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Form **990-EZ**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.

OMB No 1545-1150

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**YAGA'S CHILDREN'S FUND**

Number and street (or P O box, if mail is not delivered to street address)

2314 STRAND

Room/suite

City or town, state or country, and ZIP + 4

GALVESTON, TX 77550**D** Employer identification number**76-0694903****E** Telephone number**409/762-6676****F** Group Exemption
Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.YAGASCHILDRENSFUND.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (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.**L** 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. ► \$ **163,356.****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 ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	72,740.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	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	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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 gross income and contributions exceeds \$15,000)	6b	90,616.	
c Less direct expenses from gaming and fundraising events	6c	33,121.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	57,495.	
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)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	130,235.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	100,000.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	529.
	16 Other expenses (describe in Schedule O)	16	2,556.
	17 Total expenses. Add lines 10 through 16	17	103,085.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,150.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	89,800.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	116,950.

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9-8 18

SCANNED JUN 22 2012

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	89,800.	22	116,950.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	89,800.	25	116,950.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,800.	27	116,950.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒
Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	GRANT TO GULF COAST BIG BROTHERS AND BIG SISTERS, INC, WHICH ENRICHES THE COMMUNITY BY MATCHING BIG BROTHERS AND BIG SISTERS WITH CHILDREN FROM SINGLE PARENT HOMES.		
	(Grants \$ 15,538.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,538.
29	GRANT TO GULF COAST CENTER WHICH PROVIDES SERVICES AND PROGRAMS TO ENABLE INDIVIDUALS TO LIVE QUALITY LIVES.		
	(Grants \$ 9,560.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,560.
30	GRANT TO THE HOPE FOUNDATION FOR RETARDED CHILDREN WHICH PROVIDES RESIDENTIAL CARE TO CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.		
	(Grants \$ 7,758.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	7,758.
31	Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
	(Grants \$ 67,144.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	67,144.
32	Total program service expenses (add lines 28a through 31a)	32	100,000.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARTHA NORRIS	PRESIDENT			
2314 STRAND, GALVESTON, TX 77550	5.00	0.	0.	0.
BRANDI LISTI	VICE PRESIDENT			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
MIKE TRAMONTE	TREASURER			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
JENE ADLER	SECRETARY			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
MICHAEL GRAY	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
JOHN KOZA	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
MIKE DEAN	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
LINDSEY WHITE	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
ASHLEY SHRIVER	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
ROSIE ZILE	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
ELISE OTT WORTHEN	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.
ROBERT RODRIGUEZ	DIRECTOR			
2314 STRAND, GALVESTON, TX 77550	1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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 O why the organization did not report the income on Form 990-T		
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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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 still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities 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.		
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		X
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of MIKE TRAMONTE Telephone no 409/762-6676 Located at 2314 STRAND, GALVESTON, TX ZIP + 4 77550		
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)? 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.		X
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 		X
43 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 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990-EZ (2010)

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)?
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

Part VI 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 51Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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?

50 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the 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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

HARRY D. MAXWELL, JR.

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name HEAD, MAXWELL & MCKENNA, P.C.

Firm's EIN

Firm's address 2200 MARKET STREET, SUITE 401
GALVESTON, TX 77550

Phone no (409) 763-6479

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number	
--------------------------------	--

76-0694903

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	62,258.	78,805.	47,325.	53,000.	72,740.	314,128.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	62,258.	78,805.	47,325.	53,000.	72,740.	314,128.
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						314,128.

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	62,258.	78,805.	47,325.	53,000.	72,740.	314,128.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81.	24.				105.
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						314,233.
12 Gross receipts from related activities, etc. (see instructions)					12	356,020.

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	99.97 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.97 %

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

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

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations

- e ☐ Solicitation of non-government grants

- b** ☐ Internet and email solicitations

- f ☐ Solicitation of government grants**

- c** Phone solicitations

- g** ☐ Special fundraising events

- d** ☐ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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 WILDGAME COOKOFF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	90,616.			90,616.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	90,616.			90,616.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,826.			7,826.
	8 Entertainment	3,140.			3,140.
	9 Other direct expenses	22,155.			22,155.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,121.
	11 Net income summary. Combine line 3, column (d), and line 10				57,495.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: FEEDING THOSE IN NEED

GRANTEE NAME: TEXAS LIGHTHOUSE FOUNDATION DBA LIGHTHOUSE

CHARITY TEAM

GRANTEE ADDRESS: 3502 F.M. 528 FRIENDSWOOD, TX 77546

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 6,100.

ACTIVITY CLASSIFICATION: PROVIDING BOOKS FOR CHILDREN

GRANTEE NAME: ROSENBERG LIBRARY

GRANTEE ADDRESS: 2310 SEALY ST. GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION: ENHANCING THE POTENTIAL GROWTH OF INDIVIDUALS AND
FAMILIES

GRANTEE NAME: FAMILY SERVICE CENTER OF GALVESTON COUNTY

GRANTEE ADDRESS: 2200 MARKET SUITE 600 GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 3,175.

ACTIVITY CLASSIFICATION: PROVIDING A CHILDRENS PARADE

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

Schedule O (Form 990 or 990-EZ) (2010)

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
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

GRANTEE NAME: CITY OF GALVESTON FIREMAN'S UNION

GRANTEE ADDRESS: 4627 AVENUE O GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: HEALTH CARE SERVICES FOR TERMINALLY ILL PATIENTS

GRANTEE NAME: HOSPICE CARE TEAM, INC.

GRANTEE ADDRESS: 1708 AMBURN RD. TEXAS CITY, TX 77591

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 7,658.

ACTIVITY CLASSIFICATION: SERVING YOUNG MEN

GRANTEE NAME: BOY SCOUTS OF AMERICA

GRANTEE ADDRESS: 1320 TREMONT STREET GALVESTON, TX 77550

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 2,893.

ACTIVITY CLASSIFICATION: FEEDING THE HUNGRY

GRANTEE NAME: GLEANINGS FROM THE HARVEST FOR GALVESTON, INC.

GRANTEE ADDRESS: 903 53RD STREET GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 4,738.

ACTIVITY CLASSIFICATION: TEACHING YOUNG PEOPLE SCIENCE AND TECHNOLOGY

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

GRANTEE NAME: AUSTIN MIDDLE SCHOOL VEX ROBOTICS CLUB

GRANTEE ADDRESS: 1514 AVENUE N 1/2 GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: THE GULF COAST CENTER

GRANTEE ADDRESS: 123 ROSENBERG, SUITE 6 GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 9,560.

ACTIVITY CLASSIFICATION: EDUCATING CHILDREN IN MATH AND SCIENCE

GRANTEE NAME: ADVENTURES IN SCIENCE, TEXAS A&M UNIVERSITY,
GALVESTON

GRANTEE ADDRESS: 1001 TEXAS CLIPPER ROAD GALVESTON, TX 77553

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 4,380.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: GALVESTON ISD EDUCATIONAL FOUNDATION

GRANTEE ADDRESS: 3904 AVENUE T GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

AMOUNT GIVEN: 1,600.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: GULF COAST BIG BROTHERS AND BIG SISTERS, INC.

GRANTEE ADDRESS: 400 TIKI DRIVE GALVESTON, TX 77554

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 15,538.

ACTIVITY CLASSIFICATION: A CHILDREN'S FESTIVAL WITH MUSIC FOOD AND FUN

GRANTEE NAME: THE GRAND 1894 OPERA HOUSE/THE GRAND KIDS

FESTIVAL

GRANTEE ADDRESS: 2020 POSTOFFICE STREET GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: PROVIDING FREE HEALTH SERVICES TO YOUNG PEOPLE

GRANTEE NAME: TEEN HEALTH CENTER, INC.

GRANTEE ADDRESS: P. O. BOX 925 GALVESTON, TX 77553

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 6,558.

ACTIVITY CLASSIFICATION: PROVIDING BOOKS FOR CHILDREN

GRANTEE NAME: FRIENDS OF THE LA MARQUE PUBLIC LIBRARY

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

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Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

GRANTEE ADDRESS: 1011 BAYOU ROAD LA MARQUE, TX 77568

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 1,458.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: GALVESTON FAMILY YMCA

GRANTEE ADDRESS: 3920 AVENUE L GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 2,910.

ACTIVITY CLASSIFICATION: TEACHING YOUNG PEOPLE BALLET

GRANTEE NAME: GALVESTON BALLET

GRANTEE ADDRESS: 2301 MARKET ST. GALVESTON, TX 77550

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 4,000.

ACTIVITY CLASSIFICATION: YOUTH LEADERSHIP DEVELOPMENT

GRANTEE NAME: NIA CULTURAL CENTER

GRANTEE ADDRESS: P. O. BOX 1491 GALVESTON, TX 77553

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 3,958.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

ACTIVITY CLASSIFICATION: PROVIDING BOOKS FOR CHILDREN AND THEIR FAMILIES

GRANTEE NAME: DEVELOPMENTAL MOMENTUM, INC

GRANTEE ADDRESS: 6901 AVENUE P GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 2,158.

ACTIVITY CLASSIFICATION: SERVING MENTALLY RETARDED CHILDREN

GRANTEE NAME: THE HOPE FOUNDATION FOR RETARDED CHILDREN

GRANTEE ADDRESS: 15403 HOPE VILLAGE ROAD FRIENDSWOOD, TX 77546

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 7,758.

ACTIVITY CLASSIFICATION: SERVING CHILDREN

GRANTEE NAME: ADVOCACY CENTER FOR CHILDREN OF GALVESTON COUNTY

GRANTEE ADDRESS: 5710 AVENUE S 1/2 GALVESTON, TX 77551

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/12/10

AMOUNT GIVEN: 7,458.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 100,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

INSURANCE 1,150.

BANK CHARGES 1,406.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

TOTAL TO FORM 990-EZ, LINE 16

2,556.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SEEKING TO ENRICH THE
COMMUNITY THROUGH ACTIVITIES PROMOTING SUCH PROVISION INCLUDING RAISING
FUNDS FOR CHARITABLE ORGANIZATIONS THAT SERVE CHILDREN.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

TEXAS LIGHTHOUSE FOUNDATION

GRANTS \$ 6,100. EXPENSES \$ 6,100.

ROSENBERG LIBRARY

GRANTS \$ 600. EXPENSES \$ 600.

FAMILY SERVICE CENTER OF GALVESTON COUNTY

GRANTS \$ 3,175. EXPENSES \$ 3,175.

CITY OF GALVESTON FIREMAN'S UNION

GRANTS \$ 2,000. EXPENSES \$ 2,000.

HOSPICE CARE TEAM, INC.

GRANTS \$ 7,658. EXPENSES \$ 7,658.

BOY SCOUTS OF AMERICA

GRANTS \$ 2,893. EXPENSES \$ 2,893.

GLEANINGS FROM THE HARVEST FOR GALVESTON, INC.

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
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number
76-0694903

GRANTS \$ 4,738. EXPENSES \$ 4,738.

ADVOCACY CENTER

GRANTS \$ 7,458. EXPENSES \$ 7,458.

THE 1894 GRAND OPERA HOUSE/GRAND KIDS FESTIVAL

GRANTS \$ 5,000. EXPENSES \$ 5,000.

ADVENTURES IN SCIENCE, TEXAS A&M UNIVERSITY GALVESTON

GRANTS \$ 4,380. EXPENSES \$ 4,380.

GALVESTON ISD EDUCATIONAL FOUNDATION

GRANTS \$ 1,600. EXPENSES \$ 1,600.

FRIENDS OF THE LA MARQUE PUBLIC LIBRARY

GRANTS \$ 1,458. EXPENSES \$ 1,458.

GALVESTON FAMILY YMCA

GRANTS \$ 2,910. EXPENSES \$ 2,910.

NIA CULTURAL CENTER

GRANTS \$ 3,958. EXPENSES \$ 3,958.

DEVELOPMENTAL MOMENTUM, INC.

GRANTS \$ 2,158. EXPENSES \$ 2,158.

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
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

YAGA'S CHILDREN'S FUND

Employer identification number

76-0694903

TEEN HEALTH CENTER, INC.

GRANTS \$ 6,558. EXPENSES \$ 6,558.

AUSTIN MIDDLE SCHOOL VEX ROBOTICS

GRANTS \$ 500. EXPENSES \$ 500.

GALVESTON BALLET

GRANTS \$ 4,000. EXPENSES \$ 4,000.

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.

Employer identification number
76-0694903

[illegible]

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	YAGA'S CHILDREN'S FUND	76-0694903
	Number, street, and room or suite no. If a P.O. box, see instructions. 2314 STRAND	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GALVESTON, TX 77550	

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

03

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

MIKE TRAMONTE

- The books are in the care of ► **2314 STRAND - GALVESTON, TX 77550**

Telephone No. ► **409/762-6676**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA **For Paperwork Reduction Act Notice, see Instructions.**

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	YAGA'S CHILDREN'S FUND	76-0694903
	Number, street, and room or suite no. If a P.O. box, see instructions. 2314 STRAND	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GALVESTON, TX 77550	

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

03

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

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

MIKE TRAMONTE

- The books are in the care of ☒ 2314 STRAND - GALVESTON, TX 77550
Telephone No. ☒ 409/762-6676 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2012.
- 5 For calendar year 2011, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

ALL INFORMATION NECESSARY TO COMPLETE THIS RETURN HAS NOT YET BEEN RECEIVED.

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

Signature and Verification

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

Signature ☒ Mimi T. Guevara Title ☒ CPADate ☒ 2/14/12