											
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)						  	<b>&gt; &gt; &gt;</b>	41,730		NONE	NC
2 Total number of individuals (including but not reportable compensation from the organization)		hose	liste 0	d al	ove	e) who	re	ceived more than S	\$100,000 ii	n 	·
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched											Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan 🕯	150	0,00	0?	If "Y	es,	" complete Sched	lule J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co 'es," comple	mpen ete Sc	sati hed	on <i>ule</i>	fror <i>J fo</i>	n any <i>r such</i>	ur pe	nrelated organization	on or indiv	idual · · ·	5 X
1 Complete this table for your five highest compensation from the organization.	compensat	ed II	ndep	pend	dent	con	trac	ctors that received	d more th	an \$100	,000 of
(A) Name and business add	Iress				<u> </u>			(B) Description of se	rvices	Co	(C) empensation
							1				
								<del></del>			
								<del></del>			

more than \$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received

	990 (2			•	· -		rage 3
Pari	t 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
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f					
-e-	<del>  "</del>	Total. Add lines to 11	Business Code				<b>1</b>
Program Service Revenue	2a b c d						
Progran	f g	All other program service revenue			k- 2 % '% '		
	3	Investment income (including dividends, interest other similar amounts)	est, and	116,938.			116,938
	6a b	Royalties	(ii) Personal				
	d 7a b	Ret rental income or (loss)	(II) Other				
	c d	and sales expenses       2,876,513         Gain or (loss)       66,156         Net gain or (loss)		66,156.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
ŧ	b	Net income or (loss) from fundraising events			, ·		<u> </u>
J	9a	Gross income from gaming activities See Part IV, line 19 a		,			* *
	ь	Less direct expenses b					<u> </u>
	C	Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·				
	10a	Gross sales of inventory, less returns and allowances					
	c	Less cost of goods sold b  Net income or (loss) from sales of inventory  Miscellaneous Revenue					
	11a						
	b						
	c						<b></b>
	d	All other revenue		45,628.			45,628
	е	Total. Add lines 11a-11d · · · · · · · · ·		45,628.			1
	12	Total revenue. See instructions	<u> ▶</u>	228,722.	<u></u>		<u>162,56</u> 6



# Part IX Statement of Functional Expenses

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

	All other organizations must comple		<del></del>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	176,505.	176,505.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	41,730.		41,730.	
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10 11	Other employee benefits				
	Management	375. 1,275.	375.	1,275.	
е	Lobbying				
g 12 13	Other				
14 15	Information technology				
16 17 18	Occupancy				
19 20	for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest				
21 22 23	Payments to affiliates				
24	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)				
a b	(A) amount, list line 241 expenses on Schedule O)				
c d e					
<u>25</u>	All other expenses  Total functional expenses Add lines 1 through 24f  Joint Costs Check here  If following	2,955. 222,840.	2,955. 179,835.	43,005.	NONE
JSA	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				

Form 990 (2010)

1   Cash - non-interest-bearing   1   2   2   3   77,691.   2   2   2   2   3   7,691.   2   2   2   3   7,691.   2   2   2   3   7,691.   2   2   2   3   7,691.   2   2   2   3   7,691.   2   2   2   3   7,691.   2   2   2   3   3   3   3   3   3   3	
Pledges and grants receivable, net  Accounts receivable, net  Accounts receivable, net  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from other disqualited persons (as defined under section 4958(I)(I)), persons described in section 4958(I)(II)), persons described in section 4958(I)(II)), persons described in section 4958(I)(II)), persons described in section 4958(I)(II), persons described in section 4958(I)(II), persons described iI	<b>B)</b> of year
Pledges and grants receivable, net  Accounts receivable, net  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from current and former officers, directors, trustees, key employees, and highest corporations (see instructions)  Notes and loans receivable, net  Notes and loans receivable, net  Receivables from enter disqualified persons (as defined under section 4958(II)II), persons described in section 4958(II)II), persons described in section 4958(III)II, persons described in section 4958(IIII), persons described in section 4958(IIII)II, persons described in section 4958(IIIII)II, persons described in section 4958(IIIII)II, persons described in section 4958(IIIII)II, persons described in section 4958(IIIIII)II, persons described in section 4958(IIIIIIII)II, persons described in section 4958(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(II)), persons described in section 4958(II)(II), and contributing employers and sponsoring organizations of section 501(II)(II) voluntary employees theenfectory organizations (see instructions) 7 Notes and loans receivable, net 8 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less accumulated depreciation . 11 Investments - publicity traded securities . 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assests . 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) . 3, 793, 655. 16 3, 8 17 Accounts payable and accrued expenses . 18 Grants payable . 19 Deferred revenue . 19 Deferred revenue . 19 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Payables to current and former officers, directors, trustees, key employees and notes payable to unrelated third parties . 23 Secured mortgages and notes payable to unrelated third parties . 24 Unrestricted net asset . 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Complete Part X of Schedule D 27 Temporarily restricted net assets . 28 Temporarily restricted net assets . 29 Permanently restricted net assets . 29 Per	05,716.
8 Accounts receivable, net	
Feceivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Receivables from other desqualified persons (as defined under section 4958(I(1)), persons described in 4958(I(1)),	
Schedule L   Receivables from other disqualified persons (as defined under section 4958(h(1))), persons described in section 4958(h(3)(8)), and contributing employers and sponsoring organizations of section 501(k(9) voluntary employees beneficiary organizations (see instructions)   6	
Schedule L   Receivables from other disqualified persons (as defined under section 4958(N11)), persons described in section 4958(N13)(8), and contributing employers and sponsoring organizations of section 501(N19) voluntary employees beneficiary organizations (see instructions)   6	
8 Recewables from other disqual/led persons (as defined under section 4958(f)(11), persons described in section 4958(d)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions)  7 Notes and loans receivable, net  8 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less accumulated depreciation  11 Investments - publicity traded securities  12 Investments - publicity traded securities  13 Investments - program-related. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D  22 Secured mortgages and notes payable to unrelated third parties  23 Secured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities. Complete Part X of Schedule D  26 Total liabilities. Complete Part X of Schedule D  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Organizations that do not follow SFAS 117, check here   X and complete lines 30 through 34.	
Section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)   6   7   7   7   7   7   7   7   7   7	
Section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)   6   7   7   7   7   7   7   7   7   7	
7 Notes and loans receivable, net	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less accumulated depreciation	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation	
other basis. Complete Part VI of Schedule D b Less accumulated depreciation	
b Less accumulated depreciation	
11   Investments - publicly traded securities   3 , 415 , 964   11   3 , 5     12   Investments - other securities. See Part IV, line 11   13     13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14   15     15   Other assets. See Part IV, line 11   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   3 , 793 , 655   16   3 , 8     17   Accounts payable and accrued expenses   17     18   Grants payable   18   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities. Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   NONE 26     27   Torganizations that follow SFAS 117, check here   and complete lines 27 through 29, and lines 33 and 34.   27     28   Permanently restricted net assets   29     29   Organizations that do not follow SFAS 117, check here   X   and complete lines 30 through 34.   3 , 793 , 655   16   3 , 8     17   Accounts payable and accrued expenses   3 , 793 , 655   16   3 , 8     18   19   19   19   19   19     19   Deferred revenue   19   20   20     20   21   22   22   22     21   22   23   24     22   23   24   24     23   24   25   26   27     24   26   27   27     25   26   27   28     26   27   28   29     27   28   29   29   29     28   29   29   29   20     29   20   20   20   20     20   21   21   22   23     21   22   23   24     22   23   24   24     23   24   25   26   27     24   25   26   27   27     25   26   27   27     26   27   28     27   28   29   29   20     28   29   20   20   20     29   20   21   21     20   21   22   23   24     21   22   23   24	
12   Investments - other securities. See Part IV, line 11   13   13   14   14   15   15   15   15   15   15	95,380.
13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  18 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here   X and complete lines 30 through 34.	23,300.
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	
17 Accounts payable and accrued expenses	01,096.
18 Grants payable	01,050.
19 Deferred revenue	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other habilities. Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25	
Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	NONE
27 Unrestricted net assets	
	<del></del>
	<del></del>
21 Paid in or capital curplus or land building or equipment fund	60,072.
- ※Total taluminor capital surplus, or land, pulluniu, or equiprient lund	99,391.
	58,367.
	01,096.
	01,096.

Form **990** (2010)

For	m 990 (2010)			Pa	age <b>12</b>		
Pa	Reconciliation of Net Assets Check of Schedule O contains a response to any question in this Part XI			X			
<u>-</u>	Total revenue (must equal Part VIII, column (A), line 12)	+			722. 840.		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	2						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<del></del>	<u>3,7</u>		<u>655.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)			1,!	<u>559.</u>		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		3,8	01,	096.		
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	— [		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	i	2a		Х		
b			2b		X		
C					<del>                                     </del>		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in	• • • •					
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ĺ		ŀ		
	issued on a separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis						
3a	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?	L	3a		X		
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.		3b		1		

Form **990** (2010)

## **\*\*\*\*\*\*\*\*\***

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

# **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Name of the organization							Emplo	yer ident	ification numbe	r
BECK TRUST 63000401	8						Ĺ	75-6	314354	
Part I Reason for Publi	ic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	•	
The organization is not a priva	ste foundation bec	ause it is (For lines 1 thro	ough 1	1, che	ck only	one bo	x.)			
1 A church, convention	on of churches, or	association of churches d	lescrib	ed in s	ection	170(b)(	1)(A)(i).			
2 A school described	in section 170(b)(	1)(A)(ii). (Attach Schedul	e E.)							
· · · · · · · · · · · · · · · · · · ·		ervice organization descril								
4 A medical research	organization op	erated in conjunction wi	th a h	ospita	l descri	bed in	section	170(t	o)(1)(A)(iii). Er	nter the
hospital's name, city										
section 170(b)(1)(A	.)(iv). (Complete P	·						vernme	ntal unit desc	ribed in
<b>—</b>	-	or governmental unit desc						_		
	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	ut or fro	m the genera	l public
described in section		-								
		on 170(b)(1)(A)(vi). (Com								
	·	es: (1) more than 331/3%								_
-		exempt functions - subj								
• • • •		ome and unrelated busin						1 511	tax) from bus	inesses
		ne 30, 1975. See section								
		ed exclusively to test for p								
		rated exclusively for the								
	•	pported organizations de es the type of supporting								Section
a Type I	b Type	<del></del>			ally inte		111162 1	_	Type III - Oth	or
		the organization is not			•	-	rectly	_		
	·	gers and other than one								-
509(a)(1) or section		goro and other than one	00	. о раз		рропос	. Organ			00011011
		n determination from th	e IRS	that it	is a T	/pe I. T	vpe II.	or Type	e III supportin	a
organization, check							,			$\mathbf{x}$
•		nization accepted any gift	or cor	ntributi	on from	any of	the			
following persons?		, , , ,				-				
(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desci	ribed ın	(ii)	res No
and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(ı)	X
(ii) A famıly memb	er of a person des	cribed in (ı) above?							11g(ii)	X
(iii) A 35% controll	ed entity of a pers	on described in (ı) or (ii) a	bove?						11g(iii)	Х
h Provide the following	ng information abo	ut the supported organiza	tion(s	).						
(i) Name of supported	(ii) EIN	(iii) Type of organization		ls the zation in		ou notify		ls the	(vii) Amour	
organization		(described on lines 1-9 above or IRC section	col (ı)	listed in		inization (i) of		ration in rganizeď j	support	
		(see instructions))		ment?	your si	ipport?	in the	US?	1	
			Yes	No	Yes	No	Yes	No		
(A) STMT 1	·									
(B)			<u> </u>	<u> </u>						
(C)										_
(D)										
(E)										
Total										
For Bananyark Reduction Act N	otico con the lect	ctions for						Landinlo A f	Form 990 or 990	E7\ 2010

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

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 II or if the organization failed to qualify under the tests listed below, please complete Part III.) Part II

Sact	ion A. Public Support	ano to quamy			, p		N/A
$\overline{}$	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Calen	dar year (or fiscal year beginning iii)	(0, 000	12, 222				
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		]				
	include any "unusual grants")				-		
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf					"	
3	The value of services or facilities						
-	furnished by a governmental unit to the		ł			1	
	organization without charge				<u> </u>		<del> </del>
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or			,		ļ	
	publicly supported organization) included	*			,		
	on line 1 that exceeds 2% of the amount	*,*			• *		
	shown on line 11, column (f)	*	<u>`</u>		<u> </u>	<u> </u>	
_6_	Public support. Subtract line 5 from line 4	*^	<u> </u>		<u> </u>	<u> </u>	
	ion B. Total Support	112000	T (1) 0007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Caler	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(6) 2008	(0) 2009	(e/ 2010	(i) iotai
7	Amounts from line 4	<del></del>	<del></del>		-		-
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources				<u> </u>		
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on						<u> </u>
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part IV )	* **;				ļ	1
11	Total support. Add lines 7 through 10			·	1		L
12	Gross receipts from related activities, etc. (s						<del></del>
13	First five years. If the Form 990 is f	or the organiza	tion's first, secoi	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here				<u> </u>		· · · · · •
Sec	tion C. Computation of Public Sup					Taal	
14	Public support percentage for 2010 (li	ne 6, column (1	f) divided by line	11, column (f)	)	14	<u>%</u>
15	Public support percentage from 2009	Schedule A, Pa	ort II, line 14			15	<u>"</u>
16a	331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check						
	this box and stop here. The organization qualifies as a publicly supported organization						
b	b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,						
	check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test - 2010. 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						
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org-	anization meet	s the "facts-and	d-circumstances	s" test, check 1	this box and s	top nere.
	Explain in Part IV how the organization						
	supported organization						▶ 🗀
18	Private foundation. If the organization						- 1 1
	instructions	<u> </u>	<del></del>				<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2010

# 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.)

Sect	ion A. Public Support						N/A
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise			!			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		·				
	organization without charge		ļ				1
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6.)						
Sect	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income Do not include gain or					-	
12	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					_	
	and 12.)						
14	First five years. If the Form 990 is for	<del></del>	n's first, second.	third, fourth, or	fifth tax vear a	s a section 501	(c)(3)
	organization, check this box and stop here	=			-		. —
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8,	•		nn (f))		15	%
16	Public support percentage from 2009 Sche					16	%
Sect	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (li			3, column (f))		17	%
18	Investment income percentage from 2009 Schedule A, Part III, line 17						
19a	331/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
	17 is not more than 331/3%, check this box and <b>stop here</b> The organization qualifies as a publicly supported organization						
b	b 331/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization		-	•		•	
	^^			· · · · · · · · · · · · · · · · · · ·			90 or 990-EZ) 2010

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.
,	
	<del></del>
	<del></del>

JSA

BECK TRUST 630004018 75-6314354 SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS NAME OF SUPPORTED ORGANIZATION: SHRINER'S HOSPITAL - GALV EIN: 36-2193608 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 11,977. NAME OF SUPPORTED ORGANIZATION: TEXARKANA EASTER SEALS EIN: 11-1234567 TYPE OF ORGANIZATION FROM PART I: 11 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 23,954. NAME OF SUPPORTED ORGANIZATION: SHRINER'S HOSPITAL - HOUS EIN: 36-2193608 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 11,977. NAME OF SUPPORTED ORGANIZATION: SHRINER'S HOSPITAL - SHRE EIN: 36-2193608 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 23,954. NAME OF SUPPORTED ORGANIZATION: ARKANSAS LIGHTHOUSE FOR T EIN: 71-0233257 TYPE OF ORGANIZATION FROM PART I: 6 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

BECK TRUST 630004018 75-6314354 SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS \_\_\_\_\_\_ NAME OF SUPPORTED ORGANIZATION: TEXARKANA HISTORICAL SOCI EIN: 75-1338387 TYPE OF ORGANIZATION FROM PART I: 11 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 15,129. NAME OF SUPPORTED ORGANIZATION: TEXARKANA PUBLIC LIBRARY EIN: 75-1909810 TYPE OF ORGANIZATION FROM PART I: 11 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES AMOUNT OF SUPPORT: ..... 23,954. NAME OF SUPPORTED ORGANIZATION: ST. MICHAEL HOSPITAL EIN: 75-2796815 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ......

STATEMENT

TOTAL SUPPORT:

50,430.

176,504.

===========

SCHEDULE (Form 990)

31-

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2010

Open to Public

**Employer identification number** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2 Schedule I (Form 990) (2010) (h) Purpose of grant or assistance 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 75-6314354 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash (c) IRC section if applicable Il can be duplicated if additional space is needed . . . . . . Enter total number of other organizations .......... For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN (a) Name and address of organization or government TRUST 630004018 -(1)\_SEE\_STATEMENT\_3 Name of the organization Part II BECK Part 1 [1] (12)2  $\mathbb{E}$ <u>4</u> 3 9 5 8 6 00

31

0E1288 2 000

32-

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. (Form 990) (2010) Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) FILE WITH THE TRUSTEE A COMPLETE ACCOUNT OF THE MONEY RECEIVED AND THE DISBURSEMENT THEREOF, AND THE ASSETS AND LIABLLITIES OF SUCH FUND, AND OF FEBRUARY NEXT SUCCEEDING THE END OF EACH AND EVERY CALENDAR YEAR IN SHALL, ON OR BEFORE THE 15TH DAY OF FEBRUARY OF EACH AND EVERY YEAR, PUBLISHED EVERY YEAR BY SAID BENEFICIARIES ON OR BEFORE THE 15TH DAY A COPY OF SUCH FINANACIAL STATEMENTS OF EACH CALENDAR YEAR SHALL BE A NEWSPAPER OF GENERAL CIRCULATION IN ELTHER BOWIE COUNTY, TEXAS OR PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE BENEFICIARIES (d) Amount of non-cash assistance (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 (b) Number of recipients MILLER\_COUNTY,\_\_ARKANSAS (a) Type of grant or assistance Part IV N/A က ~ Ŋ 9

NAME OF THE OWNER.

Schedule I (Form 990) (2010)

75-6314354 BECK TRUST 630004018 SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US \_\_\_\_\_\_\_ NAME OF ORGANIZATION: TEXARKANA EASTER SEALS SOCIETY ADDRESS: C/O CAPITAL ONE, N.A. NEW ORLEANS, LA 70161 501(c)3 IRC SECTION: NAME OF ORGANIZATION: SHRINER'S HOSPITAL - GALVESTON ADDRESS: C/O CAPITAL ONE, N.A. NEW ORLEANS, LA 70161 36-2193608 EIN: IRC SECTION: 501(c)3 NAME OF ORGANIZATION: SHRINER'S HOSPITAL - HOUSTON ADDRESS: C/O CAPITAL ONE, N.A. NEW ORLEANS, LA 70161 36-2193608 EIN: IRC SECTION: 501(c)3 AMOUNT OF CASH GRANT..... 11,977. NAME OF ORGANIZATION: SHRINER'S HOSPITAL - SHERVEPORT ADDRESS: C/O CAPITAL ONE, N.A. NEW ORLEANS, LA 70161 EIN: 36-2193608 IRC SECTION: 501(c)3 AMOUNT OF CASH GRANT..... 23,954. NAME OF ORGANIZATION: ARKANSAS LIGHTHOUSE FOR THE BLIND ATTN: BILL JOHNSON, EXECUTIVE DIRECTOR ADDRESS: P.O. BOX 192666

LITTLE ROCK, AR 72201

IRC SECTION:

71-0233257

501(c)3

75-6314354

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US 

NAME OF ORGANIZATION:

TEXARKANA HISTORICAL SOCIETY

ATTN: MELANIE DOWD, EXEC. DIRECTOR

ADDRESS:

P.O. BOX 2343

TEXARKANA, TX 75504

EIN:

75-11338387

IRC SECTION:

501(c)3

AMOUNT OF CASH GRANT..... 15,129.

NAME OF ORGANIZATION:

TEXARKANA PUBLIC LIBRARY

ATTN: ALICE COLEMAN

ADDRESS:

600 WEST 3RD STREET

TEXARKANA, TX 75501

EIN:

75-1909810

IRC SECTION:

501(c)3

AMOUNT OF CASH GRANT..... 23,954.

NAME OF ORGANIZATION:

ST. MICHAEL HOSPITAL

ADDRESS:

2600 ST. MICHAEL DRIVE

TEXARKANA, TX 75503

EIN:

75-2796815

IRC SECTION: 501(c)3

==========

4

### 

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
BECK TRUST 630004018	75-6314354
EXPLANATION FOR FORM 990, PART XI, LINE 5	
ADJUSTMENTS FOR ROYALTY INCOME AND EXPENSES	S POSTED ON THE 1099'S
VERSUS THE SYSTEM.	·
	·
	· <b></b>
	·
	·
<u></u>	·
	·
	·
	·
	· <del></del>
	·