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

2010

Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning , 2010, and ending,
 Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

HAVENS FOUNDATION, INC
25132 OAKHURST DR #220
SPRING, TX 77386-1446

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation
I Fair market value of all assets at end of year (from Part II, column (c), line 16) **► \$ 1,318,459.** J Accounting method Cash Accrual
 Other (specify) _____

| Part I REVENUE | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| ADMINISTRATIVE EXPENSES | 1 Contributions, gifts, grants, etc, received (att sch) | | | | |
| | 2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary cash investments | 1,421. | 1,421. | 1,421. | |
| | 4 Dividends and interest from securities | 33,928. | 33,928. | 33,928. | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain/(loss) from sale of assets not on line 10 | -188. | | | |
| | b Gross sales price for all assets on line 6a . . . | 35,940. | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| | 8 Net short-term capital gain | | | 0. | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| | b Less Cost of goods sold | | | | |
| | c Gross profit/(loss) (att sch) | | | | |
| | 11 Other income (attach schedule) | | -84. | | |
| | 12 Total. Add lines 1 through 11 . | 35,161. | 35,265. | 35,349. | |
| | 13 Compensation of officers, directors, trustees, etc . | 6,900. | | | 6,900. |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach sch) SEE ST 1 | 2,072. | | | 2,072. |
| | c Other prof fees (attach sch) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instr.) | | | | |
| | 19 Depreciation (attach sch) and depletion. | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses (attach schedule) SEE STATEMENT 2 | 413. | | | 413. | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 9,385. | | | 9,385. | |
| 25 Contributions, gifts, grants paid PART XV | 120,000. | | | 120,000. | |
| 26 Total expenses and disbursements. Add lines 24 and 25. | 129,385. | 0. | 0. | 129,385. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -94,224. | | | | |
| b Net investment income (if negative, enter -0-) | | 35,265. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 35,349. | | |

| Part II: Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|-------------------------|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 Cash – non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 802,467. | 74,905. | 74,905. |
| | 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 the instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) ► | | | |
| | Less: allowance for doubtful accounts ► | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | 2,008. | 1,655. | 1,655. |
| | 10a Investments – U.S. and state government obligations (attach schedule) | | | |
| | b Investments – corporate stock (attach schedule) | 360,970. | 785,174. | 882,990. |
| | c Investments – corporate bonds (attach schedule) | | | |
| | 11 Investments – land, buildings, and equipment basis ► | | | |
| | Less: accumulated depreciation (attach schedule) ► | | | |
| | 12 Investments – mortgage loans. | | | |
| | 13 Investments – other (attach schedule) | 134,720. | 330,305. | 358,909. |
| | 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 instructions. Also, see page 1, item I) | 1,300,165. | 1,192,039. | 1,318,459. |
| LIABILITIES | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons. | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ► SEE STATEMENT 3) | | | |
| | 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. ► <input type="checkbox"/> | | | |
| NET FUND | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input checked="" type="checkbox"/> | | | |
| NET | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, building, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 1,300,165. | 1,192,039. | |
| | 30 Total net assets or fund balances (see the instructions) | 1,300,165. | 1,192,039. | |
| | 31 Total liabilities and net assets/fund balances (see the instructions) | 1,300,165. | 1,192,039. | |

Part III: Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|------------|
| 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,300,165. |
| 2 Enter amount from Part I, line 27a | 2 | -94,224. |
| 3 Other increases not included in line 2 (itemize) ► | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 1,205,941. |
| 5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 4 | 5 | 13,902. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 1,192,039. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|--|---|---|---|---|-------------------------------------|
| 1a 1000 LILLY ELI & COMPANY | | | P | 12/28/09 | 10/20/10 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a 35,940. | | 36,128. | -188. | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h)) | | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | | | |
| a | | | -188. | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | 2 | -188. | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 | | 3 | -188. | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|---|--|---|---|
| 2009 | 127,410. | 1,248,293. | 0.102067 |
| 2008 | 132,130. | 1,396,055. | 0.094645 |
| 2007 | 125,698. | 1,572,243. | 0.079948 |
| 2006 | 112,132. | 1,596,012. | 0.070258 |
| 2005 | 112,023. | 1,566,561. | 0.071509 |

2 Total of line 1, column (d).

2 0.418427

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 0.083685

4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5

4 1,230,849.

5 Multiply line 4 by line 3

5 103,004.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 353.

7 Add lines 5 and 6

7 103,357.

8 Enter qualifying distributions from Part XII, line 4

8 129,385.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

| | | | |
|--|---|--------|------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1. | Date of ruling or determination letter. _____ (attach copy of letter if necessary – see instr.) | 1 | 353. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | | |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | |
| 3 Add lines 1 and 2 | 2 | 0. | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 3 | 353. | |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 4 | 0. | |
| 6 Credits/Payments | 5 | 353. | |
| a 2010 estimated tax prnts and 2009 overpayment credited to 2010 | 6a | 2,008. | |
| b Exempt foreign organizations – tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments Add lines 6a through 6d | 7 | 2,008. | |
| 8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0. | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 1,655. | |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax ► 1,655. Refunded ► 11 | | 0. | |

Part VII-A Statements Regarding Activities

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

| | Yes | No |
|----|-----|----|
| 1a | X | |

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?

| | | |
|----|---|--|
| | | |
| 1b | X | |

If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

| | | |
|----|---|--|
| | | |
| 1c | X | |

c Did the foundation file **Form 1120-POL** for this year?

| | | |
|----|---|--|
| | | |
| 1c | X | |

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.

| | | |
|--|--|--|
| | | |
| (1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0. | | |

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

| | | |
|---|---|--|
| | | |
| 2 | X | |

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

| | | |
|---|---|--|
| | | |
| 2 | X | |

If 'Yes,' attach a detailed description of the activities

| | | |
|---|---|--|
| | | |
| 3 | X | |

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes

| | | |
|----|---|--|
| | | |
| 4a | X | |

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

| | | |
|----|-----|--|
| | | |
| 4b | N/A | |

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

| | | |
|---|---|--|
| | | |
| 5 | X | |

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

| | | |
|---|---|--|
| | | |
| 6 | X | |

If 'Yes,' attach the statement required by General Instruction T.

| | | |
|---|---|--|
| | | |
| 7 | X | |

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

| | | |
|----|---|--|
| | | |
| 8a | X | |

• By language in the governing instrument, or

| | | |
|---|---|--|
| | | |
| 9 | X | |

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

| | | |
|----|---|--|
| | | |
| 10 | X | |

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV

| | | |
|----|---|--|
| | | |
| 8b | X | |

8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)

| | | |
|---|---|--|
| | | |
| 9 | X | |

TX

| | | |
|----|---|--|
| | | |
| 10 | X | |

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation

Part VII-A Statements Regarding Activities (Continued)

| | | |
|---|---|----------------------------|
| 11 | | X |
| 12 | | X |
| 13 | X | |
| 14 | JOE D HAVENS | Telephone no. 281-364-3100 |
| | Located at 25132 OAKHURST DR, SUITE 220, SPRING, TX | ZIP + 4 77386 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year | |
| 16 | 15 | N/A |
| 16 | Yes | No |
| | X | |
| See the instructions for exceptions and filing requirements for Form TD F 90-221. If 'Yes,' enter the name of the foreign country ► | | |

Part 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.

| | | |
|----|--|---|
| 1a | During the year did the foundation (either directly or indirectly) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1b | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | N/A |
| | Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | |
| 1c | 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? | X |
| 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)) | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | If 'Yes,' list the years ► 20__, 20__, 20__, 20__. | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions) | N/A |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20__, 20__, 20__, 20__. | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b | If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) | N/A |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | X |

Part VII-B: Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

 Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

 Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

 Yes No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

 Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?**5b** N/AOrganizations relying on a current notice regarding disaster assistance check here ► **c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A Yes No

If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

6b X**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b**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 instructions).**

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|--|---|---|---------------------------------------|
| SEE STATEMENT 5 | | 6,900. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|--|------------------|---|---------------------------------------|
| NONE | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

Total number of other employees paid over \$50,000

► 0

Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
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Total number of others receiving over \$50,000 for professional services.

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 PROVIDE FUNDS FOR SCHOLARSHIPS.

2

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Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 N/A

3

All other program-related investments See instructions

Total: Add lines 1 through 3

0.

100

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:
 a Average monthly fair market value of securities

| | |
|----|------------|
| 1a | 931,277. |
| 1b | 318,316. |
| 1c | |
| 1d | 1,249,593. |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7. | | | | 61,189. |
| 2 Undistributed income, if any, as of the end of 2010: | | | | |
| a Enter amount for 2009 only .. | | | 0. | |
| b Total for prior years: 20 ___, 20 ___, 20 ___ | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | 35,749. | | | |
| b From 2006 | 34,745. | | | |
| c From 2007 | 49,744. | | | |
| d From 2008 | 132,631. | | | |
| e From 2009 | 65,337. | | | |
| f Total of lines 3a through e | 318,206. | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 129,385. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 61,189. |
| e Remaining amount distributed out of corpus | 68,196. | | | 0. |
| 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 indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 386,402. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable amount – see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount – see instructions | | | 0. | |
| f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | 0. | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) | 35,749. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 350,653. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006. | 34,745. | | | |
| b Excess from 2007 | 49,744. | | | |
| c Excess from 2008 | 132,631. | | | |
| d Excess from 2009 | 65,337. | | | |
| e Excess from 2010 | 68,196. | | | |

Part XV **Supplementary Information** (continued)**3. Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|----------|
| <i>a Paid during the year</i> SEE STATEMENT 7 | | | | |
| Total | | | ► 3a | 120,000. |
| <i>b Approved for future payment</i> | | | | |
| Total | | | ► 3b | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (see the instructions) |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | |
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | 1,421. |
| 4 Dividends and interest from securities | | | | | 33,928. |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | -188. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | | 35,161. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 35,161. |

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

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of.

- (1) Cash .
- (2) Other assets

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

§ Sharing of facilities, equipment, mailing lists, other assets, or paid employees

| | | Yes | No |
|--------|--|-----|----|
| 1a (1) | | X | |
| 1a (2) | | X | |
| 1b (1) | | X | |
| 1b (2) | | X | |
| 1b (3) | | X | |
| 1b (4) | | X | |
| 1b (5) | | X | |
| 1b (6) | | X | |
| 1c | | X | |

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---------------------------------|---------------------------------|--|
| N/A | | |
| | | |
| | | |
| | | |

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

Sign
Here

Signature of officer or trustee

11/3/2011

Secretary

| | | | | | |
|--|--|-------------------------|-------------------|---|------|
| Signature of officer or trustee | | Preparer's signature | Date | Title | |
| Paid Preparer Use Only | Print/Type preparer's name | | Date | Check if <input type="checkbox"/> if self-employed | PTIN |
| | SHARON G MAJEWSKI | | SHARON G MAJEWSKI | N/A | |
| | Firm's name ► KIKIS MAJEWSKI & COMPANY, PC | | Firm's EIN ► N/A | | |
| Firm's address ► 9720 CYPRESSWOOD DR SUITE 250 | | Phone no (281) 580-6750 | | | |
| HOUSTON, TX 77070 | | | | | |

BAA

Form 990-PF (2010)

2010

FEDERAL STATEMENTS

PAGE 1

CLIENT 6004-52

HAVENS FOUNDATION, INC

76-0317434

10/31/11

02 20PM

STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING | \$ 2,072. | | | \$ 2,072. |
| TOTAL | <u>\$ 2,072.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 2,072.</u> |

STATEMENT 2
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

| | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--------------------|------------------------------|---------------------------------|-------------------------------|-------------------------------|
| ADVERTISING | \$ 60. | | | \$ 60. |
| FEDERAL EXCISE TAX | 353. | | | 353. |
| TOTAL | <u>\$ 413.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 413.</u> |

STATEMENT 3
FORM 990-PF, PART II, LINE 22
OTHER LIABILITIES

TOTAL \$ 0.

STATEMENT 4
FORM 990-PF, PART III, LINE 5
OTHER DECREASES

| | |
|---|-------------------|
| DISALLOWED ORDINARY LOSS FROM EDP (#76-0568219) | \$ 8,072. |
| DISALLOWED SEC 1231 LOSS FROM EDP (#76-0568219) | 84. |
| NON-DEDUCTIBLE EXP FROM EDP (#76-0568219) | 10. |
| PARTNERSHIP DISTRIBUTIONS (EPD #76-0568219) | 5,736. |
| TOTAL | <u>\$ 13,902.</u> |

2010

FEDERAL STATEMENTS

PAGE 2

CLIENT 6004-52

HAVENS FOUNDATION, INC

76-0317434

10/31/11

02 20PM

STATEMENT 5

FORM 990-PF, PART VIII, LINE 1

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| JOE D HAVENS 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | PRESIDENT 0 | \$ 0. | \$ 0. | \$ 0. |
| B J HAVENS 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | DIRECTOR 0 | 700. | 0. | 0. |
| NANCY HOFF 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | DIRECTOR 0 | 350. | 0. | 0. |
| MICHAEL HAVENS 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | DIRECTOR 0 | 700. | 0. | 0. |
| LARRY HOFF 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | DIRECTOR 0 | 350. | 0. | 0. |
| KENDRA WOLF 25132 OAKHURST DR, SUITE 220 SPRING, TX 77386 | SEC/TREAS 0 | 4,800. | 0. | 0. |
| TOTAL | | \$ 6,900. | \$ 0. | \$ 0. |

STATEMENT 6

FORM 990-PF, PART XV, LINE 2A-D

APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME: JOE D HAVENS

CARE OF:

STREET ADDRESS: 25132 OAKHURST, SUITE 220

CITY, STATE, ZIP CODE: SPRING, TX 77386

TELEPHONE: 281-364-3100

FORM AND CONTENT: ATTACHED

SUBMISSION DEADLINES: ATTACHED

RESTRICTIONS ON AWARDS: ATTACHED

2010

FEDERAL STATEMENTS

PAGE 3

CLIENT 6004-52

HAVENS FOUNDATION, INC

76-0317434

10/31/11

02 20PM

STATEMENT 7
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

| NAME AND ADDRESS | DONEE RELATIONSHIP | FOUND- ATION STATUS | PURPOSE OF GRANT | AMOUNT |
|--|-----------------------|---------------------------|----------------------|------------|
| HOUSTON BAPTIST UNIVERSITY 7502 FONDREN ROAD HOUSTON, TX 77074 | NONE | N/A | FUND SCHOLARSHIPS | \$ 16,000. |
| INDEPENDENT BAPTIST COLLEGE P O BOX 161309 FORT WORTH, TX 76161 | NONE | N/A | FUND SCHOLARSHIPS | 12,000. |
| TEMPLE BAPTIST COLLEGE 11965 KENN ROAD CINCINNATI, OH 45240 | NONE | N/A | FUND SCHOLARSHIPS | 12,000. |
| TEXAS A&M UNIVERSITY STUDENT FINANCIAL AID COLLEGE STATION, TX 77843 | NONE | N/A | FUND SCHOLARSHIPS | 20,000. |
| BAYLOR UNIVERSITY ONE BEAR PLACE #97026 WACO, TX 76798 | NONE | N/A | FUND SCHOLARSHIPS | 16,000. |
| SAM PRESLEY 8732 ROLLING OAKS DR MONTGOMERY, TX 77356 | NONE | N/A | SCHOLARSHIP | 3,000. |
| UNIVERSITY OF COLORADO REGENTS ADMINISTRATIVE CENTER 77UCB BOULDER, CO 80309 | NONE | N/A | FUND SCHOLARSHIPS | 15,000. |
| DEISY MARTINEZ 21610 W CHAMPAGNE CIRCLE TOMBALL, TX 77377 | NONE | N/A | SCHOLARSHIP | 10,000. |
| TEXAS A & M UNIVERSITY COLLEGE OF VETERINARY MEDICINE COLLEGE STATION, TX 77843 | NONE | N/A | FUND SCHOLARSHIPS | 16,000. |

TOTAL \$ 120,000.

HAVENS FOUNDATION ELIGIBILITY RULES

Applicant must have graduated High School with a Grade Point Average of 2.0

FULL - TIME STUDENTS

FRESHMAN

Must complete a minimum of 14 hours per semester with a minimum grade point average of 2.50.

SOPHOMORE, JUNIOR, SENIOR

Must complete a minimum of 15 hours per semester with a minimum grade point average of 2.50.

WORK STUDY STUDENTS

FRESHMAN

Must complete a minimum of 11 hours per semester with a minimum grade point average of 2.25

SOPHOMORE, JUNIOR, SENIOR

Must complete a minimum of 12 hours per semester with a minimum grade point average of 2.25

WORK STUDY STUDENTS

Students that qualify as work study students are those students who are enrolled in a work study program organized by the school they attend or those students who are required to work in a specific field in conjunction with a course they are taking.

Should a student fail to meet the minimum requirements in either the fall or spring semester he, or she must attend summer school at their own expense and bring their GPA and completed hours up to the Foundation minimum in order to be considered for support for the following fall semester.

Foundation support is only given for undergraduate studies.

Please include any comments you feel would help the Havens Foundation understand your spiritual life and goals better.

EDUCATIONAL BACKGROUND

High school from which you were graduated: _____
City _____ State _____

Year graduated _____, If there is an educational interim between your graduation and the present, Please explain why: _____

NOTE: Please attach a copy of your high school transcript to this application.

Do you have any college education? _____ If so, how many semester hours? _____
What was your grade point average for these semester hours? _____ Name the collage you attended. _____ City _____ St. _____

What was your field of study. _____

What field of study do you intend to pursue in your future studies. _____

Is there a difference, explain why: _____

Has there been an educational interim since your last college study and the current?

_____ How long? _____ Please explain why: _____

Please explain your life goal which you feel this education will help you achieve.
(State the kind of degree you plan to earn and the kind of life's work you have in mind.)

Have you been excepted into a college, university, or a trade or business school?

_____ Name of school _____ Address of school _____
_____ City _____ State _____ Zip _____

1. Please attach a copy of your college transcript.
2. Please attach a copy of your acceptance to the school you expect to attend while receiving Havens Foundation Scholarship assistance.
3. Furnish college brochures outlining tuition, meal plan, room expenses, books, Fees, etc.

FINANCIAL INFORMATION

Do you owe any debts? _____ If so, name:

| TO WHOM | TOTAL AMOUNT | MONTHLY PAYMENT |
|----------|--------------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |

TOTAL INDEBTEDNESS:

Do you have any income? _____. If so, how much per month? _____. Do you expect to maintain this income while you are in school? _____. How much capital do you have on hand? \$ _____. How much part-time income do you expect to generate while in school? \$ _____. Have you applied for grants to help you with your schooling? _____. If so, with whom?

1. _____
2. _____
3. _____
4. _____

Have you received any grants? If so,

| FROM WHOM: | AMOUNT PER SEMESTER: |
|------------|----------------------|
| 1. _____ | \$ _____ |

2. _____ \$ _____
3. _____ \$ _____

TOTAL GRANTS

Have you applied for other scholarships? _____ If so, with whom?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you received other scholarships? _____ If so:

FROM WHOM:

AMOUNT PER SEMESTER

1. _____
2. _____
3. _____
4. _____
5. _____

TOTAL SCHOLARSHIPS

Will you be receiving financial assistance from your parents? _____. How much per semester? _____. Will you be living with your parents? _____. Eating most of your meals with your parents? _____. If your parents are not assisting you with your schooling, please explain why not: _____

Check the appropriate bracket of your parents gross income:

1. \$15,000 - 25,000
2. \$25,000 - \$35,000

3. \$35,000 - 45,000
4. \$45,000 - \$55,000

5. Above \$55,000

If you parents gross income exceeds 35,000, and they are not assisting you with your schooling, please explain: (Such factors as your age and state in life, the number of children in your family, other economic commitments and responsibility of your parents, and the state of affairs between you and your parents are important to the Havens Foundation) _____

Your total anticipated schooling assistance per semester. (From all sources other than the Havens Foundation): \$ _____ Per month: \$ _____ Anticipated scholarship from the Havens Foundation: monthly: \$ _____ Per semester: \$ _____ Annually: \$ _____ Number of years anticipated to complete the education: _____ When do you plan to begin? (Month & year) _____.

REFERENCES

A minimum of three (3) references or recommendations should be submitted with this application.

1. _____

2. _____

3. _____

(Applicants Signature)

(Date)

NOTE:

In order for applicant to be considered for scholarship benefits from Havens Foundation, this application form must be completed and returned to the Havens Foundation at the address below not less than three (3) months prior to the school registration date of the applicant. Application for scholarship benefits from the Havens Foundation is not a guarantee that they will be received.

THE HAVENS FOUNDATION
25132 OAKHURST SUITE 210
SPRING, TX 77386

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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



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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only



All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

| | | |
|---|---|---|
| Type or print | Name of exempt organization HAVENS FOUNDATION, INC | Employer identification number 76-0317434 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite number. If a P O box, see instructions 25132 OAKHURST DR #220 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions SPRING, TX 77386-1446 | |

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

04

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

- The books are in the care of ► JOE D HAVENS

Telephone No ► 281-364-3100

FAX No. ►



- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until 8/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

► calendar year 20 10 or

► tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return

Change in accounting period

| | |
|--|---------------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a \$ 353. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b \$ 2,008. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c \$ 0. |

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|---|---|
| Type or print <small>File by the extended due date for filing the return. See instructions</small> | Name of exempt organization HAVENS FOUNDATION, INC | Employer identification number 76-0317434 |
| | Number, street, and room or suite number. If a P O box, see instructions KIKIS MAJEWSKI & COMPANY, PC 9720 CYPRESSWOOD DR SUITE 250 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions HOUSTON, TX 77070 | |
| | | |

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

04

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► **JOE D HAVENS**
Telephone No ► **281-364-3100** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15, 20 11
- For calendar year 2010, or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | |
|---|----------------------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 8a \$ 353. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ 2,008. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c \$ 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► 
BAA

Title ► **CRA**

FIFZ0502L 11/15/10

Date ► **8/21/11**

Form 8868 (Rev 1-2011)