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## Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

For the 2010 calendar year, or tax year beginning JUN 30, JUL 1. 2010 and ending 2011 Check if D Employer identification number C Name of organization THE MIKE GRACE MEMORIAL SCHOLARSHIP FUND Address change 62-1175180 C/O APCOM, INC. Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P.O. BOX 681149 (615)794-5574 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return FRANKLIN, TN 37068-1149 Number > Application pending X Cash Accrual H Check X If the organization is not G Accounting Method Other (specify) Website ► N/A required to attach Schedule B 527 Tax-exempt status (check only one)  $\perp X = 501(c)(3) = 501(c)$ ) **◄**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or

Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 61,527. \$ Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 6,241. SEE SCHEDULE O 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 44,030. **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 11,256 gross income and contributions exceeds \$15,000) 16,623. c Less: direct expenses from gaming and fundraising events 6c -5,367. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 44,904. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O 22,000. Grants and similar amounts paid (list in Scheme 15 1/5) 10 10 Benefits paid to or for members 11 Salaries, other compensation, and imployee benefits

Professional fees and other payments to independent contractors 12 12 1,025. 13 13 Occupancy, rent, utilities, and maintenance. 14 14 Printing, publications, postage, and shipping DEM LIT 15 15 SEE SCHEDULE O 483. 16 Other expenses (describe in Schedule O) 16 23,508. 17 Total expenses, Add lines 10 through 16 17 21,396. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 375,971. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 397,367**.** 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2010)



Form 990-EŽ (2010) C/

C/O APCOM, INC.

62-1175180

Page 2

Pa	art II B	Balance Sheets. (see the instri	uctions for Part II.)					
	CI	heck if the organization used Schedul	e O to respond to any question					X
				(	A) Beginning of year		(B) E	nd of year
22	Cash, sa	vings, and investments			14,121	• 22		29,851.
23	Land and	d buildings				23		
24	Other as:	sets (describe in Schedule 0)	SEE SCHEDULE O	)	361,850	• 24		367,516.
25	Total as	sets			375,971	• 25		397,367.
26	Total lia	bilities (describe in Schedule O)			0	• 26		0.
27	Net asse	ets or fund balances (line 27 of colum	in (B) must agree with line 21)		375,971	• 27		397,367.
Pa	art III S	Statement of Program Se	rvice Accomplishme	nts (see the instructions for	r Part III )	•	E	penses
_		Check if the organization used Schedu	ile 0 to respond to any question	in this Part III		X		for section
Wha		anization's primary exempt purpose?						and 501(c)(4) ons and section
	-	t was achieved in carrying out the			cise manner, descri	be.		) trusts; optional
		provided, the number of persons		₹'			for others	)
28	AWARD	S SCHOLARSHIPS T	O STUDENTS IN	RECOGNITION (	OF THEIR			<del></del>
	HIGH	ACHIEVEMENTS IN	THE AREA OF VO	CATIONAL EDUC	CATION.			
				<u> </u>		_		
	(Grants \$	) If th	is amount includes foreign o	arants, check here	<b>•</b>		28a	
29	(a.a.ito ¢	,	io amount moladoo foroign g	gramo, orioon note				
	(Grants \$	) If th	is amount includes foreign o	arants check here	<b>•</b>		29a	
30	(Granto o	, , , , , , , , , , , , , , , , , , , ,	io arribarit inbidado forbigir e	janto, orioon rioro				
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	(Grants \$	) If th	ıs amount ıncludes foreign g	grants, check here	•	$\Box$	30a	
31	-	ogram services (describe in Sched		grants, oriook nore				
٠.	(Grants \$	=	is amount includes foreign g	arants check here		$\Box$	31a	
32		ogram service expenses (add line		runo, check here			32	0.
		ist of Officers, Directors		mnlovees List cost and	even if not compensated if	see the		
		list of Officers, Directors,						
LF			·		even in not compensated (	000 1110	mou detions i	or Partiv)
_		Check if the organization used Schedu	·	in this Part IV				
_		Check if the organization used Schedu	ile O to respond to any question			( <b>d</b> ) c	Contributions employee	(e) Expense account and
_			ile O to respond to any question	n in this Part IV  (b) Title and average hours	(c) Compensation	(d) c	Contributions employee efit plans & deferred	(e) Expense
	(	Check if the organization used Schedu (a) Name and address	ile O to respond to any question	n in this Part IV  (b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) c	Contributions employee efit plans &	(e) Expense account and
	(	Check if the organization used Schedu	ile O to respond to any question	(b) Title and average hours per week devoted to position  PRESIDENT & 1	(c) Compensation (If not paid, enter -0)	(d) c	Contributions employee efit plans & deferred npensation	(e) Expense account and other allowances
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WA	RRY I	Check if the organization used Schedu (a) Name and address E.E. GOODWIN LILLARAD	ile O to respond to any question	per this Part IV  (b) Title and average hours per week devoted to position  PRESIDENT & I 0.00  VICE PRESIDED 0.00  DIRECTOR	(c) Compensation (If not paid, enter -0)  DIRECTOR  0.  NT & DIREC  0.	(d) con	Contributions employee effit plans & seferred appensation  O .  O .	(e) Expense account and other allowances  0.

Schedule 0  34 Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see instructions)  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T  36 If (the Organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) or granization business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(4), 501(c)(4), 501(c)(5), or 501(c)(4), 501(c)(4), 501(c)(5), or 501(c)(4), 501(c)(4), 501(c)(4), 601(c)(4), 601(c)(4	Form	990-EŽ(2010) C/O APCOM, INC. 62-1175	180	ı	Page 3
Check if the organization used Schedule Do respond to any question in this Part V  Yes No  No Home degree of the organization engage in any activity not previously reported to the IRS? II "Yes", provide a detailed description of each activity in Schedule O.  Were any significant changes made to the organization's name of Universe, explain the Chings on Schedule O per entirections's Chings of the Organization's name of Universe, explain the Chings on Schedule O per entirections's Chings of the Organization and Inciner from Inserts activities, such as these reported on here. 2, 61, and 72 (among others), but not reported on his consider to my the organization of the Organization share unrelated business grows condor of \$1,000 or nine or was at a section \$0.01(e)(4), 501(e)(5), or 501(e)(6) organization shape to its extension of \$1,000 or nine or was at a section \$0.01(e)(4), 501(e)(5), or 501(e)(6) organization shape to its extension of \$1,000 or nine or was at a section \$0.01(e)(4), 501(e)(5), or 501(e)(6) organization shape to its extension of \$1,000 or nine or was at a section \$0.01(e)(4), 501(e)(5), or 501(e)(6) organization shape to 19,000 or nine or \$1,000 or nine or was at a section \$0.01(e)(4), 501(e)(5), or 501(e)(6), organization shape to 19,000 or nine organization organization undergo a laquisation, dissolution, termination, or significant disspection of ref tassets during the year? If "Yes," complete Schedule Part of Schedule N or mothers, as described in the instructions.  10 If "Yes, complete Schedule N or mothers, controlled on his 9, for jubic use of child isolates.  10 If "Yes, complete Schedule, Part II and enter the total amount involved any any or serior and additional total schedule. Part II and enter the total amount involved any any or serior of 19(e)(e) organizations. Enter amount of the schedule Part	Pa				
33 Did the criganization engage in any activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0  34 Were any significant changes made to the origanization or governing documents? If Yes,' attach a conformed copy of the amended documents if they reflect a change to the origanization or some of Schedule 0 (see instructions)  35 If the origanization had income from business activities, such as those reported on lens 2, 5a, and 7a (among others), but not reported on the 7m 90-7, a change of the common form 90-7 and the origanization of the origanization or the origanization of the origanization or the origanization origanization or the origanization origanization or the origanization or	_				X
Schedule 0  Were any significant changes made to the organization of sourcements? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization of so there were all the organization had income from business activities, such as those reported on lines 2, 68, and 72 (among others), but not reported on the 70 mb 901. Explain in Schedule 0 (see instructions)  3	_			Yes	No
34 Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see instructions)  35 If the organization had income from business activities, such as those reported on time 2, 6a, and 7a (among others), but not reported on Form 990-1, explain in Schedule 0 (why the organization of the st. 26a, and 7a (among others), but not reported on Form 990-1. Duth the organization have unrelated business gross mome of \$1,000 or more of was at a section \$010(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(a) income of was at a section \$010(c)(4), 501(c)(5), or 501(c)(6) organization undergo a liquidation, discolution, termination, or significant disposition of net assess during the year? If Yes: complete applicable parts of Schedule 10 Yes year?  35 Did the organization of profition or, or make any loans to, any officer, director, trustee, or key employee or were any such banis made in a prior year and stall outstanding at the end of the tax year covered by this return?  36 Did the organization before without, or which any loans are any loans to, any officer, director, trustee, or key employee or were any such banis made in a prior year and stall outstanding at the end of the tax year covered by this return?  37 Did If Yes, complete Schedule   A part I and enter the total amount movibed  38 Section 501(c)(3) organizations. Enter.  39 Different of the organizations of the properties used of the facilities of the organization of the page in an excess benefit transaction with the organizations. But we great made sections 4912, 4955, and 4959  39 Section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 4959  30 Section 501(c)(3) and 501(c)(4) organizations. But are minuted to tax in line dependent on any of its prior Forms 990 or 990-E22 II "Yes," complete Schedule   Part I  31 The organizations As any time during the tax year, was the organization i	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
documents if they reflect a change to the organizations a mane. Otherwise, explain the change on Schedule O (see instructions) 34		Schedule 0	33		Х
documents if they reflect a change to the organizations a mane. Otherwise, explain the change on Schedule O (see instructions) 34	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
55 If the organization had income from business activities, such as those reported on hies 2, 8a, and 7a (among others), but not reported on form 990-T, explain in Schedule 0 why the organization did not report the income on form 990-T and 50 floor of 10 floor organization have unrelated business gross income of \$1,000 or more or was it a section 50 ((c)(4),501 (c)(5), or 501 (c)(6), or 501 (c)(6) or 90 floor organization businest organization subject to section 603(3)(e) notice, reporting, and proxy tax requirements?  50 bit the organization or form 990-T for this year?  51 bit Yes, is an little did atx return or form 990-T for this year?  52 Enter amount of political expenditures, direct or indirect, as described in the instructions.  53 bit Diver, share and organization from 1120-P00, for this year?  53 bit the organization from 1120-P00 (for this year?  54 Enter amount of political expenditures, direct or indirect, as described in the instructions.  55 bit Tyres, to might be Schedule, L.Part II and enter the total amount involved  56 bit Tyres, and a still outstanding at the end of the tax year covered by this return?  57 bit Tyres, to might be Schedule, L.Part II and enter the total amount involved  58 bection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 901(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under sections, 912 (e)			34		Х
reported on Form 990-T, explain m Schedule O why the organization did not report the income on Form 990-T  30 this regrandation have undreated business gross racinome of \$1,000 or more or was at a section \$01(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and prixy tax requirements?  31 the promotine of political expenditures, direct or indirect, as described in the missing promotine of the organization before the form 120-POL for this year?  32 Enter amount of political expenditures, direct or indirect, as described in the instructions.  33	35				
501 ((s)(6) organization subject to section 603(4) notice, reporting, and proxy tax requirements?  350 If Yes, 'has it filed a tax return on Form 990-T for this year?  350 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  371 Enter amount of political expenditures, direct or indirect, as described in the instructions.  372 Enter amount of political expenditures, direct or indirect, as described in the instructions.  373 Did the organization for Form 1120-POL for this year?  374 Did the organization borrow from, or make any loans to, any officer, director, trusted, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  375 N/A  376 N/A  377 N/A  378 N/A  379 N/A  370 N/A					1
b if Yes,* has it filed a tax return on Form 990-T for this year?  \$\$ Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  \$\$ 178	a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
b If Yes, The still filled a tax return on Form 990-E7 for this year?  8 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N  87 a first amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 137 a 0.  137 b X  138 Did the organization life Form 1120-POL for this year?  138 Did the organization flee Form 1120-POL for this year?  138 Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and shill outstanding at the end of the tax year covered by this return?  139 Section 501(c)(7) organizations. Enter.  130 If Yes, Young the Schedule, I Part II and enter the total amount involved  130 Section 501(c)(3) organizations. Enter.  130 If Yes, Young the Schedule, I Part II and enter the total amount involved  130 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under:  130 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization was provided and any of its prior Form 990 or 990-E72 lift Yes, Complete Schedule, I. Part I  140 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  140 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on ine 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, Complete Form 8886-T  141 List the states with which a copy of this return is filed ▶ TN  142 The organization's Above the return of the form 140 organization was a bank account; P. P. O. BOX 681149 , FRANKLIN, TN  144 Did the organization is of the foreign country. ▶  145 Section 4947(a)(1) nonexempt charitants filing Form 990-E2 in lieu of Form 1041 Chec		501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
complete applicable parts of Schedule N 37a	b		35b	N/	A
87a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-P0L for this year?  87a Did the organization file Form 1120-P0L for this year?  87b Did the organization beform from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and shill outstanding at the end of the flax year covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  88b N/A  98 Section 501(c)(7) organizations. Enter.  a Initiation flees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts, included on line 9, for public use of club facilities  97b Did Gross receipts of the organizations facilities of the organization of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year year, 4955, and 4958  0 c. Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year year, 4955, and 4958  0 c. List the states with which a copy of this return is filed ►TN  11 List the states with which a copy of this return is filed ►TN  12 List the states with which a copy of th	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year?  38a Did the organization form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule IL, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on line 9  5 Section 501(c)(8) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0 . section 4912 ▶ 0 . section 4955 ▶ 0 .  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization 4955 because sheelf triansaction during the year, or did it engage in an excess benefit triansaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  If "Yes," complete Schedule IL, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4959  O section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4959  O section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations are all the formal test year, was the organization a party to a prohibited tax shelter triansaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ TN  Telephone no. ▶ 615-794-5574  Located at ▶ APCOM, INC., PO. BOX 681149, PRANKLITN, TN ZIP+4 ▶ 37068-1149  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; No. Section 4913(1) monescently (such as a bank account, securities account, or other financial  At any time during the calendar year, did the organization maintain an off		complete applicable parts of Schedule N	36		Х
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and shill outstanding at the end of the tax year covered by this return?  If I''es, complete Schedule I, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for jubilic use of club facilities  B Gross receipts, included on line 9, for jubilic use of club facilities  Section 501(c)(3) grapnizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . ; section 4912 ▶ 0 . section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If 'Yes, Complete Schedule I. Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, under sections 4912, 4955, and 4958	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
In a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved  38b N/A  38c Section 501(c)(3) organizations. Enter.  a Initiation fees and capital contributions included on line 9  38c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 · .  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year off off the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T  40c X  41c The organization is books are in care of ▶ CHRLIS COCHRAN  12P + 4 ▶ 37068-1149  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  Set the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  at Alary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  at Alary time during the calendar year, did the organization ma	b	Did the organization file Form 1120-POL for this year?	37ь		X
In a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved  38b N/A  38c Section 501(c)(3) organizations. Enter.  a Initiation fees and capital contributions included on line 9  38c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 · .  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year off off the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T  40c X  41c The organization is books are in care of ▶ CHRLIS COCHRAN  12P + 4 ▶ 37068-1149  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  Set the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  at Alary time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  at Alary time during the calendar year, did the organization ma	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
b If Yes,* complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations. Enter.  a Inhitation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  3 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 ., section 4958 excess benefit transaction during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 ., section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  List the states with which a copy of this return is filed ▶ TN  40 Event The organization's books are in care of ▶ CHRIS COCHRAN  Telephone no. ▶ 615-794-5574  Located at ▶ APCOM, INC., ₱.O. BOX 681149, ₱RANKLIN, TN  ZIP+4 ▶ 37068-1149  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac			38a		X
39 Section 501(c)(7) organizations. Enter.  a Inhiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39 N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . , section 4955 ▶ 0 .  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 \$ 0 .  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 \$ sexess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  If "Yes," complete Schedule I, Part I  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in any section 4958 \$ 0 .  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in any section 4958 \$ 0 .  6 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filled ▶ TN  1 To organization's books are in care of ▶ CHRIS COCHRAN  1 The organization's books are in care of ▶ CHRIS COCHRAN  2 To PO Do BOX 681149 , FRANKLIN, TN  2 To PA → 574 − 574  2 Located at ▶ APCOM, INC. P. O. BOX 681149 , FRANKLIN, TN  2 To PA → 57068 − 1149  3 A any time during the calendar year, did the organization maintain an office outside of the U.S?  1 T'es," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  4 All 1 The organization mainta	b				
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . , section 4955 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-€2? If "Yes," complete Schedule I., Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If "Yes," complete Form 8886-T  11. List the states with which a copy of this return is filled ▶ TN  12. The organization which a copy of this return is filled ▶ TN  13. Telephone no. ▶ 615-794-5574  14. List the states with which a copy of this return is filled ▶ TN  14. The organization is books are in care of ▶ CHRIS COCHRAN  14. Located at ▶ APCOM, INC. ▶ P.O. BOX 681149 , FRANKLIN, TN  ZIP+4 ▶ 37068-1149  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country! Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041- Check here and enter the amount of the foreign country! ▶  See the instructions for exceptions and filing requirements for Form 10F 90-22 1, Report of Foreign Bank and Financial Accounts.  24. A 10 the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospita	39		1		
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 ., section 4955 ▶ 0.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2?  if Yes, 'Complete Schedule, L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4958  of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 8886-T  List the states with which a copy of this return is filed ▶ TN  1 List the states with which a copy of this return is filed ▶ TN  1 Located at ▶ APCOM, TINC. P.O. BOX 681149 FRANKLIN, TN  2 IP +4 ▶ 37068-1149  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  At any time during the calendar year, did the organization maintain an office outstor the U.S.?  If Yes, 'enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outstor the U.S.?  If Yes, 'enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  If Yes, 'enter the				*	
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			1.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at 50 (c)(4) organization in 50 (c)(4) organization at 5			1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed ► TN  1 Telephone no. ► 615 − 79 4 − 55 74  1 Located at ► APCOM, TNC., P.O. BOX 681149, FRANKLIN, TN ZiP+4 ► 37068-1149 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country: ►  Sect the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country: ►  Sect the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country: ►  Sect the instructions for exceptions and filing Form 990-EZ in lieu of Form 1041 - Check her			1		
year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?  If "Yes," complete Schedule I, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► TN  List the states with which a copy of this return is filed ► TN  Located at ► APCOM, INC., P.O. BOX 681149, FRANKLTN, TN ZIP+4 ► 37068-1149  Al any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c) Did the organization receive any payments for indoor tanning services during the year?  d) If "Yes' to line 44c, has th	b				`*
If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T  1. List the states with which a copy of this return is filed  1. TN  1. Telephone no.   1. Telep	-				
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ► TN  1 Telephone no. ► 615-794-5574  2 The organization's books are in care of ► CHRIS COCHRAN  Located at ► APCOM, INC., P.O. BOX 681149, FRANKLIN, TN  2 TP+4 ► 37068-1149  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes No  Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  if "Yes," Form 990-EZ  if "Yes," Form 990 must be completed instead of Form 990-EZ  if "Yes," Form 990-EZ  if "Yes," Form 990 must be completed instead of Form 990-EZ  I			40b		Х
or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed ▶ TN  1. List the states with which a copy of this return is filed ▶ TN  1. Located at ▶ APCOM, INC., P.O. BOX 681149, FRANKLIN, TN  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  1. Ves. No	C				
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  TN  Telephone no. 515-794-5574  Located at  APCOM, INC., P.O. BOX 681149, FRANKLIN, TN  ZIP+4  37068-1149 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country   Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	·				
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Form <b>990-EZ</b> (2010		in ochequie O		1 200-E7	/2010

Form 990-EZ (2010) C/O APCOM, INC. 62-1175180 Page 4 Yes No 45 X 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? X If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ 45a Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes." complete Schedule C. Part I Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes No Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None," (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to account and (a) Name and address of each employee paid more position deferred compensation other allowances than \$100,000 NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt ➤ X Yes [ charitable trusts must attach a completed Schedule A e examined this return, including accompanying schedules and statements, and to to fother than officer) is based on all information of which preparer has any knowledge Sign Here CHRIS COCHRAN, DIRECTOR Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check Paid self- employed Preparer JILL HUDSON **Use Only** Firm's name ► LATTIMORE Firm's EIN ▶ Firm's address ▶ P.O. BOX 18/69 (615)377-4600 Phone no. BRENTWOOD, TNMay the IRS discuss this return with the preparer shown above? See instructions X Yes 032174 03-04-11 Form 990-EZ (2010)

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

Name of the organization

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

THE MIKE GRACE MEMORIAL SCHOLARSHIP FUND

2010

Open to Public Inspection

Employer identification number

C/O APCOM, INC. 62-1175180 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) X 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 b Type II c Type III - Functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of ganization in col. organized in the US? organization in col (i) listed in your organization in col organization support (described on lines 1-9 governing document? (i) of your support? above or IBC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 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

62-1175180 Page 3

Schedule A (Form 990 or 990 EZ) 2010 C/O APCOM, INC.

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

500	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II )		·-··		
					· · ·		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	24,075.	27,657.	28,490.	32,649.	32,649.	145,520.
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	12,600.	13,200.	11,544.	43,369.		135,999.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	36,675.	40,857.	40,034.	76,018.	87,935.	281,519.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						281,519.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	36,675.	40,857.	(c) 2008 40,034.	76,018.	87,935.	281,519.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,241.	9,764.	10,557.	7,513.	6,241.	42,316.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	8,241.	9,764.	10,557.	7,513.	6,241.	42,316.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	44,916.	50,621.	50,591.	83,531.	94,176.	323,835.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	i 501(c)(3) organiz	ation,
	check this box and stop here						<u>▶</u> ∟
	ction C. Computation of Publ		<u>-</u> _				06.00
	Public support percentage for 2010 (I		•	olumn (f))	Ļ	15	86.93 %
	Public support percentage from 2009					16	77.36 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	J ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						
18	18 Investment income percentage from 2009 Schedule A, Part III, line 17 [18] 22.64 %						
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the	· ·	•				<b>▶</b> X
	line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . 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						
20	i i i de organization.	an and mot check a	55X 011 III 16 14, 198	, or 130, Check th	io DUX aliu SEE ITIS	iructions .	

## SCHEDULE G (Form 990 or 990-EZ)

Internal Revenue Service

(Form 990 or 990-EZ)

Fundraising or Gaming A

Complete if the organization answered "Yes" to Form 990 or if the organization entered more than \$15,000 or if the organization entered m

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

**2010** 

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

	KE GRACE MEMORIAL S COM, INC.	СНО	LAR	SHIP FUND		Employer ide 62-1175	ntification number 180
	s. Complete if the organization answer	ered "\	es" to	Form 990, Part IV,	line 1		
	e Solicitar f Solicitar g Special  or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra (includer rofess	non g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services'	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribe	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						-	
	<u> </u>				<u> </u>		
+ 4 to .							
					<u> </u>		
Total  3 List all states in which the organizat or licensing	ion is registered or licensed to solicit	contrib	<b>▶</b> outions	s or has been notified	d it is	exempt from re	egistration
<del></del>	<del></del>	_					
				· · · · · · · · · · · · · · · · · · ·			<del></del>
							.,

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

THE MIKE GRACE MEMORIAL SCHOLARSHIP FUND Schedule G (Form 990 or 990 EZ) 2010 C/O APCOM, INC. 62-1175180 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990 EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLFNONE (add col (a) through TOURNAMENT col (c)) (event type) (event type) (total number) 1 Gross receipts 55,286 55,286. 44,030. 44,030. 2 Less Charitable contributions 11,256. 11,256 3 Gross income (line 1 minus line 2) 4 Cash prizes 2,238 2,238. Noncash prizes Direct Expenses 6 Rent/facility costs 3,350 3,350. 7 Food and beverages 8 Entertainment 11,035. 11,035. Other direct expenses 16,623, 10 Direct expense summary Add lines 4 through 9 in column (d) -5,367. 11 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add · (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % % Yes Yes Yes % Volunteer labor No

7 Direct expense summary Add lines 2 through 5 in column (d)	<b>&gt;</b>	(	)
8 Net gaming income summary. Combine line 1, column d, and line 7	<u> </u>		
Enter the state(s) in which the organization operates gaming activities			
<ul><li>a Is the organization licensed to operate gaming activities in each of these states?</li><li>b If "No," explain</li></ul>		Yes	No No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year b If "Yes," explain	ar?	Yes	No
032082 01-13-11	Schedule G (Fo	rm 990 or 990	D-EZ) 2010

Sch	edule G (Form 990 or 990 EZ) 2010 C/O APCOM, INC.	62-13	175180	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in	- 1	i	
	The organization's facility	į	13a	%
		ŀ		
	An outside facility	. L	13b	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds		
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt		
~	of gaming revenue retained by the third party  \$\bigs\\$ \bigs\\$	unit.		
_	If "Yes," enter name and address of the third party			
•	in res, entermanne and address of the tillid party			
	Name			
	Address >			
16	Gaming manager information			
	Name			
	Trans P			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	',			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent.	ın tha	103	110
	· · · · · · · · · · · · · · · · · · ·	mue		
Do	organization's own exempt activities during the tax year  \$\times \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu			
	<b>rt IV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colulines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info			
_				<del></del>
				<del></del>

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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.

2010 Open to Public Inspection

Name of the organization

THE MIKE GRACE MEMORIAL SCHOLARSHIP FUND C/O APCOM, INC.

Employer identification number 62-1175180

C/O_APCOM, INC.	62	1175180
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST		98.
DIVIDENDS		6,143.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4		6,241.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCA	TIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIPS		
GRANTEE RELATIONSHIP: NONE		
PROPERTY DESCRIPTION: CASH	······	- ·- <del>"</del>
DATE OF GIFT: 06/09/11		·
AMOUNT GIVEN:		22,000.
· · · · · · · · · · · · · · · · · · ·		<del></del>
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		<del></del>
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
FILING FEES		170.
INVESTMENT FEES		313.
TOTAL TO FORM 990-EZ, LINE 16		483.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FIRST TENNESSEE - GOLDMAN SACHS US EQUITY UND	196,521.	198,271.
FIRST TENNESSEE - GOLDMAN SACHS FIXED INCOME		
FUND	164,411.	168,492.
GMNA	918.	753.
LUA For Panerwork Peduation Act Notice see the Instructions for Form 900 or 900 F7	Cabadula O (Fan	000 000 FT\ (004

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

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 Open to Public

Department of the Treasury Inspection Internal Revenue Service THE MIKE GRACE MEMORIAL SCHOLARSHIP FUND Name of the organization **Employer identification number** C/O APCOM, INC. 62-1175180 TOTAL TO FORM 990-EZ, LINE 24 367,516. 361,850. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO AWARD SCHOLARSHIPS TO STUDENTS IN RECOGNITION OF THEIR HIGH ACHIEVEMENTS IN THE AREA OF VOCATIONAL EDUCATION. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.