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## Form 990-PF

Department of the Treasury Internal Revenue Service

(HTAOGDEN, UT

### **Return of Private Foundation**

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

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

2010

OMB No 1545-0052

For	cal	endar year 2010, or ta	k year beg	inning	7/1/2010	, an	nd ending	6	3/30/2011		
G	Che	ck all that apply	Initial	return [	Initial return	of a forr	ner public chai	rity	☐ Final re	eturn	
			Amer	nded return	Address		· —	•	change		
Na	me of	foundation				<u>~</u> _			Employer identification n	umber	
TH	F MC	ORE LIFE FOUNDATIO	N					l	20-0505	5622	
		and street (or P O box numbe		delivered to street a	ddress)		Room/suite	В	Telephone number (see pa		ctions)
971	ME	ADOWLARK CIRCLE						l	330-995-	-5373	
		wn, state, and ZIP code						C II	f exemption application is p		. ▶ □
ΑŲ	ROF	A			ОН		44202	1	Foreign organizations, ch	-	▶□
H	Che	ck type of organization	X Section	on 501(c)(3 <u>) e</u> xe	empt private f	oundatio	n	] 2	2. Foreign organizations me	eting the 85% test	
	Sec	tion 4947(a)(1) nonexe	mpt charita	able trust	Other taxable	private f	foundation	<u>ا</u> _ ا	check here and attach co		▶□
1	Fair	market value of all asse	ets at end	J Accounting	method.	X Cash	Accrual		f private foundation status v under section 507(b)(1)(A),		▶□
	of ye	ear (from Part II, col (c)	,	Other (s	pecify)	 			f the foundation is in a 60-r		_
		16) > \$		(Part I, column		cash basi	's. <i>)</i>	١.,٠	under section 507(b)(1)(B),		▶⊔
Pa	rt i	Analysis of Revenue	-		. (a) revenu		(b) Net investm	ent	(c) Adjusted net	(d) Disburser for chantal	
		amounts in columns (b), (c), the amounts in column (a) (s		•	expenses books		ıncome		income	purposes	
				···	DOGRS	<u> </u>	<del></del>		<del> </del>	(cash basis o	only)
	1	Contributions, gifts, grants, e		•			<del></del>		<del> </del>	<del></del>	
	2	Check Interest on covings and				<del> </del>				<del></del>	
	3	Interest on savings and to Dividends and interest from				0 424	<del></del>	42	0	<del>                                     </del>	
		Gross rents	om secunde		<u> </u>	- 424	<del></del>		0	<del> </del>	
4.		Net rental income or (los	 :s)						<u> </u>	<del>                                     </del>	
Revenue		Net gain or (loss) from s	'	s not on line 10	1	0				<del> </del>	
é		Gross sales price for all ass		_							
چَ	7	Capital gain net income	(from Part I)	V, line 2)					0		
_	8	Net short-term capital ga	ain						(		
	9	Income modifications	•								
		a Gross sales less returns and		<u></u>	<del></del>				- <del> </del>	<b></b>	
		b Less Cost of goods sol			9				<del></del>	ļ	
	1	C Gross profit or (loss) (att		le) .	<u> </u>	0				<del>. </del>	
	11 12	Other income (attach so Total. Add lines 1 throu	•						<del></del>	<u> </u>	
_				trustone oto		424 0		42	4	·	
Spenses	14	Compensation of officers Other employee salaries	-		<del> </del>	4			<del> </del>	+	
35	15	Pension plans, employe	_						<del></del>	<del>                                     </del>	
e g	16	a Legal fees (attach sched				0			0	0	0
ς₩		<b>b</b> Accounting fees (attach	•			ō			<del></del>		0
(2)	<b>,</b>	C Other professional fees	(attach sche	edule)		0			0 (	0	0
	17	Interest	•	•							
	18	Taxes (attach schedule) (see		· ·		0			<del></del>	0	0
煌	19	Depreciation (attach sch	edule) and	depletion		0			0 (	0	
3	20	Occupancy							<del></del>	<b>_</b>	
*	21	Travel, conferences, and	_	•			<del></del>		+	<u> </u>	
JE JE	22 23	Printing and publications Other expenses (attach				0	<del></del>		0	0	
֟֟֞֟֞֟֓֟֟ <del>֚</del>	24	Total operating and ad	•				<del></del> -		<u> </u>	<del>' </del>	0
Operating and Additinist Fation		Add lines 13 through 23		o expenses.		o			0		0
Je.	25	Contributions, gifts, gran				1,100			<u> </u>	<u> </u>	1,100
_ŏ	26	Total expenses and disbur		lines 24 and 25		1,100	·		0	0	1,100
_	27					-,	<del></del>		Ť'	<del>`</del>	-, 100
-	17	a.Excess.of.revenue.over.ex	ļ penses and d	isbursements		-676				1	
<b></b>		b Net investment incom	e (if negative	e, enter -0-)				42	24		
884	FE	Subtract line.20 from In a.Excess.of.revenue.over ex b Net investment income c.Adjusted met Income (	f negative, e	enter -0-)						0	
	r-Par	erwork-Reduction-Act N	otice, see p	age 30 of the ins	tructions.			_		Form 990-P	F (2010)

Dai	t II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
ĹŒ	سجا	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
ì	2	Savings and temporary cash investments	1,729	1,053	1,053
-	3	Accounts receivable   0		_	
		Less: allowance for doubtful accounts	0	0	0
	4	Pledges reœivable ▶ 0			
1		Less: allowance for doubtful accounts	0	0	0
	5	Grants receivable			
i	6	Receivables due from officers, directors, trustees, and other			•
		disqualified persons (attach schedule) (see page 15 of the			•
ı	_	instructions)	<del> </del>	0	0
	7	Other notes and loans receivable (attach schedule)			•
Assets	_	Less allowance for doubtful accounts	<u> </u>	0	0
55	8	Inventories for sale or use	<del></del>		
Ä	9	Prepaid expenses and deferred charges			
	_	I investments—U.S. and state government obligations (attach schedule)	0	0	10.070
ļ		Investments—corporate stock (attach schedule)	15,992	18,070	
į		Investments—corporate bonds (attach schedule)	. 0	0	0
	11	Investments—land, buildings, and equipment basis	_}	_	_
	40	Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis	_	_	_
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	17,721	19,123	19,123
	17	Accounts payable and accrued expenses			
Ş	18	Grants payable	<u> </u>		
ij	19	Deferred revenue	<del></del>		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe )	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
!		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted			i
a	25	Temporanly restricted			
<u>m</u>	26	Permanently restricted			
or Fund		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.	1		
ō	27	Capital stock, trust principal, or current funds	17,721	19,123	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	ļļ		
Se	29	Retained earnings, accumulated income, endowment, or other funds.			
As	30	Total net assets or fund balances (see page 17 of the	ļ ļ		
Net.		instructions)	17,721	19,123	
Z	31	Total liabilities and net assets/fund balances (see page 17	ì		
		of the instructions)	17,721	19,123	
_	t III	Analysis of Changes in Net Assets or Fund Balances	<del></del>	<del></del>	
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with	Ì	
		of-year figure reported on prior year's return)		1	17,721
		amount from Part I, line 27a	•	. 2	-676
		r increases not included in line 2 (itemize) Increase in NAV		3	2,078
		nes 1, 2, and 3		4	19,123
		eases not included in line 2 (itemize) Decrease in Nav		5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, o	column (b), line 30	6	19,123

Part IV Capital Gains and	d Losses for Tax on Inve	stment Inco	me			
(a) List and describe the	kınd(s) of property sold (e.g., real esta e, or common stock, 200 shs MLC Co	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acc	-	(d) Date sold (mo , day, yr )
1a		• •,	D Donagon			
b						·
C						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			n or (loss) ) minus (g)
<b>a</b> 0	0		0			0
<b>b</b> 0	0		. 0			0
<b>c</b> 0	0		0			0
<b>d</b> 0	0		0			0
<b>e</b> 0	O <u>.</u>		0			0
Complete only for assets show	ing gain in column (h) and owned	by the foundati	on on 12/31/69	(I) G	aıns (Col	(h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ess of col (i) ol (j), if any	col(k	), but not	less than -0-) or rom col (h))
<b>a</b> 0	0		0			0
<b>b</b> 0	0		0			C
<b>c</b> 0	0		0			
<b>d</b> 0	0		0			C
<b>e</b> 0	0		0			O
2 Capital gain net income or (		ilso enter in Pa enter -0- in Pa		2		
3 Net short-term capital gain of	or (loss) as defined in sections line 8, column (c) (see pages	• •	· ·			
instructions) If (loss), enter			}	3		C
Part V Qualification Und		duced Tax	n Net Investm	ent Income		
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	e section 4942 tax on the dist ot qualify under section 4940(	e). Do not com	plete this part			Yes X No
	ount in each column for each y	ear; see page	18 of the instruc	tions before	making	any entries
(a) Base penod years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distribution	ns Net value	(c) of nonchantable-use a	assets		(d) Inbution ratio
2009		1,658	2.	1,732	(00) (0) (	divided by col (c)) 0.076293
2008		1,100		8,594		0.059159
2007		1,688		1,849		0.039138
2006		1,512		0,411		0 074078
2005		1,617		9,863		0.081408
2 Total of line 1, column (d)				. 2		0 368196
3 Average distribution ratio for the number of years the for	or the 5-year base period—div undation has been in existence			y . <u>3</u>		0 073639
4 Enter the net value of nonc	haritable-use assets for 2010	from Part X, li	ne 5 .	4_		19,593
5 Multiply line 4 by line 3				. 5		1,443
6 Enter 1% of net investment	income (1% of Part I, line 27)	b)		. 6		
7 Add lines 5 and 6				7	-	1,447
8 Enter qualifying distribution If line 8 is equal to or greate the Part VI instructions on p	er than line 7, check the box ii	 n Part VI, line	 1b, and complete	that part usi	ng a 1%	1,100% tax rate See

or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

If "Yes." complete Part XIV

their names and addresses .

9

10

Form	n 990-PF (2010) THE MORE LIFE FOUNDATI	ON					20-05	05622	Р	age 6
Pa	rt VII-B Statements Regarding Activitie	es fo	r Which Forn	n 4720 May Be I	Required	(continued)				
5a	Dunng the year did the foundation pay or incur any	amo	unt to:							
	(1) Carry on propaganda, or otherwise attempt to	o influ	ence legislation (	section 4945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public			955), or to carry						
	on, directly or indirectly, any voter registration	n drive	97	•		Yes	<u>⊠</u> №	1		
	(3) Provide a grant to an individual for travel, stu	dy, or	other similar pur	poses?		Yes	X No	ľ	] ]	
	(4) Provide a grant to an organization other than						_		1	
	in section 509(a)(1), (2), or (3), or section 49-	40(d)(	2)? (see page 22	of the instructions)		Yes	X No			
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of		•			Yes	X No			
b	If any answer is "Yes" to 5a(1)(5), did any of the t	ransa	ctions fail to qual	ify under the except	ons descr	bed in			]	1
	Regulations section 53 4945 or in a current notice	regar	ting disaster assi	stance (see page 22	of the ins	tructions)?	<u></u>	5b	N/A	
	Organizations relying on a current notice regarding	disas	ster assistance ch	neck here		. ▶	·Ш	1	1	
C	If the answer is "Yes" to question 5a(4), does the fe	ounda	tion daim exemp	tion from the			_			
	tax because it maintained expenditure responsibilit	-	-		•	Yes	∐ No		1	
	If "Yes," attach the statement required by Regulation			. ,						
6a	Did the foundation, during the year, receive any fur	nds, d	irectly or indirectl	y, to pay		<b>L</b> 1				
_	premiums on a personal benefit contract?					Yes	X No	١	1 1	
D	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870.	, direc	tly or indirectly, o	n a personal benefi	contract?			6b		_ <u>X</u> _
	At any time during the tax year, was the foundation	•	•			Yes	X No	<u> </u>	<u> </u>	
	If "Yes," did the foundation receive any proceeds of						<u>.</u>	7b		
Р	art VIII Information About Officers,	Dire	ectors, Truste	es, Foundation	Manag	ers, Highly	Paid E	nploy	ees,	
	and Contractors	4	<del></del>		47. 4					
3		วหเดท	managers and	i their compensa	tion (see	e page 22 of t	he instr	uction	IS).	
	List all officers, directors, trustees, foundation					Contributions to			<del>-,.</del>	
	(a) Name and address	(b)	Title, and average lours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) empl	Contributions to oyee benefit plans ferred compensati	s (	e) Exper		
		(b)	litle, and average ours per week	(c) Compensation (if not paid, enter -0-)	(d) empl	oyee benefit plans	s (	e) Exper	se acco	
	(a) Name and address	(b)	Fitte, and average tours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) empl and de	oyee benefit plans	s ion	e) Exper	se acco	:s
	(a) Name and address	(b)	Fitte, and average lours per week voted to position	(c) Compensation (if not paid, enter -0-)	(d) empl and de	oyee benefit plans	s ion	e) Exper	se acco	:s
	(a) Name and address	(b)	Fitte, and average lours per week voted to position 00	(c) Compensation (If not paid, enter -0-)	(d) empl and de	oyee benefit plans	on O	e) Exper	se acco	0
	(a) Name and address	(b)	Fitte, and average tours per week voted to position	(c) Compensation (If not paid, enter -0-)	(d) empl and de	oyee benefit plans	s (o	e) Exper	se acco	0
	(a) Name and address	(b)	Fitte, and average lours per week voted to position 00	(c) Compensation (iff not paid, enter -0-)	(d) empl and de	oyee benefit plans	on O	e) Exper	se acco	0 0
<u>NO</u>	(a) Name and address	(b) I de	Fitte, and average ours per week voted to position  00  00  00	(c) Compensation (if not paid, enter -0-)	(d) empl and de	oyee benefit plans ferred compensati	0 0 0	e) Exper other a	ise acco	0
<u>NO</u>	(a) Name and address	(b) I de	Fitte, and average ours per week voted to position  00  00  00	(c) Compensation (if not paid, enter -0-)	(d) empl and de	oyee benefit plans ferred compensati	0 0 0	e) Exper other a	ise acco	0 0
NC.	(a) Name and address  ONE  Compensation of five highest-paid employ	(b) de	Fitte, and average ours per week voted to position  00  00  00	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0
	(a) Name and address  ONE  Compensation of five highest-paid employ If none, enter "NONE."	(b) de	Fitte, and average lours per week woted to position  O0  O0  (other than the hours per week woted to position)	(c) Compensation (if not paid, enter -0-)  Discontinuous included on large (c) Compensa	(d) empl and de	ee page 23 of  (d) Contributions temployee benefit plans and deferre	O O O O The ins	truction	ons).	0 0 0

FORM 990-PF (2010) THE MORE LIFE FOUNDATION		20-0505622 Page /
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	nage 23 of the instructions). If none enter	- "NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		•
		0
		0
		_
		0
		_
		0
		0
Total number of others receiving over \$50,000 for professional services .	<u> </u>	·
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant		Expenses
the number of organizations and other beneficiaries served, conferences convened, research		
1 MORE LIFE INVESTED ITS ASSETS FOR CONTRIBUTION TO OTHE		
CHARITABLE PURPOSE. IN 2008-10 IT MADE CHARITABLE GIFTS	TO 2 QUALIFYING CHARITIES LISTE	
PART XV.		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		
		0
Total. Add lines 1 through 3		0

Form **990-PF** (2010)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	ons,
	see page 24 of the instructions.)		· · · · · · · · · · · · · · · · · · ·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes.		
а	Average monthly fair market value of securities	1a	17,968
b	Average of monthly cash balances	1b	1,923
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	19,891
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	19,891
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25		_
	of the instructions)	4	298
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	19,593
6	Minimum investment return. Enter 5% of line 5	6	980
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	operating	
	foundations and certain foreign organizations check here   and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	980
2a	Tax on investment income for 2010 from Part VI, line 5	8	
b		이	
С	Add lines 2a and 2b	2c	8
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	972
4	Recovenes of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	972
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		<del></del>
	line 1	7	972
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
		<del>, , , , , , , , , , , , , , , , , , , </del>	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes	4	1 100
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,100
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
•	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the.	1.	
а	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	-
_	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,100
	<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation	

Part XIII Undistributed Income (see page 26 of the instructions) (b) (c) (d) Years prior to 2009 Corpus 2009 2010 Distributable amount for 2010 from Part XI. 1 line 7 972 Undistributed income, if any, as of the end of 2010 1,087 a Enter amount for 2009 only **b** Total for prior years 20 , 20 Excess distributions carryover, if any, to 2010 a From 2005 . 0 **b** From 2006 **c** From 2007 0 d From 2008 e From 2009 . . f Total of lines 3a through e Qualifying distributions for 2010 from Part XII, line 4 > \$ a Applied to 2009, but not more than line 2a 1,087 **b** Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required-see page 26 of the instructions) d Applied to 2010 distributable amount 13 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 0 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Pnor years' undistributed income Subtract line 4b from line 2b c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2009. Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 959 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2011. 9 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2006. 0 b Excess from 2007 0 c Excess from 2008 0 d Excess from 2009 e Excess from 2010

	1990-PF (2010) THE MORE LIFE FOUNDAT			J Dard VIII A	20-0505	622 Page <b>10</b>
	t XIV Private Operating Foundations (se			<u>ld Paπ VII-A, que</u>	estion 9)	
1 a	If the foundation has received a ruling or determina foundation, and the ruling is effective for 2010, enter			▶		
	Check box to indicate whether the foundation is a p	private operating foun	dation described in	section	4942(J)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) 10ta1
	year listed	0	0	0	0	0
	85% of line 2a .	0	0	0	0	0
С	Qualifying distributions from Part XII,	_				
_	line 4 for each year listed	<u> </u>	<u> </u>	0	<u></u>	0
a	Amounts included in line 2c not used directly for active conduct of exempt activities	]	ĺ	ì	ł	0
e	Qualifying distributions made directly				<del></del>	0
Ī	for active conduct of exempt activities. Subtract line 2d from line 2c	0	o	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					<u>.</u>
_	(1) Value of all assets		i			0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0	0		0	0
c			- 0		<del></del>	
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income .					0
Pa	rt XV Supplementary Information (Con				000 or more in	
_	assets at any time during the year		of the instruct	ions.)		<del></del>
1 a	Information Regarding Foundation Manage List any managers of the foundation who have cont		% of the total contrib	butions received by t	the foundation	
	before the close of any tax year (but only if they ha	ve contributed more	than \$5,000) (See	section 507(d)(2).)		
NO						
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				rtion of the	
NO		THE TOURIDATION HAS E	i to a or greater int	erest		
2	Information Regarding Contribution, Gran	t. Gift. Loan, Scho	larship, etc., Pro	odtswe:		<del></del>
	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation ma under other conditions, complete items 2a, b, c, an	contributions to prese kes gifts, grants, etc	elected chantable o	organizations and do	es not accept ividuals or organizati	ons
a	The name, address, and telephone number of the		cations should be a	addressed.	<del></del>	
	The form in which applications should be submitted	d and information and	materials they sho	ould include.	_ <del></del>	
	Any submission deadlines:			····		
_	Any restrictions or limitations on awards, such as b	by geographical areas	s, chantable fields, I	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

GENERAL FUNDS  Total  Approved for future payment  Total  Approved for future payment	3 Grants and Contributions Paid Durin	ng the Year or Approved	for Future	Payment	
Name and address (home or business) or substantial commutor  a Paid during the year GLOBUS RELIEF  DRESS FOR SUCCESS  GENERAL FUNDS  Total  Total  Approved for future payment	Recipient	show any relationship to	status of		Amount
GENERAL FUNDS  Total  Approved for future payment  Total  Approved for future payment			recipient	00//0//000//	
Total . ▶ 3a 1,10l    Approved for future payment	a Paid during the year GLOBUS RELIEF			GENERAL FUNDS	700
b Approved for future payment	DRESS FOR SUCCESS			GENERAL FUNDS	400
b Approved for future payment					
b Approved for future payment	Total		· .	<b>▶</b> 3a	1,100
Total	b Approved for future payment				
	Total	<u> </u>	1	<u> </u>	0

Part XVI	-A Analysis of Income-Producing Acti	vities				
Enter gro	ss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
Ū	im service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a	an service revende		0	· · · · · · · · · · · · · · · · · · ·	0	
a b			0		0	
0			0		0	
ن س			0		0	
a				<del></del>		
e		ļ	0	<del></del>	9	
T _			0	<u> </u>	0	<u> </u>
_	es and contracts from government agencies					<u> </u>
	ership dues and assessments					
	st on savings and temporary cash investments .					
	nds and interest from securities		<b> </b>	14	424	
	ntal income or (loss) from real estate		ļ			ļ
	bt-financed property .		<u> </u>	ļ. <u> </u>		
<b>b</b> No	t debt-financed property		ļ			
6 Net re	ntal income or (loss) from personal property			ļ		
7 Other	investment income		L			
8 Gain d	or (loss) from sales of assets other than inventory			<u> </u>	0	
9 Net in	come or (loss) from special events .					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue a		c		C	0
			C		C	0
			C			0
						0
е				)	C	) 0
12 Subto	tal Add columns (b), (d), and (e)			)	424	0
13 Total.	Add line 12, columns (b), (d), and (e)		· <del></del>		13	424
(See work	sheet in line 13 instructions on page 29 to verify calc	ulations)				
Part XV	-B Relationship of Activities to the Ac	complishment	t of Exempt P	urposes		
Line No.			<u> </u>		mportantly to	
▼ .	the accomplishment of the foundation's exempt page 29 of the instructions )					
12	The Foundation uses its income to fulfill its cha	antable purpose	to assit other ch	nanties.		
					<del></del>	
				<del> </del>	<del>.</del>	
,				<del></del>		
			······································			
						<del>,</del> ,
		<u> </u>				
						<del> </del>
					·	<del></del>
	<del>                                     </del>			<del></del>		

Pa	(CAVIII	Exempt Organiza	•	siers io aliu ira	iiisaciioiis (	allu Nei	ationships wi	ui Noncharit	abie		
1	Did the	organization directly		ngage in any of the	following wit	h any oth	er organization	described	Γ	Yes	No
•		on 501(c) of the Code	•		_	•	-			163	140
	organiza	• •	(00.00.00.00		gui iizalioi io, t	J <b>J</b>		to political			l
_	-	rs from the reporting	foundation to	a noncharitable ov	omnt organiz	ation of					l
а	(1) Cas		louridation to	a nonchantable ex	empt organiz	audii di.			1a(1)		Х
	` '	sn . er assets		• •	- •			- •	1a(2)		x
b		ansactions:	-			•		•			
	(1) Sale	es of assets to a non	charitable exe	mpt organization					1b(1)	l	X
	(2) Pur	chases of assets fror	m a nonchanta	able exempt organi	zation				1b(2)		Х
	(3) Rer	ntal of facilities, equip	ment, or other	r assets					1b(3)		Χ
		mbursement arrange			•				1b(4)		X
		ins or loan guarantee		· ·			•		1b(5)		X
		formance of services							1b(6)		X
	-	of facilities, equipme	_						_1c		<u> </u>
a	value of	nswer to any of the al f the goods, other as:	sets, or service	es given by the rep	orting founda	ation If th	e foundation rec	eived less than	fair ma	arket	_
(0)	Value in	any transaction or s	T	ement, show in column c							
(a)	Lille 110	(b) Amount involved		or nonchamable exempt	Organization	(d) Des	conption of transfers,	uansacuons, and sr	lating at	angen	ents
					<del></del>	┼~					
		0	<del></del>			<del> </del>			-		
		0									
		C	)								
		0	<del></del>								
						<del> </del>					
						+					
		<u></u>	<del></del>			+		<del></del>			_
						+					
		0	<del></del>			<del> </del> -	<del></del>				
			+	<del>.</del>		+		<del></del>			
		C	+			<u> </u>					
		C									
		C	1								
2a		oundation directly or i							. –	٠	
L		ed in section 501(c) on the complete the follow		ther than section 5	01(c)(3)) or ir	n section	5277	· 🗀 '	es _	No	
	ii res,	(a) Name of organization	_ <del></del>	(h) Tupo			(2)				
		(a) Name or organization	<u>.                                    </u>	(b) Type	of organization		(c) (	Description of relation	insnip		
		er penalties of penjury, I de									
Si	gn  belie	ef, it is true, correct, and co	mplete Declaratio	n of preparer (other thar	taxpayer or fidu	ciary) is bas	ed on all information	of which preparer h	as any k	nowled	ge
	ere	MANN 1, 9	الم الم		1	20	10	Takle.			
	I 190-	Signature of officer or truste	ours_			- المسركي Date	14 )	110srce			
		Print/Type preparer's r		Property's signature			Date		PTIN		
Pa	nid	Time type properties			. /.			Checkrf	2	177	316
	eparer	James Mackey		1000	Ley		1/26/2012	self-employed	10	1 41	2/8
	se Only	Firm's name ► W	lalter & Haverf		$\Delta$			Firm's EIN >3	1-06	681	Y
		Firm's address ► 13	<u>301 East Ninth</u>	Street Cleveland,	OH(441/4			Phone no (216	3) 928-	2921	

# Part II, Line 10b (990-PF) - Investments - Corporate Stock

Description Microsoft	Num. Shares/ Face Value 695	15,992 Book Value Beg of Year 15,992	18,070 Book Value End of Year 18,070	15,992 FMV Beg of Year 15,992	18,070 FMV End of Year 18,070

Part XVI-B (990-PF) - Relationship of Activities

Line	Fuelenation
Number	Explanation The Foundation uses its income to fulfill its charitable purpose to assit other charities
12	The Foundation uses its income to fulfill its charitable purpose to assit other charities

# Form 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

intental Neveri	de Service		F F F F F F F F F F F F F F F F F F F				
• If you ar	e filing for an Automatic 3-Month Extensi- e filing for an Additional (Not Automatic) Inplete Part II unless you have already be	3-Month E	xtension, complete only Part II (	on page 2 of	this form).		
a corporation 8868 to require Return for 1	filing (e-file). You can electronically file Food required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona ). For more details on the electronic filing of	onal (not a forms liste I Benefit C	utomatic) 3-month extension of tind d in Part I or Part II with the except ontracts, which must be sent to the	ne You can e tion of Form 8 e IRS in pape	lectronically 8870, Informa r format (see	file Form ation	
Part I	Automatic 3-Month Extension of 1	Fime. Only	v submit original (no copies nee	ded)			
A corporation Part I only .	on required to file Form 990-T and requestr	ng an auto	matic 6-month extension—check t	his box and c		. •	
	rporations (including 1120-C filers), partnei income tax returns	rships, RE	MICs, and trusts must use Form 70	004 to reques	t an extensio	on of	
Type or	ype or Name of exempt organization				Employer identification number		
print					20-0505622		
File by the	le by the Number, street, and room or suite no. If a P.O. box, see instructions						
due date for	197 FIVEADOVILARY CINCLE						
return See	Ing your City town or post office, state, and ZIP code. For a foreign address, see instructions						
instructions AURORA OH 44202							
Enter the R	eturn code for the return that this application	on is for (fil	e a separate application for each i	return)		04	
Application	on	Return	Application	-		Return	
ls For		Code	Is For			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		<del></del>	10	
		05	Form 6069			11	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)		06	Form 8870			12	
	oks are in the care of CAROL EDKINS		T Gilli Gold			<del></del>	
	one No. ► 330-995-5373		FAX No ▶		• • • • • •		
	ganization does not have an office or place	of busine		box		. •	
	for a Group Return, enter the organization					this is	
	ele group, check this box	_	•			id attach a	
list with the	names and EINs of all members the exter	ision is for	·				
	uest an automatic 3-month (6 months for a						
la foi	cthe organization's return for: calendar year or		ganızation return for the organızat			tension	
15	itax year beginning 7/1/2		F			•	
	e tax year entered in line 1 is for less than a Change in accounting period	12 months	, check reason Initial retui	n [] Final	l return		
3a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits. See instructions.			0, or 6069, enter the tentative tax,	less any	3a \$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					<del>  ~~   ~</del> -		
					3b \$		
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	
	f you are going to make an electronic fund			153-FO and F			
	nt instructions.	**iuiuiawa		LO allu I	51111 001 3-C	_	
Puyiilli							