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Form **990**

# 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

## 2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning 04/01, 2010, and ending 03/31, 2011

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>ORIX FOUNDATION</u>		<b>D</b> Employer identification number <u>80-0339763</u>
	Doing Business As		<b>E</b> Telephone number <u>(214) 237-2335</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>889,676.</u>
	<u>1717 MAIN STREET</u>	<u>900</u>	
City or town, state or country, and ZIP + 4 <u>DALLAS, TX 75201</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer <u>ELIZABETH DAANE</u> <u>1717 MAIN STREET, SUITE 900 DALLAS, TX 75201</u>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No" attach a list (see instructions)	
<b>J</b> Website: <u>WWW.ORIXFOUNDATION.COM</u>			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <u>2009</u>	<b>M</b> State of legal domicile <u>TX</u>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>THE FOUNDATION WAS CREATED PRIMARILY TO PROVIDE RELIEF FOR THE POOR AND DISTRESSED, AND ADVANCE EDUCATION.</u>
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>34.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>34.</u>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <u>5</u> <u>0.</u>
	<b>6</b> Total number of volunteers (estimate if necessary) <u>6</u> <u>34.</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <u>8</u> <u>599,100.</u> <u>889,676.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) <u>9</u> <u>0.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u> <u>0.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u> <u>-2,715.</u> <u>0.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u> <u>596,385.</u> <u>889,676.</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>13</u> <u>285,360.</u> <u>526,047.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u> <u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>15</u> <u>0.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u> <u>0.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>16b</u> <u>25,917.</u>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z) <u>17</u> <u>58,826.</u> <u>55,566.</u>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 26) <u>18</u> <u>344,186.</u> <u>581,613.</u>
	<b>19</b> Revenue less expenses - Subtract line 18 from line 12 <u>19</u> <u>252,199.</u> <u>308,063.</u>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <u>20</u> <u>752,199.</u> <u>1,060,262.</u>
	<b>21</b> Total liabilities (Part X, line 26) <u>21</u> <u>0.</u>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20 <u>22</u> <u>752,199.</u> <u>1,060,262.</u>

### Part II Signature Block

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

<b>Sign Here</b>	<u>[Signature]</u>	Date <u>2/15/2012</u>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Sara M. Mercer</u>	Preparer's signature <u>Sara M. Mercer, CPA</u>	Date <u>2/10/12</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P00031690</u>
	Firm's name <u>KPMG, LLP</u>	Firm's EIN <u>13-5565207</u>	Firm's address <u>110 PARK AVE, SUITE 26.0 OKLAHOMA CITY, OK 73101</u>	Phone no <u>405-239-6411</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2010)

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

ORIX FOUNDATION IS COMMITTED TO ADVANCING EDUCATION, STRENGTHENING COMMUNITIES AND IMPROVING LIVES. WE WANT CHILDREN AND FAMILIES TO SUCCEED - IN SCHOOL, IN THE WORKFORCE AND IN LIFE.

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 337,131 including grants of \$ 337,131) (Revenue \$ \_\_\_\_\_)

SEE DETAIL ON SCHEDULE O.

**4b** (Code \_\_\_\_\_) (Expenses \$ 171,416 including grants of \$ 171,416) (Revenue \$ \_\_\_\_\_)

UNDER THE MATCHING PROGRAM, THE ORGANIZATION'S AFFILIATE COMPANIES, COLLECTIVELY NAMED "ORIX USA" WILL MAKE FINANCIAL GRANTS TO THE ORGANIZATION TO BE USED TO MATCH A CONTRIBUTION MADE BY ORIX USA EMPLOYEE TO A PUBLIC, QUALIFIED CHARITY OF HIS OR HER CHOOSING WHICH HAS EXEMPT PURPOSES THE SAME AS OR SIMILAR TO THE ORGANIZATION'S EXEMPT PURPOSES. PURSUANT TO THE ORGANIZATION'S MATCHING PROGRAM, THE ORGANIZATION MADE CONTRIBUTIONS TO VARIOUS CHARTITABLE ORGANIZATIONS AT THE REQUEST OF THE EMPLOYEES.

**4c** (Code \_\_\_\_\_) (Expenses \$ 17,500 including grants of \$ 17,500) (Revenue \$ \_\_\_\_\_)

SPECIFIC INDIVIDUAL ASSISTANCE PROVIDED TO 2 FORMER OUC EMPLOYEES WHO ENCOUNTERED FINANCIAL HARDSHIPS SUBSEQUENT TO EMPLOYMENT WITH OUC.

**4d** Other program services (Describe in Schedule O)

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

**4e** Total program service expenses **▶** 526,047.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, sub-questions (1a-13c), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form 990-T, foreign accounts, prohibited tax shelter transactions, and contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TX
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELIZABETH DAANE 1717 MAIN STREET, SUITE 900 DALLAS, TX 75201 214-237-2335

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1) JAMES THOMPSON PRESIDENT	2.00	X		X			0.			
(2) ELIZABETH DAANE EXECUTIVE VP	4.00	X		X			0.			
(3) AMY HOWELL SECRETARY	2.00	X		X			0.			
(4) GREG MAY VICE PRESIDENT	2.00	X		X			0.			
(5) DEBBIE DOUGLASS VICE PRESIDENT	.50	X		X			0.			
(6) MICHAEL COUSINS TREASURER	.50	X		X			0.			
(7) ZEBBA ANSARI BOARD MEMBER	.50	X					0.			
(8) MARC ARMENTROUT BOARD MEMBER	.50	X					0.			
(9) LAURYN BLOOM BOARD MEMBER	.50	X					0.			
(10) BARBARA BUSH BOARD MEMBER	.50	X					0.			
(11) ADAM CATHEY BOARD MEMBER	.50	X					0.			
(12) MICHAEL DAVID BOARD MEMBER	.50	X					0.			
(13) JAMES DUNN BOARD MEMBER	.50	X					0.			
(14) NICOLA HOBEICHE BOARD MEMBER	.50	X					0.			
(15) CAROLYN HUBACH BOARD MEMBER	.50	X					0.			
(16) ROBERT LENHARDT BOARD MEMBER	.50	X					0.			

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JORDAN MASSEY BOARD MEMBER	.50	X					0.			
(18) JOSH MAYFIELD BOARD MEMBER	.50	X					0.			
(19) DENISE MILLER BOARD MEMBER	.50	X					0.			
(20) MIKE MORAN BOARD MEMBER	.50	X					0.			
(21) VALERIE PROWELL BOARD MEMBER	.50	X					0.			
(22) SCOTT RUTHERFORD BOARD MEMBER	.50	X					0.			
(23) PAUL WILSON BOARD MEMBER	.50	X					0.			
(24) HALEY BARRON BOARD MEMBER	.50	X								
(25) BRAD DELONG BOARD MEMBER	.50	X								
(26) MIKE JORDHOY BOARD MEMBER	.50	X								
(27) NOBORU KAWAI BOARD MEMBER	.50	X								
(28) JONATHAN KING BOARD MEMBER	.50	X								
<b>1b Sub-total</b>							0.			
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 1</b>										
<b>d Total (add lines 1b and 1c)</b>							0.			

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

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	889,676.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .		3,682				
	<b>h Total.</b> Add lines 1a-1f . . . . .			889,676			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			0			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
		(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents . . . . .						
	<b>b</b> Less rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0			
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .						
	<b>b</b> Less cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			0			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See instructions . . . . .			889,676	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	508,547.	508,547.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	17,500.	17,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17 . . . . .	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	0.			
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 OTHER EXPENSES -----	29,649.		29,649.	
b FUNDRAISING EXPENSES -----	25,917.			25,917.
c -----				
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses Add lines 1 through 24f</b>	<b>581,613.</b>	<b>526,047.</b>	<b>29,649.</b>	<b>25,917.</b>
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	752,199.	<b>1</b>	1,048,562.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	0.
	<b>10 a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D <b>10a</b> . . . . .			
	<b>b</b> Less accumulated depreciation . . . . . <b>10b</b>			
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .		<b>13</b>	11,700.
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	752,199.	<b>16</b>	1,060,262.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	752,199.	<b>27</b>	1,060,262.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	752,199.	<b>33</b>	1,060,262.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	752,199.	<b>34</b>	1,060,262.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	889,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	581,613.
3	Revenue less expenses Subtract line 2 from line 1	3	308,063.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	752,199.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,060,262.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ORIX FOUNDATION

Employer identification number  
80-0339763

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .			500,000	599,100	889,676	1,988,776
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .			500,000	599,100	889,676	1,988,776
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						1,613,181
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						375,595

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .			500,000	599,100	889,676	1,988,776
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,988,776

**12** Gross receipts from related activities, etc (see instructions) . . . . . **12**

**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

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

**14** Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** %

**15** Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . **15** %

**16a 33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

**17a 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 stop here. 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 - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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 its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
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) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .

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

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

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

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

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

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

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

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**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).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

Name of the organization

ORIX FOUNDATION

Employer identification number

80-0339763

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DALLAS ROTARY CLUB FOUNDATION 1717 NORTH AKARD DALLAS, TX 75201	75-1098979	501(C)(3)	14,072				GENERAL SUPPORT
(2)	DALLAS CASA 2815 GASTON DALLAS, TX 75226	75-1866204	501(C)(3)	30,966				GENERAL SUPPORT
(3)	MILKINSON CENTER PO BOX 720248 DALLAS, TX 75372	75-2712117	501(C)(3)	20,000				GENERAL SUPPORT
(4)	STARLIGHT MID-ATLANTIC 1054 31ST ST, NW STE 410B WASHINGTON DC	52-2198735	501(C)(3)	7,500				GENERAL SUPPORT
(5)	NEW BEGINNING CENTER 218 N TENTH STREET GARLAND, TX 75040	75-1884025	501(C)(3)	25,000				GENERAL SUPPORT
(6)	WESLEY-BANKIN COMMUNITY CENTER 3100 CROSSMAN AVENUE DALLAS, TX 75121	75-0808775	501(C)(3)	10,000				GENERAL SUPPORT
(7)	NORTH TEXAS FOOD BANK 4500 S. COCKRELL HILL DALLAS, TX 75236	75-1785357	501(C)(3)	26,000				GENERAL SUPPORT
(8)	USO-DFW 2111 WILSON BOULEVARD, STE 1200	13-1610451	501(C)(3)	25,000				GENERAL SUPPORT
(9)	M ESCUELITA PO BOX 191487 DALLAS, TX 75219-9998	75-1728505	501(C)(3)	15,000				GENERAL SUPPORT
(10)	PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	04-3815107	501(C)(3)	70,247				GENERAL SUPPORT
(11)	VOGEL ALCOVE 7557 RAMBLER STE 262 DALLAS, TX 75231	75-2133827	501(C)(3)	70,247				GENERAL SUPPORT
(12)								

**2** Enter total number of section 501(c)(3) and government organizations **11**

**3** Enter total number of other organizations **11**

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	HARDSHIP ASSISTANCE TO FORMER ORIX EMPLOYEES	2	17,500			
2	LOW INTEREST LOANS TO FORMER ORIX EMPLOYEES	1	11,700			
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

GRANTS TO ORGANIZATIONS

PART I, LINE 2

A PARTNER CHARITY MUST DEMONSTRATE A CURRENT NEED FOR FUNDS AND HISTORICALLY PRUDENT MANAGEMENT OF FUNDS AND PROGRAMS. THE CHARITY SHOULD DEMONSTRATE THAT ITS GENERAL AND ADMINISTRATIVE EXPENSES ARE COMPARABLE TO OR LESS THAN THOSE OF SIMILAR CHARITIES. WE LIKE TO CONSIDER THE IMPACT OF THE FUNDS - BOTH THE NUMBER OF INDIVIDUALS BENEFITTING FROM THE DONATION, AS WELL AS THE MANNER AND EXTENT TO WHICH THEY WILL BENEFIT. ORIX PREFERS DEVELOPING CHARITIES WITH MODEST FUNDRAISING CAPABILITIES, AND UNDERFUNDED CHARITIES, WHERE OUR DOLLARS

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

CAN MAKE THE GREATEST DIFFERENCE. A PARTNER CHARITY IS REQUIRED TO SUBMIT AUDITED FINANCIAL STATEMENTS OR A COMPLETED FORM 990 TO ORIX FOUNDATION'S EXECUTIVE COMMITTEE FOR REVIEW. ALSO, A MEMBER OF THE EXECUTIVE COMMITTEE TYPICALLY PERFORMS A SITE VISIT TO ENSURE THE ORGANIZATION APPEARS TO BE OPERATING ADEQUATELY AND AS INTENDED. ORIX FOUNDATION FOLLOWS UP WITH PARTNER CHARITIES, EXPECTING THEM TO REPORT HOW FUNDS ARE SPENT AND HOW SERVICES HAVE BEEN PROVIDED TO THE COMMUNITY.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

GRANTS TO INDIVIDUALS

PART I, LINE 2

ORIX FOUNDATION ADMINISTERS AN EMERGENCY FINANCIAL HARDSHIP ASSISTANCE PROGRAM TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO FORMER EMPLOYEES OF OUC. EMERGENCY FINANCIAL HARDSHIP INCLUDES ANY SITUATION RENDERING AN INDIVIDUAL UNABLE TO MAINTAIN A MINIMUM STANDARD OF LIVING. RECIPIENTS MAY USE GRANTS OR LOANS FROM THE FOUNDATION TO PAY FOR REASONABLE/NECESSARY LIVING EXPENSES. THE APPLICANT MUST PROVIDE A SUMMARY AND SUBMIT EVIDENCE TO SUBSTANTIATE LOSSES, THE PURPOSES FOR WHICH HE OR SHE NEEDS FINANCIAL ASSISTANCE AND THE PROPOSED COSTS TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

COVER SUCH FINANCIAL NEED TO EVALUATE HIS OR HER APPLICATION INCLUDING, EVIDENCE OF SEARCHING, DOCTORS' NOTES AND PERSONAL FINANCIAL STATEMENTS. RECIPIENTS WILL BE REQUIRED TO PROVIDE A SUMMARY OF THOSE EXPENDITURES AND THE SUPPORTING DOCUMENTS WITHIN A REASONABLE TIME FOLLOWING THE DATE OF DISBURSEMENT. THE FOUNDATION WILL NOT PROVIDE FINANCIAL ASSISTANCE TO ANY PERSON WHERE A FAMILIAL RELATIONSHIP EXISTS BETWEEN AN OFFICER, A DIRECTOR, A KEY EMPLOYEE OF, OR A SUBSTANTIAL CONTRIBUTOR TO THE FOUNDATION. APPLICATION WILL BE SUBMITTED TO THE EMERGENCY FINANCIAL AID COMMITTEE (EFAC) OF THE FOUNDATION ON A "BLIND BASIS", MEANING THAT ALL PERSONAL IDENTIFYING INFORMATION WILL HAVE BEEN REDACTED, SO THAT THE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

EFAC WILL BE UNABLE TO IDENTIFY THE APPLICANT. DECISIONS ON APPLICATIONS WILL BE MADE BY AN AFFIRMATIVE VOTE BY A MAJORITY OF MEMBERS ON THE FOUNDATION'S INDEPENDENT EFAC.



**Part I Liquidation, Termination, or Dissolution (Continued)**

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.**

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	SEE SCHEDULE I, PART II, & III	VARIOUS					

- 2 Did or will any officer, director, trustee, or key employee of the organization
  - a Become a director or trustee of a successor or transferee organization?
  - b Become an employee of, or independent contractor for, a successor or transferee organization?
  - c Become a direct or indirect owner of a successor or transferee organization?
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

---

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e Also complete this part to provide any additional information

---

SUPPLEMENTAL INFORMATION

SCHEDULE N, PART II, LINE 1

THE GRANTS DISCLOSED IN SCHEDULE I WERE MADE IN THE ORDINARY COURSE OF THE ORGANIZATION'S CHARITABLE ACTIVITIES AND NOT AS PART OF A PLAN TO LIQUIDATE OR SUBSTANTIALLY REDUCE THE ACTIVITIES OF THE ORGANIZATION.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

ORIX FOUNDATION

Employer identification number

80-0339763

PAGE 6. PART VI. QUESTION 2 EXPLANATION:

BUSINESS RELATIONSHIP: JIM THOMPSON, ELIZABETH DAANE, MICHAEL COUSINS

PAGE 6. PART VI. SECTION A. QUESTION 11B EXPLANATION:

THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM EXPERIENCED IN PREPARATION OF FORM 990 TO REVIEW THE ORGANIZATION'S FORM 990. THE TREASURER WILL REVIEW THE RETURN PRIOR TO FILING THE RETURN. AN ELECTRONIC COPY OF THE FINAL FORM 990 IS THEN E-MAILED TO THE BOARD OF DIRECTORS.

PAGE 6. PART VI. SECTION B. QUESTION 12C EXPLANATION:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OR COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD OR COMMITTEE MEMBERS.

IF THE REMAINING BOARD OR COMMITTEE MEMBERS DETERMINE A CONFLICT OF

Name of the organization ORIX FOUNDATION	Employer identification number 80-0339763
---	--

INTEREST EXISTS, THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE FOUNDATION AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE FOUNDATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

PAGE 6. PART VI. SECTION B. QUESTION 15 EXPLANATION:

THE ORGANIZATION DOES NOT HAVE ANY OFFICERS OR KEY EMPLOYEES THAT ARE COMPENSATED. AS SUCH, A PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT IS NOT REQUIRED.

PAGE 6. PART VI. SECTION C. QUESTION 19 EXPLANATION:

THE PUBLIC CAN MAKE A REQUEST FOR THE DOCUMENTS AT THE ORIX FOUNDATION OFFICES.

Name of the organization ORIX FOUNDATION	Employer identification number 80-0339763
---	--

PAGE 3. PART III. QUESTION 4A.

PROGRAM SERVICE 4A DETAIL.

THE ORGANIZATION'S OBJECTIVE UNDER ITS CHARITABLE GIVING PROGRAM IS TO PROVIDE GRANTS TO "QUALIFIED CHARITIES" WITH EXEMPT PURPOSES THAT ARE THE SAME AS OR SIMILAR TO ITS EXEMPT PURPOSES. PURSUANT TO THE CHARITABLE GIVING PROGRAM, THE ORGANIZATION MADE CONTRIBUTIONS TO THE FOLLOWING CHARITABLE ORGANIZATIONS -

STARLIGHT MID-ATLANTIC: \$7,500

PHOENIX HOUSE: \$5,000

DALLAS CASA: \$30,966

WILKINSON CENTER: \$20,000

DALLAS ROTARY CLUB FOUNDATION: \$14,072

NORTH TEXAS FOOD BANK: \$26,000

VOGEL ALCOVE: \$70,247

RETINA FOUNDATION OF THE SOUTHWEST: \$5,000

MI ESCUELITA: \$15,000

USO-DFW: \$25,000

PEDIATRIC CANCER FOUNDATION: \$5,000

NEW BEGINNING CENTER: \$25,000

CAPTAIN HOPE'S KIDS: \$1,000

WESLEY-RANKIN COMMUNITY CENTER: \$10,000

KAPPA ALPHA THETA FOUNDATION: \$600

THE STEWPOT: \$5,000

PATRIOT PAWS SERVICE DOGS: \$70,247

HELLA SHRINE CENTER: \$1,500

Name of the organization ORIX FOUNDATION	Employer identification number 80-0339763
---	--

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 TONYA MOORE BOARD MEMBER	.50						X			
30 SUE RHODES BOARD MEMBER	.50						X			
31 ERIC SCHNEPF BOARD MEMBER	.50						X			
32 TRAVIS SCHWAER BOARD MEMBER	.50						X			
33 BRIAN SEVILLE BOARD MEMBER	.50						X			
34 ELIZABETH VEAZEY BOARD MEMBER	.50						X			

ATTACHMENT 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
JAMES THOMPSON PRESIDENT	40.00
ELIZABETH DAANE EXECUTIVE VP	40.00
AMY HOWELL SECRETARY	40.00
GREG MAY VICE PRESIDENT	40.00
DEBBIE DOUGLASS VICE PRESIDENT	40.00
MICHAEL COUSINS TREASURER	40.00
ZEBBA ANSARI BOARD MEMBER	40.00
MARC ARMENTROUT BOARD MEMBER	40.00
LAURYN BLOOM BOARD MEMBER	40.00
BARBARA BUSH BOARD MEMBER	40.00
ADAM CATHEY BOARD MEMBER	40.00
MICHAEL DAVID BOARD MEMBER	40.00

Name of the organization ORIX FOUNDATION	Employer identification number 80-0339763
---	--

ATTACHMENT 2 (CONT'D)

JAMES DUNN	
BOARD MEMBER	40.00
NICOLA HOBEICHE	
BOARD MEMBER	40.00
CAROLYN HUBACH	
BOARD MEMBER	40.00
ROBERT LENHARDT	
BOARD MEMBER	40.00
JORDAN MASSEY	
BOARD MEMBER	40.00
JOSH MAYFIELD	
BOARD MEMBER	40.00
DENISE MILLER	
BOARD MEMBER	40.00
MIKE MORAN	
BOARD MEMBER	40.00
VALERIE PROWELL	
BOARD MEMBER	40.00
SCOTT RUTHERFORD	
BOARD MEMBER	40.00
PAUL WILSON	
BOARD MEMBER	40.00
HALEY BARRON	
BOARD MEMBER	40.00
BRAD DELONG	
BOARD MEMBER	40.00
MIKE JORDHOY	
BOARD MEMBER	40.00
NOBORU KAWAI	
BOARD MEMBER	40.00
JONATHAN KING	
BOARD MEMBER	40.00
TONYA MOORE	
BOARD MEMBER	40.00
SUE RHODES	
BOARD MEMBER	40.00
ERIC SCHNEPF	
BOARD MEMBER	40.00
TRAVIS SCHWAER	
BOARD MEMBER	40.00
BRIAN SEVILLE	
BOARD MEMBER	40.00
ELIZABETH VEAZEY	
BOARD MEMBER	40.00

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ORIX FOUNDATION

Employer identification number

80-0339763

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33 )

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule R (Form 990) 2010

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Depreciable allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ORIX USA CORPORATION 1717 MAIN STREET, SUITE 900 DALLAS, TX 75201 13-3095268	COMM FINANCE	TX	N/A	C CORP	N/A	N/A	N/A
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)	-----										
(2)	-----										
(3)	-----										
(4)	-----										
(5)	-----										
(6)	-----										
(7)	-----										
(8)	-----										
(9)	-----										
(10)	-----										
(11)	-----										
(12)	-----										
(13)	-----										
(14)	-----										
(15)	-----										
(16)	-----										

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**Part VII** **Supplemental Information**

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

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REASON FOR 2ND EXTENSION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

## 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization <b>ORIX FOUNDATION</b>	Employer identification number <b>80-0339763</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1717 MAIN STREET, STE 900</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DALLAS, TX 75201</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

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

- The books are in the care of ▶ PAUL WILSON

Telephone No ▶ 214-237-2000 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 NOVEMBER 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 \_\_\_\_ or
  - ▶  tax year beginning APRIL 1, 20 10, and ending MARCH 31, 20 11
- 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	<b>3a</b>	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$

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

For Paperwork Reduction Act Notice, see Instructions.

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

- 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).

<b>Type or print</b> File by the extended due date for filing your return See instructions	Name of exempt organization <b>ORIX FOUNDATION</b>	Employer identification number <b>80-0339763</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1717 MAIN STREET, STE 900</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>DALLAS, TX 75201</b>	

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

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

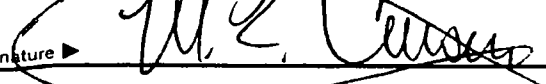
**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  Telephone No  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
- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

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

**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  Title **Chief Financial Officer** Date **7-11-11**

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

<b>Type or print</b> <small>File by the extended due date for filing your return See instructions</small>	Name of exempt organization ORIX FOUNDATION	Employer identification number 80-0339763
	Number, street, and room or suite no If a P O box, see instructions 1717 MAIN STREET, STE 900	
	City, town or post office, state, and ZIP code For a foreign address, see instructions DALLAS, TX 75201	

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

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

**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 the care of  PAUL WILSON  
Telephone No  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

4 I request an additional 3-month extension of time until 02/15, 20 12

5 For calendar year \_\_\_\_\_, or other tax year beginning 04/01, 20 10, and ending 03/31, 20 11

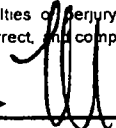
6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension ATTACHMENT 1

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

**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  Title  Date