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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public

Inspection

| A F | or the | 2010 calendar year, or tax year beginning OCT 1, 2010 and ending | SEP 30, 2011 | |
|-----------------------------|-----------------------|--|-----------------------------|-------------------------------|
| B 0 | heck if | C Name of organization | D Employer identifi | cation number |
| a | pplicable | AMERICA'S JUNIOR MISS SCHOLARSHIP | | |
| | Addres | | | |
| H | Name | David Branch As | | 438720 |
| 片 | _ichang: initial | | | |
| 늗 | _}return ☐Termin | Number and street (or P.O. box if mail is not delivered to street address) Room/ | | |
| <u> </u> | Jated Amend | F.U. BOX 2700 | |)438-3621 |
| \vdash | _return ∏Applic | City or town, state or country, and ZIP + 4 | G Gross receipts \$ | 1,064,107. |
| L | _tion pendin | MOBILE, AL 30032 | H(a) is this a group re | |
| | | F Name and address of principal officer ROBERT CAMPBELL | for affiliates? | Yes X No |
| | | 3353 HALLS MILL RD, MOBILE, AL 36609 | H(b) Are all affiliates inc | cluded? Yes No |
| | | mpt status: X 501(c)(3) 501(c) () | 527 If "No," attach a | list (see instructions) |
| | | e: ▶ WWW.DISTINGUISHEDYW.ORG | H(c) Group exemption | n number 🕨 . |
| K F | orm of | organization: X Corporation Trust Association Other L | Year of formation: 1958 r | M State of legal domicile; AL |
| Pa | irt I | Summary | | |
| ø | 1 . | Briefly describe the organization's mission or most significant activities THE PRIM | MARY PURPOSE O | F AMERICA'S |
| Activities & Governance |) | JUNIOR MISS SCHOLARSHIP FOUNDATION IS TO PRO | OVIDE THE SERV | ICES |
| r L | 2 | Check this box > I if the organization discontinued its operations or disposed of | more than 25% of its net as | ssets |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| S. | J | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 0 |
| itie | l | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 슳 | 1 | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| ď | 1 | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | | Not divolated basinoss testable mounte here i em obe i i mile o | Prior Year | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 105,864. | 94,906. |
| | l . | Program service revenue (Part VIII, line 2g) | 819,835. | 953,689. |
| Ver | l . | | 9,903. | 15,512. |
| æ | ľ | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,903. | |
| | l | | 935,602. | 1,064,107. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 42) | 742,832. | 996,575. |
| | l | Grants and similar amounts paid (Part IX, column (A), high (B) [VE] | 742,832. | |
| | | Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-100) | 14,146. | 20,646. |
| Expenses | | | 0. | |
| ē | | | | 0. |
| ă | | Total fundasing expenses (Fart IX, Column (D), Injensor | FF CO2 | 22 205 |
| _ | 1 | Other expenses (Part IX, column (A), lines 11a-11b, 144245 | 55,603. | 22,295. |
| | l . | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 812,581. | 1,039,516. |
| <u> </u> | | Revenue less expenses. Subtract line 18 from line 12 | 123,021. | 24,591. |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| Sse | 20 | Total assets (Part X, line 16) | 1,906,589. | 1,923,610. |
| ₽ | 21 | Total liabilities (Part X, line 26) | 1,513,967. | 1,545,466. |
| 꾩 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 392,622. | 378,144. |
| | art II | Signature Block | | |
| | | ities of perjury, I declare that have examined this return, including accompanying schedules and si | | y knowledge and belief, it is |
| true, | correc | t, and complete Declaration of preparer (order man officer) is based on all information of which pre | parer has any knowledge. | 10010 |
| | | Supplied of the supplied of th | 1 7/8 | 12012 |
| Sign | n | Signature of officer | Date 2 2 | • |
| Her | e | ROBERT CAMPBELL, PRESIDENT | | |
| | <u> </u> | Type or print name and title | I Day I Day I F | |
| Pajo | <u> </u> | Print/Type preparer's name Preparer's signature | Date Check | PTIN |
| Pald | | E. LAMAR REEVES E. James Glewy | 02/07/12 self-employ | ed |
| 0 | arer | Firm's name SMITH, DUKES & BUCKALEW | Firm's EIN | |
| Use | Only | Firm's address 3800 AIRPORT BLVD., SUITE 101 | | |
| | | MOBILE, AL 36608 | Phone no. (| 251)343-1200 X Ves No |
| Max | , the IE | RS discuss this return with the preparer shown above? (see instructions) | | Y Ves No |

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

(Expenses \$ _____including grants of \$

_) (Revenue \$

4e Total program service expenses ► 996,575.

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Form 990 (2010) FOUNDATION
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----------|--------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 163 | 110 |
| • | If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | <u> </u> | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| • | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| Ü | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide | | | |
| 3 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| ŭ | Part VI | 11a | ļ | х |
| h | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| c | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total | , <u></u> | | |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | _13 | | _X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | _ |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | ļ | X |
| þ | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | | | |
| | operate one or more hospitals must attach audited financial statements (see instructions) | 20b | لـــــا | L |
| | | Form | 990 (| 2010) |

| Form 990 (2010) | FOUNDATION | 23-7438720 | Pa | age 4 |
|------------------|--------------------------------------|------------|-----|--------------|
| Part IV Checklis | st of Required Schedules (continued) | | | |
| | | , | /25 | No |

| | · | ł | Yes | No |
|-----|---|------|----------------|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | 1 | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | ļ | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 1 | | |
| | Schedule J | 23 | <u> </u> | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | , | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 1 | ļ , | |
| | any tax-exempt bonds? | 24c | | |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | ļ | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | [[| |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27_ | | <u>X</u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | ļ | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u>X</u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | _29_ | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30_ | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31_ | | <u>X</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | [| | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33_ | | <u>X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? | l | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34_ | Х | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35_ | | <u>X</u> |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| 00 | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| ^- | If "Yes," complete Schedule R, Part V, line 2 | 36_ | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | |] | 37 |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 | _ | . . | |
| | Note. All Form 990 filers are required to complete Schedule O | 38_ | 990 (2 | 2040 |
| | | rom | プラリ (2 | 2U I U) |

Form 990 (2010)

Page 5

| Part V Statements Regarding Other IRS Filings and Tax Compliance Check Sheduldo Contains a response to any question in the Fart V | Form | 990 (2010) FOUNDATION 23-7438 | 720 | Ρ | age \$ |
|--|------|---|----------|-----|--------------|
| The Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable Enter the number of forms W-2G included in line 1a Enter -0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with my services and the services of the company of the complex of the company of | Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| 1a Enter the number of pome WSC and Enter -0 in not applicable Enter the number of Forms WSC ancluded in the its Enter -0 in not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with more with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with more with the vendor of the payments of the reportable payments to vendors and reportable garning (gambling) with more within the year ownered by this ventor. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year ownered by this ventor. 3b If all tests one is reported on line 26, dult or granization file all required federal employment tax returns? Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3c A stay time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 3c A transmit the sum and the frosign country. 3c If Yes, "In the state that an ommal sum and the state of the sum and the state organization for form 8882 The organization for form 8882 The state or ommally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 3c If Yes, "In the organization receive discussion of the state of the sum of the state of the state of the polyment of the state of the state of the organization state an | | Check if Schedule O contains a response to any question in this Part V | | | |
| 1a Enter the number of pome WSC and Enter -0 in not applicable Enter the number of Forms WSC ancluded in the its Enter -0 in not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with more with backup withholding rules for reportable payments to vendors and reportable garning (gambling) with more with the vendor of the payments of the reportable payments to vendors and reportable garning (gambling) with more within the year ownered by this ventor. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year ownered by this ventor. 3b If all tests one is reported on line 26, dult or granization file all required federal employment tax returns? Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3b If the sum of lines 1s and 2s is greater than 250, you may be required to e-rife (see instructions). 3c A stay time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 3c A transmit the sum and the frosign country. 3c If Yes, "In the state that an ommal sum and the state of the sum and the state organization for form 8882 The organization for form 8882 The state or ommally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 3c If Yes, "In the organization receive discussion of the state of the sum of the state of the state of the polyment of the state of the state of the organization state an | | | | Yes | No |
| Description to a party to a prohibed tax whether transaction of prograzation solicit and several tax was or a party to a prohibed tax whether transactions that may contributions that may receive deductible? 10 bil 1"ves," to line 5a or 5b, did the organization in clude with every solicitation and experts that sever not tax deductible? 10 bil 1"ves," that were not tax deductible? 11 bil 1"ves," that were not tax deductible? 12 bil 1"ves," that were not tax deductible? 13 bil 1"ves," that or the capital tax were not tax deductible? 14 bil 1"ves," that is flied a form 990 for this year? If 1"No, "provide an explanation in Schedule O 15 bil 1"ves," that is flied a form 990 for this year? If 1"No, "provide an explanation in Schedule O 16 bil 1"ves," that is flied a form 990 for this year? If 1"No, "provide an explanation in Schedule O 16 bil 1"ves," that is flied a form 990 for this year? If 1"No, "provide an explanation in Schedule O 16 bil 1"ves," the state the name of the foreign ocuntry (such as a bank account, securities account, or other financial account(s) 16 bil 1"ves," to line 5a or 5b, did the organization finant it was or a significant in the schedule of the organization for schedule of the schedule of the organization for schedule of the value of the good occurrence organization for schedule of the value of the good occurrence organization for schedule of the value of the good occurrence organizations file a form 100 for schedule organization for a form schedule organization make a contribution of qualified intellectual property, did the organization file a form 100 form 500. Part VIII, line 12 10 bil the organization received a contribution of qualified intellectual property, did the organizations file a form 100 form 500. Part VI | 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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)? 5b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial account)? 5a Was the organization any time or prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," other the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," other to say of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," other than 5a of 5b, did the organization the organization than 5a of 5b, did the organization to return the organization to receive deductible contributions under eaction 170c). 5c If "Yes," did the organization receive a payment in excess of S75 made party as a contribution of quarty for goods and services provided? 7b Organizations that may receive deductible contributions under eaction 170c). 8c If "Yes," did the organization received a contribution of quarty as a contribution of quarty to the pool of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170c). | b | | | | 1 |
| gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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)? 5b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F9022.1, Report of Foreign Bank and Financial account)? 5a Was the organization any time or prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," other the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," other to say of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," other than 5a of 5b, did the organization the organization than 5a of 5b, did the organization to return the organization to receive deductible contributions under eaction 170c). 5c If "Yes," did the organization receive a payment in excess of S75 made party as a contribution of quarty for goods and services provided? 7b Organizations that may receive deductible contributions under eaction 170c). 8c If "Yes," did the organization received a contribution of quarty as a contribution of quarty to the pool of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170c). | С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| 2a Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax rivinas? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) b if "Yes," has if filed a Form 990-T for this year? if "No," provide an explanation in Schedule O b if "Yes," that if the did a Form 990-T for this year? if "No," provide an explanation in Schedule O if "Yes," enter the name of the foreign country is guest as a bank account, securities account, or other financial accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the teater of the organization have not any to a prohibited tax shelter transaction? 5b If "Yes," to line 8a or 5b, did the organization file Form 8886-T? 6c Does the organization file organization file Form 8886-T? 6d Does the organization file organization file Form 8886-T? 6d Does the organization necessity that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7a If If "Yes," did the organization receive advicable on the value of the goods or services provided? 7b If "Yes," did the organization receive advicable on the value of the goods or services provided to the payor? 7a If If yes, "Indicate the number of Forms 8282 filed during the year 9b If "Yes," did the organization receive a payment in excess of \$75 made party is a contribution of quarty and payor than the value of the goods or services provided to the supporting organization. In a contribution of care, boats, amplanes, or other vehicles, did the or | | | 1c | | 1 |
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| ~ | | | | | _ <u>X</u> _ |
| | ь | It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 000 | 00.42 |

Form 990 (2010) FOUNDATION 23-7438720 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 14 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website

State the name, physical address, and telephone number of the person who possesses the books and records of the organization LAURA WARREN - (251)438-3621

Form 990 (2010)

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

36652

statements available to the public.

751 GOV'T STREET , MOBILE, AL

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|----------------------|---|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|--------------------------------------|--|
| Name and Title | Average hours per week | - | | Pos | itior | app | ly) | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (describe hours for related organizations in Schedule | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| ROBERT CAMPBELL | | | | | | | | | | |
| PRESIDENT | 5.00 | X | <u> </u> | X | ļ | <u> </u> | | 0. | 0. | 0. |
| JACK V. GREER, SR. | | | ļ | | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | <u> </u> | 0. | 0. | 0. |
| JERRY CURRAN, JR. | 1 | ŀ | |] | | l | | | | : |
| DIRECTOR | 1.00 | X | | | | _ | <u> </u> | 0. | 0. | 0. |
| JOHN J. CROWLEY, JR. | | | • | ļ | | | | | | |
| SECRETARY/TREASURER | 1.00 | X | <u>_</u> _ | X | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| PHILLIP KAISER | | | | | ļ | | ļ | | | |
| DIRECTOR | 1.00 | X | | | <u>L</u> _ | | <u> </u> | 0. | 0. | 0. |
| THOMAS B. CLEMENT | | | | | } | | 1 | | | |
| DIRECTOR | 1.00 | X | | | <u> </u> | L | ļ | 0. | 0. | 0. |
| JAMES BLEDSOE | | | , | | 1 | ' | | _ | | |
| DIRECTOR | 1.00 | X | | | | _ | <u> </u> | 0. | 0. | 0. |
| HARWELL E COALE JR | | | | | | | | | _ | |
| DIRECTOR | 1.00 | X | | | | | <u> </u> | 0. | 0. | 0. |
| R E PATTERSON | | | | | | | | | _ | |
| VICE PRESIDENT | 1.00 | X | | X | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| LORI JO CARBONNEAU | | | | | | | | | | _ |
| DIRECTOR | 1.00 | X | | | <u> </u> | | <u> </u> | 0. | 0. | 0. |
| RUSSELL E. ALLMAN | 1 | | | | | | | | _ | |
| DIRECTOR | 1.00 | X | | | <u> </u> | | Ļ | 0. | 0. | 0. |
| JEFFREY P. ADAMS | 1 00 | | | | | | l | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | _ | <u> </u> | 0. | 0. | 0. |
| J. KENNY CROW, JR. | 1 00 | | | | | | 1 | | | _ |
| DIRECTOR | 1.00 | X | _ | | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| ARTHUR B. FORWARD | 1 00 | ٠,, | | | 1 | ' | 1 | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | the organization. NOINE | | |
|---|--|--|---------------------|
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to th \$100,000 in compensation from the organization | ose listed above) who received more than | |
| | | | = 000 (ast |

| Fa | I VII | Statement of Never | iue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|------------|---|-------------------|------------------------|----------------------|--|---|---|
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues | 1b | | | | | |
| a, c | С | Fundraising events | 1c | | ţ | | | |
| a gi | d | Related organizations | 1d | | | | | |
| Simis | | Government grants (contribut | | | İ | 1 | | • |
| utio er s | f | All other contributions, gifts, gran | · I I | | | | | |
| 흕딂 | | similar amounts not included abo | ve 1f | 94,906. | | İ | | |
| i o | _ | Noncash contributions included in lines | 1a-1f \$ | | 04 006 | | | |
| 0 8 | _ <u>h</u> | Total, Add lines 1a-1f | | ID | 94,906. | | | |
| . | | COUOT ADCUTDO CO | NAME /T OC | Business Code 99999 | 006 542 | 006 542 | | |
| ķ | 2 a | | | 99999 | 886,543. 67,146. | 886,543. 67,146. | | |
| Ser | b | | | 73333 | 07,140. | 07,140. | | |
| E S | c d | | | | | · · · · · · · · · · · · · · · · · · · | - | |
| Program Service Revenue | u _ | | | | | | | |
| <u>م</u> ا | f | All other program service reve | | | - , | | | |
| | g | Total. Add lines 2a-2f | | • | 953,689. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| l | | other similar amounts) | | ▶ [| 11,816. | | | 11,816. |
| | 4 | income from investment of ta | x-exempt bond p | proceeds 🕨 | | | | <u> </u> |
| | 5 | Royalties | | | | | | |
| i | | | (i) Real | (II) Personal | | | | |
| ļ | 6 а | | | <u> </u> | | | | |
| | b | • | | | | | | |
| | C | , , | | | | | | |
| | | Net rental income or (loss) Gross amount from sales of | (i) Securities | (d) Other | | | | |
| | / a | assets other than inventory | 3,696. | (ii) Other | | | | |
| | h | Less: cost or other basis | 3,000. | | | | | |
| 1 | | and sales expenses | | 1 | 1 | | | } |
| | С | Gain or (loss) | 3,696. | | | | | |
| } | | Net gain or (loss) | | | 3,696. | | | 3,696. |
| Jue | | Gross income from fundraisin including \$ | • • | | | | | |
| Other Revenue | | contributions reported on line | | 1 | | | | |
| Ě | | Part IV, line 18 | а | 1 | | | | |
| 뢃 | b | Less. direct expenses | b | | | | | |
| 0 | c | Net income or (loss) from fund | draising events | > | | _ | | |
| 1 | 9 a | Gross income from gaming ad | ctivities See | j | | _] | | |
| 1 | | Part IV, line 19 | а | | | | | |
| | | Less. direct expenses | b | L | | | | |
| | | Net income or (loss) from gan | - | > | | | · | |
| | 10 a | Gross sales of inventory, less | returns | 1 | | | | |
| | | and allowances | a | | | | | Ì |
| | | Less cost of goods sold | . b | | | | | |
| } | <u> </u> | Net income or (loss) from sale | | Duamese Carle | | | | |
| F | 11 - | Miscellaneous Revenu | | Business Code | | | | 1 |
| 1 | 11 a b | | | | - | | | |
| l | C | | | | | | | 1 |
| | d | | | | | | | 1 |
| - 1 | _ | Total, Add lines 11a-11d | | • | | | | 1 |
| | 12 | Total revenue See instructions. | | _ _ | 1064107. | 953,689. | 0 | 15,512. |
| 03200 | 9 | | | | | | | Form 990 (2010) |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) | | | | | | | | | |
|-----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|--|--|--|--|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to governments and | | | | | | | | | |
| • | organizations in the U.S. See Part IV, line 21 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | |
| _ | the U.S See Part IV, line 22 | 996,575. | 996,575. | | | | | | | |
| 3 | Grants and other assistance to governments, | 33073730 | 320/3/30 | | | | | | | |
| Ü | organizations, and individuals outside the U.S. | | | | | | | | | |
| | See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| Ŭ | trustees, and key employees | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | |
| U | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | 1 | | | | | | |
| 7 | Other salaries and wages | 20,646. | | 20,646. | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | 20,040. | | 20,040. | _ | | | | | |
| 0 | and section 403(b) employer contributions) | | | <u> </u> | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| | Fees for services (non-employees) | | | | | | | | | |
| 11 | · · · · / | | | | | | | | | |
| a | | - | | | | | | | | |
| b | Legal | 3,969. | | 3,969. | | | | | | |
| C | <u> </u> | 3,303. | | 3,303. | | | | | | |
| d | , , | | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 7,061. | | 7 061 | | | | | | |
| f | Investment management fees | | | 7,061. | | | | | | |
| g | Other | | | | | | | | | |
| 12 | Advertising and promotion | 2 254 | | 2 254 | | | | | | |
| 13 | Office expenses | 2,354. | | 2,354. | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| 23 | Insurance | | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) | | | | | | | | | |
| | amount, list line 24f expenses on Schedule O.) | | | 6 400 | | | | | | |
| а | | 6,420. | | 6,420. | | | | | | |
| b | | 2,491. | | 2,491. | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | | | |
| f | All other expenses | 4 000 717 | | | | | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24f | 1,039,516. | 996,575. | 42,941. | <u>0.</u> | | | | | |
| 26 | Joint costs. Check here ▶ ☐ If following SOP | | | | | | | | | |
| | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | | | | |

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| Part X | Balance Sheet | | | 7430720 Fage 11 |
|----------------------------------|--|--------------------------|-------|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash · non-interest-bearing | | 1 | · |
| 2 | Savings and temporary cash investments | 1,628,983. | 2 | 1,646,100 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | · |
| 5 | Receivables from current and former officers, directors, trustees, key | |] | |
| } | employees, and highest compensated employees Complete Part II | | , } | |
| | of Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | 1 | İ | |
| Į. | employers and sponsoring organizations of section 501(c)(9) voluntary | t t | | |
| , | employees' beneficiary organizations (see instructions) | ļ | 6 | |
| 7 8 | Notes and loans receivable, net | <u> </u> | 7 | |
| 8 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10a | Land, buildings, and equipment. cost or other |] | | |
| ļ | basis Complete Part VI of Schedule D 10a | | , , [| |
| b | Less. accumulated depreciation 10b | | 10c | |
| * 11 | Investments - publicly traded securities | <u> </u> | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 277,606. | 15 | 277,510 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,906,589. | 16 | 1,923,610 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| 22 | Payables to current and former officers, directors, trustees, key employees, | 1 | | |
| 21 22 | highest compensated employees, and disqualified persons. Complete Part II |] |] | |
| . | of Schedule L | ļ | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | <u> </u> | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | 1,513,967. | 25 | 1,545,466 |
| 26 | Total liabilities. Add lines 17 through 25 | 1,513,967. | 26 | 1,545,466 |
| } | Organizations that follow SFAS 117, check here X and complete | | | |
| ₹ | lines 27 through 29, and lines 33 and 34. | 0.55 0.55 | } | 044 405 |
| 27 | Unrestricted net assets | 266,056. | 27 | 244,427 |
| 28 | Temporarily restricted net assets | 126,566. | 28 | 133,717 |
| 29 | Permanently restricted net assets | } | 29 | |
| 27 28 29 30 31 32 | Organizations that do not follow SFAS 117, check here and | | | |
| 5 | complete lines 30 through 34. | ļ | | |
| 30 | Capital stock or trust principal, or current funds | ļ | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | ļ | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | 200 500 | 32 | 252 4 4 4 |
| 33 | Total net assets or fund balances | 392,622. | 33 | 378,144 |
| 34 | Total liabilities and net assets/fund balances | 1,906,589. | 34 | 1,923,610 |

| 1 0111 | FOUNDATION | _43- | 1430140 | Pag | ye • Z |
|--------|--|-----------|---------|-------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | \mathbf{X} |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,06 | 4_,1 | 07. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,03 | 9,5 | 16. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | 4,5 | 91. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 39 | 2,6 | 22. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | <3 | 9,0 | 6 <u>9</u> .: |
| _6_ | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | _6 | 37 | 8,1 | 44. |
| Pa | rt XIII Financial Statements and Reporting | - | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | _ | |
| đ | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | Ì | | |
| | separate basis, consolidated basis, or both | | Į į | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aud | nt | | |
| | Act and OMB Circular A-133? | | 3a | _ | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audi | ıt | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 (| 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.

AMERICA'S JUNIOR MISS SCHOLARSHIP

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

| | | FOUNDAT | | | | | | | 23 | 3-7438720 |
|-------------|---|------------------------------|--|----------------|------------------------|-------------|--|---------------------------|--|-----------------------|
| Part I | Reason | for Public Char | rity Status (All organiz | zations mu | st comple | te this par | t.) See ins | tructions | | |
| he organ | ization is not a | a private foundation | because it is. (For lines | 1 through | 11, check | only one b | oox.) | | - | |
| 1 🖳 | A church, co | nvention of churche | s, or association of chur | ches desc | nbed in se | ction 170 | (b)(1)(A)(i) | ١. | | |
| 2 🗀 | A school des | cribed in section 17 | 70(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | |
| з 🖳 | A hospital or | a cooperative hosp | ital service organization (| described | ın section | 170(b)(1) | (A)(iii). | | | |
| 4 | A medical res | search organization | operated in conjunction | with a hos | prtal descr | nbed in se | ction 170 | (b)(1)(A)(i | ii). Enter th | ne hospital's name, |
| | city, and stat | | | | | | | | | |
| 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). (Compl | ete Part II) | | | | | | | |
| 6 | A federal, sta | ite, or local governm | ent or governmental uni | t describe | d ın sectio | n 170(b)(| 1)(A)(v). | | | |
| 7 X | An organizat | on that normally red | eives a substantial part | of its supp | ort from a | governme | ental unit c | or from the | general p | ublic described in |
| | section 170(| b)(1)(A)(vi). (Comple | ete Part II.) | | | | | | | |
| 8 📙 | | | section 170(b)(1)(A)(vi). | - | • | | | | | |
| 9 📖 | An organizat | on that normally rec | ceives. (1) more than 33 | 1/3% of its | support f | rom contri | butions, n | nembersh | p fees, an | d gross receipts from |
| | | • | nctions - subject to certa | • | | • | | | | • |
| | | | axable income (less sec | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | ınızatıon a | fter June 30, 1975. |
| | | 509(a)(2). (Complete | • | | | | | | | |
| 10 ├┤ | • | • | perated exclusively to te | | - | | | • | | |
| 11 📖 | | | perated exclusively for the | | | | | | | |
| | - | | ations described in secti | | | | 2) See sec | ction 509(| a)(3). Che | ck the box that |
| | | | organization and compl | | - | | | | | T III. Ott |
| _ [] | a Type | | • • | t controller | | • | - | | | Type III - Other |
| e | | | at the organization is not than one or more publicl | | | | - | | | |
| | | | tten determination from t | | | | | | 3(a)(1) 01 S | ection 509(a)(2) |
| f | • | rganization, check t | | ule ino uk | 21 11 15 22 1 y | pe i, Type | ii, oi Type | 7 111 | | _ |
| | | • | organization accepted ar | ny aift or c | ontribution | from any | of the follo | OWING DAY | cone? | L- |
| g | | | directly controls, either al | | | | | - | | Yes No |
| | | | upported organization? | | , ou 101 111111 | po. 00.10 c | | () aa (| , 20.011, | 11g(i) |
| | _ | • • | n described in (i) above? | , | | | | | | 11g(ii) |
| | | | a person described in (i) o | | e? | | | | | 11g(iii) |
| h | | . • | about the supported or | | | | | | | 3, |
| | | Ū | • • | • | ` ' | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | (iv) Is the o | organization | (v) Did yo | u notify the | (vi) Is | the | (vii) Amount of |
| | anization | (11) 2 | organization (described on lines 1-9 | in col. (i) la | sted in your | organizat | ion in col. | organizatı (i) organiz | | support |
| · | | | above or IRC section | governing | document? | (i) of you | r support? | Ü.S | .? | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | ĺ | Ì | 1 1 | |
| | | <u> </u> | | <u> </u> | ļ | | ļ | ļ | | |
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| otal | | | | | 1 | | | <u>L</u> | | |

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2010 FOUNDATION

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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.)

| Sec | ction A. Public Support | • | | | | | |
|------|---|----------------------|----------------------|------------------------|----------------------|---------------------|---------------------------------------|
| Cale | ndar 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 ") | 139,842. | _79,426. | 125,983. | 105,864. | 94,906. | 546,021. |
| 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 | | | | 1 | | |
| | the organization without charge | _ | | | | | |
| 4 | Total. Add lines 1 through 3 | 139,842. | 79,426. | 125,983. | 105,864. | 94,906. | 546,021. |
| 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 | | | | | ļ | |
| | amount shown on line 11, | | | | | | |
| | column (f) | İ | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 546,021. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | Amounts from line 4 | 139,842. | 79,426. | 125,983. | 105,864. | 94,906. | 546,021. |
| 8 | Gross income from interest, | | l | | | | · · · · · · · · · · · · · · · · · · · |
| | dividends, payments received on | | į | | | | |
| | securities loans, rents, royalties | İ | | | | | |
| | and income from similar sources | 53,071. | 40,298. | 23,436. | 12,891. | 11,401. | 141,097. |
| 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 | | | | | | 687,118. |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 3 | ,785,038. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thire | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) | |
| | organization, check this box and stor | | | | | | |
| | tion C. Computation of Publ | | | | - | | |
| | Public support percentage for 2010 (I | | • | olumn (f)) | • | 14 | 79.47 % |
| | Public support percentage from 2009 | | • | | | 15 | 79.33 % |
| 16a | 33 1/3% support test - 2010. If the o | | | | 4 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | | - | | | • | \triangleright [X] |
| b | 33 1/3% support test - 2009. If the o | • | | • | line 15 is 33 1/3% | or more, check the | is box |
| | and stop here. The organization qual | | • • | | | • | ▶□ |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | = | • | rt IV how the organ | ization |
| | meets the "facts-and-circumstances" | ~ | , | | • | _ | ▶∟ |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | , |
| | organization meets the "facts-and-circ | | | | · · · · · · · | | . • |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 1/a, or 17b | | | |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2010 |

Schedule A (Form 990 or 990-EZ) 2010 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 failed to qualify under Part II. | nization fails to |
|--|-------------------|
|--|-------------------|

| gualify under the tests listed be | elow, please com | plete 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 | | | ļ | | | į |
| include any "unusual grants ") | | | | 1 | | |
| 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 | | | | İ | 1 | |
| are not an unrelated trade or bus- | | | | | | } |
| iness under section 513 | | | | | 1 | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | 1 | |
| 3 received from disqualified persons | | L | | | | |
| 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, thu | d, fourth, or fifth to | ax vear as a section | n 501(c)(3) organiz | zation. |
| check this box and stop here | | ,, | -,, or mark | | 55 . (5)(6) 51941112 | ▶ [] |
| Section C. Computation of Publi | c Support Pe | rcentage | | · | | |
| 15 Public support percentage for 2010 (li | | | column (fl) | · | 15 | |
| 16 Public support percentage from 2009 | | | | | 16 | <u>/</u> % |
| Section D. Computation of Inves | | | | | 1.0.1 | |
| 17 Investment income percentage for 20 | | | ne 13. column (ft) | | 17 | % |
| 18 Investment income percentage from 2 | • | | 10, column (I)) | • | 18 | <u> </u> |
| 19a 33 1/3% support tests - 2010. If the | | | on line 14, and line | a 15 is more than 3 | | |
| more than 33 1/3%, check this box ar | nd stop here. The | e organization qua | lifies as a publicly | supported organiz | ation | |
| b 33 1/3% support tests - 2009. If the | - | | | | • | |
| line 18 is not more than 33 1/3%, che | | | | | | ▶⊨┤ |
| 20 Private foundation. If the organization | n did not check a | pox on line 14, 19 | a, or 19b, check th | | | |
| 032023 12-21-10 | | | | Sch | nedule A (Form 99 | 0 or 990-EZ) 2010 |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

AMERICA'S JUNIOR MISS SCHOLARSHIP

Employer identification number

| Pa | rt I Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | is or Accounts. Complete if the |
|----|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | | of Fred Complete if the |
| | organization answered 100 to 1000 000, 1 art 11, inc | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor adv | used funds |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| • | for charitable purposes and not for the benefit of the donor o | | - |
| | impermissible private benefit? | denot advisor, or for any other purpos | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | anization answered "Yes" to Form 990 | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or e | | istorically important land area |
| | Protection of natural habitat | · | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struc | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rela | eased, extinguished, or terminated by the | ne organization during the tax |
| | year ▶ | | - |
| 4 | Number of states where property subject to conservation eas | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, handling of | f |
| | violations, and enforcement of the conservation easements it | holds? | . Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements | during the year > |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | enforcing conservation easements durin | g the year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 17 | O(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation | on easements in its revenue and expens | se statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organizat | ion's financial statements that describe | s the organization's accounting for |
| _ | conservation easements | | |
| Pa | rt III Organizations Maintaining Collections of | | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | | rance of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of p | ublic service, provide the following amounts |
| | relating to these items. | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | • | ► \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical trea | | ıal gaın, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items. | |
| a | Revenues included in Form 990, Part VIII, line 1 | • | \$ |
| ь | Assets included in Form 990, Part X | | > \$ |
| | | | |

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Schedule D (Form 990) 2010

AMERICA'S JUNIOR MISS SCHOLARSHIP

| | dule D (Form 990) 2010 FOUNDAT | | 4 11:-1 T- | | | | 3872 | | age 2 |
|-----|---|------------------------|-------------------------|------------------------|---------------|----------------|------------|-------------|------------|
| | t III Organizations Maintaining C | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check any of the | following that are a | significant ι | use of its | collectio | n item | s |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange programs | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they further th | ne organization's exi | empt purpo | se in Par | t XIV | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, historical trea | sures, or other simila | ar assets | _ | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organization's co | ollection? | | | Yes | | <u> No</u> |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the organizatio | n answered "Yes" to | Form 990, | Part IV, | line 9, or | | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | liary for contribution | s or other assets no | t included | _ | | | |
| | on Form 990, Part X? | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | llowing table: | | | | | | |
| | | | | | | | Amount | t t | |
| С | Beginning balance | | | | 1c | | | | |
| d | Additions during the year | | | | 1d | | | | |
| | Distributions during the year | · | | | 1e | | | | |
| f | Ending balance | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | <u> </u> | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV. | | | • | | | | | |
| Par | | | swered "Yes" to Fo | rm 990, Part IV, line | 10 | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three ye | ears back | (e) Four | vears | back |
| 1a | Beginning of year balance | 121,066. | 109,660. | 106,762. | 1 | | | | |
| b | Contributions | | | | | _ | | | |
| С | Net investment earnings, gains, and losses | 1,779. | 12,814, | 4,113. | | | | | |
| | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| _ | and programs | | | | | | | | |
| f | Administrative expenses | 1,603. | 1,408. | 1,215. | | _ | | | |
| | End of year balance | 121,242. | 121 066. | 109,660. | | _ | | | |
| 2 | Provide the estimated percentage of the year | | | 103,000, | · | | · | | |
| | Board designated or quasi-endowment | | % | | | | | | |
| | Permanent endowment | % | <u> </u> | | | | | | |
| | | <u></u> .~ | | | | | | | |
| _ | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | nd administered for | the organiza | ation | | | |
| | ph. | | | | | | ſ | Yes | No. |
| | (i) unrelated organizations | | | | | | 3a(i) | X | |
| | (ii) related organizations | | | | | | 3a(ii) | | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Schedule R2 | | | | 3b | $\neg \neg$ | |
| 4 | Describe in Part XIV the intended uses of the | • | | | | | <u> </u> | | |
| Par | | | | | | | | | |
| | Description of investment | (a) Cost or o | | or other (c) 4 | Accumulate | d T | (d) Bool | value | |
| | 2000 | basis (investr | | 1 , , | epreciation | _ | (4) 500 | | - |
| 12 | Land | | , , , , , | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | | | | - | | | |
| | Other . | | | | | -+- | | | |
| | Add lines 1a through 1e (Column (d) must e | gual Form 990 Part | X column (R) line 1 | 0(c)) | | | | | |

Schedule D (Form 990) 2010

(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

(11)

Schedule D (Form 990) 2010

| Scho | AMERICA'S JUNIOR MISS SCHOI | LARS | HIP | | 22 | 7420720 00004 |
|------------|---|----------|--------------|------------------|---------|--------------------------|
| | t XI Reconciliation of Change in Net Assets from Form 990 to | Audi | ted Fina | ancial State | Men | 7438720 Page 4 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | - Tudi | | 1 | | 1,064,107. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | 1,039,516. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | | 24,591. |
| 4 | Net unrealized gains (losses) on investments | | | 4 | | <7,072.> |
| 5 | Donated services and use of facilities | | | 5 | | |
| 6 | Investment expenses . | | | 6 | | |
| 7 | Prior period adjustments | | | 7 | | |
| 8 | Other (Describe in Part XIV) | | | 8 | | <u> </u> |
| 9 | Total adjustments (net). Add lines 4 through 8 | | | 9 | | <39,069.> |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | CAL Day | 10 | | <u><14,478.</u> > |
| | t XII Reconciliation of Revenue per Audited Financial Statemer | nts w | ith Ket | enue per H | Υ | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | 1_ | 1,056,537. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 20 | 1 | <7,072. | | |
| a | Net unrealized gains on investments Donated services and use of facilities | 2a 2b | | <u> </u> | | |
| b | Recoveries of prior year grants | 2c | | | i | |
| d | Other (Describe in Part XIV.) | 2d | | | | |
| e | Add lines 2a through 2d | | <u> </u> | . | 2e | <7,072.> |
| 3 | Subtract line 2e from line 1 | | | | 3 | 1,063,609. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | | 2/003/0031 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 | | | |
| b | Other (Describe in Part XIV) | 4b | | 498. | 1 | |
| | Add lines 4a and 4b | | | | 4c | 498. |
| _ 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | 5 | 1,064,107. |
| Pa | t XIII Reconciliation of Expenses per Audited Financial Stateme | ents \ | Nith Ex | penses per | Retu | ım |
| 1 | Total expenses and losses per audited financial statements | | | | 1 | 1,071,015. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | ı | | | |
| а | Donated services and use of facilities | _2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | _2c | | | | |
| d | Other (Describe in Part XIV.) | 2d | <u> </u> | 31,499. | | 24 422 |
| е | Add lines 2a through 2d | | | | 2e | 31,499. |
| 3 | Subtract line 2e from line 1 | | | | 3 | 1,039,516. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ١. | I | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | } | |
| | Other (Describe in Part XIV.) Add lines 4a and 4b | 4b | L | | | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | | 4c 5 | 1,039,516. |
| | t XIV Supplemental Information | | | <u> </u> | | 1,033,310. |
| - | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III | . lines | 1a and 4. | Part IV. lines 1 | b and | 2b. Part V. line 4. Part |
| | e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl | | | | | |
| | RT V, LINE 4: SCHOLARSHIPS | | | , | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PAI | RT XI, LINE 8 - OTHER ADJUSTMENTS: | | | | | |
| AC | CRUAL TO CASH BASIS ADJUSTMENT CHANGE IN PA | YAB | LES I | OURING | | |
| <u>THI</u> | E YEAR | | | | | -33,475. |
| ACC | CRUAL TO CASH BASIS ADJUSTMENT IN EXPENSES | | | | | 1,976. |
| AC | CRUAL TO CASH BASIS ADJUSTMENT IN REVENUES | | | | | -498. |
| <u>TO'</u> | TAL TO SCHEDULE D, PART XI, LINE 8 | | | | Cab- | -31,997. |
| 03205 | 4 10 | | | | ocne | dule D (Form 990) 2010 |

AMERICA'S JUNIOR MISS SCHOLARSHIP

| Schedule D (Form 990) 2010 FOUNDATION Part XIV Supplemental Information (continued) | 23-7438720 Page 5 |
|--|-------------------|
| Part XIV Supplemental Information (continued) | |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| ADJUSTMENT TO CONVERT FROM ACCRUAL TO CASH | 498. |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS: | |
| ADJUSTMENT TO CONVERT FROM ACCRUAL TO CASH | 31,499. |
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032055 12-20-10 OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

| 2010 Open to Public Inspection |
|--------------------------------------|
| |

Employer identification number 23-7438720 ▶ Attach to Form 990. AMERICA'S JUNIOR MISS SCHOLARSHIP FOUNDATION Name of the organization

23-7438720 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Part III Grants and Other

| (b) Number of cash grant cash assistance (b) Method of valuation (c) Amount of non-cash assistance (b) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other) | 875 996,575, | | | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information | INE 2: THE MAJORITY OF THE GRANT FUNDS ARE PAID | DIRECTLY TO EDUCATIONAL INSTITUTIONS OR PAID TO THE GRANTEE AS | |
|---|----------------------|--|--|--|---|--|--|
| (a) Type of grant or assistance | VARIOUS SCHOLARSHIPS | | | Part IV Supplemental Information. Complete this part to provide t | SCHEDULE I, PART I, LINE 2: THE MAJO | DIRECTLY TO EDUCATIONAL INSTITUTIONS | |

Schedule I (Form 990) (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.

2010 Open to Public Inspection

Internal Revenue Service AMERICA'S JUNIOR MISS SCHOLARSHIP Name of the organization Employer identification number FOUNDATION 23-7438720 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NECESSARY TO ADMINISTER THE AWARDING OF APPROPRIATE EDUCATIONAL SCHOLARSHIPS BY AMERICA'S JUNIOR MISS PROGRAMS. FORM 990, PART VI, SECTION A, LINE 2: HARWELL E. COALE, JR. AND JOHN J. CROWLEY, JR. ARE PARTNERS IN THE SAME LAW FIRM. FORM 990, PART VI, SECTION B, LINE 11: PREPARING CPA WILL PROVIDE FORM 990 TO AND REVIEW FORM 990 WITH THE PRESIDENT OF THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS MADE AVAILABLE FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -7,072. ACCRUAL TO CASH BASIS ADJUSTMENT CHANGE IN PAYABLES DURING THE YEAR -33,475. ACCRUAL TO CASH BASIS ADJUSTMENT IN EXPENSES 1,976. ACCRUAL TO CASH BASIS ADJUSTMENT IN REVENUES -498. TOTAL TO FORM 990, PART XI, LINE 5 -39,069.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection OMB No 1545-0047

> AMERICA'S JUNIOR MISS SCHOLARSHIP FOUNDATION Name of the organization

Employer identification number 23-7438720

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

| | (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or | (d) Total income | (e) End-of-year assets | (f) Direct controlling |
|---------|--|--|-------------------------------|-----------------------|---------------------------|------------------------|
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| Part II | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) | ions (Complete if the organization ans | swered "Yes" to Form 990, Par | t IV, line 34 because | it had one or more rel | ated tax-exempt |

| (a) | (q) | (0) | (p) | (e) | 9 | (b) | |
|--|-------------------------|---|---------------------|--------------------------------------|---------------------------|---|------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section | Direct controlling entity | Section 512(b)(13) controlled entity? | 2(b)(13) iled /7 |
| | | | | 501(c)(3)) | | Yes | 2 |
| AMERICA'S JUNIOR MISS PROGRAM, INC | | | | | | | |
| 63-0379210, 751 GOVERNMENT ST, MOBILE, AL | OPERATIONS OF AMERICA'S | | | | | | |
| 36652 | JUNIOR MISS PROGRAM | ALABAMA | 501(C)(4) | | | | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2010

AMERICA'S JUNIOR MISS SCHOLARSHIP

FOUNDATION Schedule R (Form 990) 2010

23-7438720 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

General or Percentage managing ownership partner? Percentage ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Share of end-of-year assets Code V-UBI amount in box no 20 of Schedule L K-1 (Form 1065) y Share of total income ate allocations? Disproportion-Yes No Ξ ٠, Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** Direct controlling entity Share of total Income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ပ <u>e</u> 30 Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) 032162 12-21-10 Part IV

Page 3

23-7438720

Schedule R (Form 990) 2010 FOUNDATION

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | S. |
|---|----------------------------|----------------------------|---|-----------------------|-----|----------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | lated organizations listed | I in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | - | × |
| b Gift, grant, or capital contribution to other organization(s) | | | | 4 | _ | × |
| c Gift, grant, or capital contribution from other organization(s) | | | | 10 | | × |
| d Loans or loan guarantees to or for other organization(s) | | | | 19 | | × |
| | | | | ā | | × |
| | | | | | | |
| f Sale of assets to other organization(s) | | | | # | | × |
| g Purchase of assets from other organization(s) | | | | 19 | | × |
| h Exchange of assets | | | | 11 | | × |
| i Lease of facilities, equipment, or other assets to other organization(s) | | | | ;= | | × |
| | | | | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | | | | ÷ | | × |
| k Performance of services or membership or fundraising solicitations for other organization(s) | ıızatıon(s) | | | ¥ | | × |
| I Performance of services or membership or fundraising solicitations by other organization(s) | ızatıon(s) | | | = | | × |
| m Sharing of facilities, equipment, mailing lists, or other assets | | | | Ę | × | |
| n Sharing of paid employees | | | | ŧ | × | |
| | | | | | | |
| Reimbursement paid to other organization for expenses | | | | 9 | × | |
| p Reimbursement paid by other organization for expenses | • | | | 9 | × | |
| | | | | | | ł |
| q Other transfer of cash or property to other organization(s) | | | | 10 | | × |
| r Other transfer of cash or property from other organization(s) | | | | 1- | - | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | who must complete th | is line, including covered | relationships and transaction thresholds | | | - { |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | | |
| (1) | | | | | | } |
| | | | | | | |
| (2) | | | | | | - |
| (3) | | | | | | |
| (4) | | | | | | <u> </u> |
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| (6) | 31 | | Cohodina DI (Emporario Di Como DOM) | 0 (5,550 | 100 | 1 8 |
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Page 4

AMERICA'S JUNIOR MISS SCHOLARSHIP FOUNDATION

Schedule R (Form 990) 2010

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

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

| (a) (b) | (q) | (0) | 9 | (9) | £ | (b) | 3 |
|------------------------|------------------|----------|-------------------------------------|------------------|-------------------------|----------------------------------|----------------------|
| Name, address, and EIN | Primary activity | nicile | Are all partners | Share of end-of- | | Code Villal | |
| of entity | | _ | section 501(c)(3) organizations? | year assets | tionate altocations? | amount in box 20 of Schedule K-1 | managing partner? |
| | | country) | Yes No | | | (Form 1065) | J - I |
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Schedule R (Form 990) 2010