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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

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

2010

interi	iai Re	venue service note. The loan dation may		Total in to outlony state rep		
For	caler	ndar year 2010, or tax year beginning, DEC	1, 2010	and ending	NOV 30, 2011	
G (Check	call that apply: Initial return	Initial return of a fo	ormer public charity	Final return	1
		Amended return	Address chan	ge	Name change	
Na	me o	f foundation			A Employer identification	number
		BETSY ROSS FOUNDATION	, INC.		62-1490795	<u> </u>
Nur	nber a	and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
<u> </u>	_	307 JACKSON STREET, P	.O. BOX 1262		(731) 642-	6116
Cit	y or t	own, state, and ZIP code			C If exemption application is p	pending, check here
		PARIS, TN 38242			D 1. Foreign organization:	
ΗC	_	c type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	omputation
			Other taxable private founda		E If private foundation sta	itus was terminated
		arket value of all assets at end of year J Account		Accrual	under section 507(b)(1))(A), check here
			ther (specify)		F If the foundation is in a	60-month termination
	\$		mn (d) must be on cash	basis.)	under section 507(b)(1	
Pá	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
_	г		expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	12,000	1	N/A	
	2	Check If the foundation is not required to attach Sch B Interest on savings and temporary	<u> </u>		-	
2012	3	cash investments				
	4	Dividends and interest from securities				
೧೭	l .	Gross rents		<u>-</u>	 	
₽== \$	۱ ـ ۱	Net rental income or (loss)			ļ	
品品	١.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
≥ €	_b	assets on line 6a				
چ ۾	7	Capital gain net income (from Part IV, line 2)		0	•	
2	8	Net short-term capital gain				
	100	Income modifications Gross sales less returns				
SCANNED WAR	10a					
		Less Cost of goods sold [
	11	· · · · · · · · · · · · · · · · · · ·				
	12	Total. Add lines 1 through 11	12,000.	0		
	13	Compensation of officers, directors, trustees, etc	0.	0		0.
	14	Other employee salaries and wages			<u> </u>	
	15	Pension plans, employee benefits				·
ses		Legal fees				
		Accounting fees				
Ä	C	Other professional fees	I CEN	(40)		
ķ	17	Interest	1	3		
Operating and Administrative Exper	18	Taxes		2012 0		
nist	19	Depreciation and depletion	SE FEB % (2012		
Ē	20	Occupancy .		100 H		
Ą	21	Travel, conferences, and meetings	OFFICE	1 1 7		
and Bug	22	Printing and publications				
ğ	23	Other expenses STMT 1	925.	0		0.
ati	24	Total operating and administrative				
ē		expenses. Add lines 13 through 23	925.	0	•	0.
O	25	Contributions, gifts, grants paid	10,350.	<u>.</u>		10,350.
	26	Total expenses and disbursements.				
	<u> </u>	Add lines 24 and 25	11,275.	0	•	10,350.
	27	Subtract line 26 from line 12:				
	Į.	Excess of revenue over expenses and disbursements	725.			ļ
	1	Net investment income (if negative, enter -0-)		0		
0235	01	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	N/A	5 000 5=
12.0	7 10	LHA For Panerwork Reduction Act Notice see	tno inetructione			Form 990-PF (2010)

18.

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	2008	11,/6/•	913.		17.88878
	2007	23,894.	<1,592.>		.000000
	2006	30,845.	657.		46.948250
_	2005	31,014.	1,149.		26.992167
	Total of line 1, column (d)	se period - divide the total on line 2 by 5, or by the num	2 pher of years		92.820433
3	the foundation has been in existence if less		3		18.564087
4	Enter the net value of noncharitable-use as	sets for 2010 from Part X, line 5	4	-	2,205.
5	Multiply line 4 by line 3		5		40,934.
6	Enter 1% of net investment income (1% of	Part I, line 27b)	6		0.
7	Add lines 5 and 6		7		40,934.
8	Enter qualifying distributions from Part XII	, line 4	. 8		_10,350.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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See the Part VI instructions.

	990-PF (2010) BETSY ROSS FOUNDATION, INC.		6:	<u>2-1</u>	<u> 149079</u>	<u>5</u>	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940		, or 494	18 -	see inst	ructi	ons)
12	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	nter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if neci	essary-see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► and enter 1%	}	1			<u>0.</u>
	of Part I, line 27b	•	,				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		'				•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter -0-)	· ·	2			<u> </u>
-	Add lines 1 and 2			3			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		4			<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		-	5			0.
	Credits/Payments:	1.1					
	2010 estimated tax payments and 2009 overpayment credited to 2010	6a					
	Exempt foreign organizations - tax withheld at source	6b					
	Tax paid with application for extension of time to file (Form 8868)	6c					
	Backup withholding erroneously withheld	6d		_			^
	Total credits and payments. Add lines 6a through 6d		_	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched	_	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		· -	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1.	· —	10			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ rt VII-A Statements Regarding Activities	Refund	lea 🚩 📗	11			
		data and an and an anti-			- 	Ye	s No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	nation or did it participate of it	itervene in		<u> </u>	-	
	any political campaign?	non (non inntriintions for defin	ıtıon\2		1a	<u> </u>	X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos				"		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	i copies of any materials p	ubiisrieu (זכ	-		
	distributed by the foundation in connection with the activities.				10		x
	Did the foundation file Form 1120-POL for this year?	n voar'			<u> </u>	+	+~
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. \blacktriangleright \$ (2) On foundation managers		0.				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expendi						
е	_	iture tax imposed on roundati	211				
•	managers. \$	RS?			2		x
2		110.					+
9	If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		1411011, 01		3		x
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year				48		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	<u>u</u> -		N.	/A 4t		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	>			5		X
·	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ither:					ļ
·	By language in the governing instrument, or				1		ļ
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with	the state la	w			
	remain in the governing instrument?	•			6	Х	:
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7		X
•	If "Yes," complete Part II, col (c), and Part XV.						
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨					
	TN	, <u> </u>					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
-	of each state as required by General Instruction G? If "No," attach explanation			N.	/A 81		
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5	for calend	lar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," of				9		X
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu		9S		10		X
					Form 9	90-P	F (2010)

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orm 990-PF (2010) BETSY ROSS FOUNDATION, I			<u>62-14907</u>	95 Page 6			
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:			_				
· (1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	\ <u>\</u> \ <u>\</u>	s X No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,							
any voter registration drive?	Ye	s X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X No					
(4) Provide a grant to an organization other than a charitable, etc., organization described in section							
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y ₆	s X No	1 1			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t						
the prevention of cruelty to children or animals?	• • •		es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described						
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	•						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ınad					
expenditure responsibility for the grant?		I/A □ <u>V</u> €	s No				
		·/ A W	151 NO				
If "Yes," attach the statement required by Regulations section 53.4945							
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oay premiums on		¬ •				
a personal benefit contract?		L \ Y£	es X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X			
If "Yes" to 6b, file Form 8870.			¬				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		└ 	s X No				
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b			
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	ınagers, Highly	<i>1</i>				
Taid Employees, and Conductors							
1 List all officers, directors, trustees, foundation managers and their		(.) Componentian	(d) 0				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
(a) name and address	to position	enter-0-)	compensation	allowances			
·							
SEE STATEMENT 3		0.	0.	0.			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."					
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	account, other allowances			
NONE	acvoica to position		compensation	allowalices			
NONE							
	<u> </u>						
		<u> </u>		· · ·			
Total number of other employees paid over \$50,000			▶	0			
				100 DE			

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3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. For	oreign foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	2,239.
C	Fair market value of all other assets	1c	
d		1d	2,239.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,239.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,205.
6	Minimum investment return. Enter 5% of line 5	6	110.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here and do not complete this part.)	ndations and certain	-
1	Minimum investment return from Part X, line 6	1	110.
2a	Tax on investment income for 2010 from Part VI, line 5		<u>.</u>
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	110.
4	Recoveries of amounts treated as qualifying distributions	4	Ö.
5	Add lines 3 and 4	5	110.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	110.
=	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		10 250
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,350.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
	Cash distribution test (attach the required schedule)	3b	10 250
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
_	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,350.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the form	oundation qualities for the	section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		 · · · · - · · · · · · · · · · · · ·		
line 7				110.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 31,014.			,	
b From 2006 . 30,812.				
c From 2007 23,895.				
d From 2008 11,721.				
e From 2009 2,876.	400 040			
f Total of lines 3a through e	100,318.	,		
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 10,350.			•	
a Applied to 2009, but not more than line 2a			0.	-
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		. 0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U.•			110.
d Applied to 2010 distributable amount	10,240.			110.
e Remaining amount distributed out of corpus	10,240.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	· · · · · · · · · · · · · · · · · · ·		0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	110,558.			
b Prior years' undistributed income. Subtract	<u> </u>			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	31,014.			
9 Excess distributions carryover to 2011.	70 544			
Subtract lines 7 and 8 from line 6a	79,544.			
10 Analysis of line 9:				
a Excess from 2006 30,812.		,		
b Excess from 2007 c Excess from 2008 23,895.				
d Excess from 2009 11, 721.				
e Excess from 2010 10, 240.				
C EAUCOO II UIII EU IU IU / 240		·		Form QQQ_DE (2010)

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	OSS FOUNDA'I		A		490/95 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · · · · · · · · · · · ·			
foundation, and the ruling is effective fo		=	▶ ـ	1	
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	411 0000	Prior 3 years	(4) 0007	- · · · · · · · · · · · · · · · · · · ·
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			_		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					· ·
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
• •		-		-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
• •					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization				ļ	
(4) Gross investment income	(0			1 05 000	
Part XV Supplementary Info			ir the foundation	naa \$5,000 or m	iore in assets
<u>-</u>		ilisu ucuoris.)			
1 Information Regarding Foundation	•	45 00/ 645	h 1 1 h - 1 h		
a List any managers of the foundation wh year (but only if they have contributed it			ributions received by th	e toundation before the ci	ose of any tax
year (but only it they have contributed i	note than 40,000). (See s	56611011 307 (u)(z).)			
	400/		(
 List any managers of the foundation who other entity) of which the foundation has 			or an equally large port	ion of the ownership of a	partnership or
other entity) of which the realisation he	o a 1070 or groater intere				
					
2 Information Regarding Contribut					
Check here if the foundation of the foundation makes gifts, grants, etc.					
			<u>-</u>	complete items 2a, b, c, ar	iu u.
a The name, address, and telephone num		m applications should be	addressed:		
JULIE WILLIAMS, (731	•				
P.O. BOX 1262, PARIS					
b The form in which applications should it					
APPLICATIONS SHOULD	BE SUBMITTE	ED EITHER OR	ALLY OR IN	WRITING	 -
c Any submission deadlines:					
<u>N/A</u>					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	
N/A					
			 .		- 000 5-
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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year SCHOLARSHIPS - SEE NONE SCHOLARSHIPS 8,250. **ATTACHED** INDIGENT ASSISTANCE - SEE NONE 2,100. INDIGENT ASSISTANCE ATTACHED Total **▶** 3a 10,350. **b** Approved for future payment NONE Total 023611 12-07-10 Form **990-PF** (2010)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a)	/6.\	1 (C)		(e)
i Prontani service revenue:	Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt
_	code		code	Allount	Tunction income
a					
b					
<u> </u>	1 1				·
<u> </u>	 	·-			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		·			
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			1		
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	0.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	to the Accor	nplishment of	Exempt	Purposes	
Line No. Explain below how each activity for which inco		<u> </u>			

Lille No. ▼	the foundation's exempt purposes (other than by providing funds for such purposes).
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Part XVII	Information Re Exempt Organ		insfers To a	nd Trans	actions a	nd Relations	hips With N	oncharitable	е	
	organization directly or indi	rectly engage in ai					tion 501(c) of		Yes	No
	(other than section 501(c				oolitical organ	izations?				
	s from the reporting found	ation to a nonchar	mable exempt org	janization of:				10/1\		v
(1) Casi (2) Othe				•	•			1a(1) 1a(2)	 	X
	insactions:			•		-		14(2)		
_	es of assets to a noncharita	ble exempt organi	zation					1b(1)		Х
(2) Puro	chases of assets from a no	ncharitable exemp	t organization					1b(2)		Х
(3) Ren	tal of facilities, equipment,	or other assets						1b(3)	<u> </u>	X
	nbursement arrangements							1b(4)	 _	X
	ns or loan guarantees							1b(5)		X
	formance of services or me of facilities, equipment, ma							1b(6)	 	X
_	swer to any of the above is				(h) should alv	vavs show the fair r	market value of th		sets	
	es given by the reporting f								0010,	
	(d) the value of the goods,									
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	exempt organ	nization	(d) Description	n of transfers, transa	ctions, and sharing a	тапдете	nts
	<u> </u>		N/A			-			-	
	· · · · · · · · · · · · · · · · · · ·				***	+	·			
						 				
			 .					 _		
						<u> </u>				
				_						
									_	
		1								
						1				
ın sectio	undation directly or indirec n 501(c) of the Code (othe	r than section 501			xempt organi	zations described		Yes	X] No
b If Yes,"	complete the following sch			(b) Type of o	organization		(c) Description of	f relationship		_
	(a) Name of or N/A	yanızanon		(u) Type of t	UI YATIIZALIUII		(c) Describition o	i relationship		
	N/A									
										-
					-					
				·				-		
and	der penalties of perjury, I declar d complete Declaration of prep.							idge and belief, it is tr	ue, corre	ct,
Sign Here	A STATE OF THE PARTY OF THE PAR				2-27		Treasu	- 0 /		
Tiere	Signature of officer or tr	ustee			Date		Title	1 C		
	Print/Type preparer's n		Preparer's s	onature	Date	Date	Check 1	PTIN		
	7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,		h / / /) //			self- employed			
Paid	JOHN V. RA	YBURN	July K	ak		219/1				
Preparer	Firm's name ► RAY		TES & F	ITZGER	ALD, P	.C.	Firm's EIN		_	
Use Only	Firm's address ► 52	OO MADVI	AND MAY	CITTE	TP 200		 			
	1				E 300		Phone no.	(615)661	_7º	7 <u>9</u>
	BRENTWOOD, TN 37027 Phone no. (615)661-7878									

(615)661-7878 Form **990-PF** (2010)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

BETSY ROSS FOUNDATION, INC.

Employer identification number

1	BETSY ROSS FOUNDATION, INC.	62-1490795					
Organization type (checl	k one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n					
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See instructions.					
General Rule							
=	ition filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mplete Parts I and II.	r more (in money or property) from any one					
Special Rules							
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tes 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, ine 1. Complete Parts I and	ution of the greater of (1) \$5,000 or (2) 2%					
aggregate contr	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions fo If this box is che purpose. Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contributions ecked, enter here the total contributions that were received during the year for a stronglete any of the parts unless the General Rule applies to this organization able, etc., contributions of \$5,000 or more during the year.	s did not aggregate to more than \$1,000. an exclusively religious, charitable, etc.,					
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ	•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

		\$	Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Humo, avai vas, una am 7 7	\$\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

BETSY ROSS FOUNDATION, INC.

62-1490795

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-10	Sabadula B (Fara)	 990, 990-EZ, or 990-PF) (2

Schedule B (For	m 990, 990-EZ, or 990-PF) (2010)		Page of of Part III
Name of orga	nization		Employer identification number
, DEMOV	DOCC FOIDDAMION INC		62-1490795
Part III	ROSS FOUNDATION, INC. Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this info	e columns (a) through (e) and the folloous, chantable, etc., contributions of	01(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	I
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
200454 40.55			Cabadula D. (Farra 000, 000 F7, as 000 DF) (0040)

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ADMINISTRATIVE	925.	0.	-11	0.		
TO FORM 990-PF, PG 1, LN 23	925.	0.		0.		

10,000.

FORM 990-PF T				LED ORGAL		S 		ТАТЕМ	ENT	
NAME OF CONTROLLED E	NTITY						EMI	LOYER	ID	NO
ALLEGRO FINE FOODS,	INC.							2-155	1545	5
ADDRESS										
P.O. BOX 1262 PARIS 38242										
DESCRIPTION OF TRANS	FER									
THE ENTITY REPAID BO AND RECEIVED DONATIO		FUNDS,	PAID	INTEREST	ACCRUED	ON	BORROWE	D FUN	DS,	
							C	AMO F TRA		ER
									10.0	000.

TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ORGANIZATIONS

FORM 990-PF

STATEMENT

NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JULIE WILLIAMS 307 JACKSON STREET PARIS, TN 38242		PRESIDENT 0.00	0.	0.	0.
JOHN FUQUA 307 JACKSON STREET PARIS, TN 38242		VICE-PRESIDENT 0.00	0.	0.	0.
MARY LOU REED 307 JACKSON STREET PARIS, TN 38242		SECRETARY 0.00	0.	0.	0.
RUTH CONROY 307 JACKSON STREET PARIS, TN 38242		TREASURER 0.00	0.	0.	0.
MARY KATHRYN MOORE 307 JACKSON STREET PARIS, TN 38242		ASST. TREASURER	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PAGE	6, PART VIII =	0.	0.	0.
FORM 990-PF	SUMMARY OF DI	RECT CHARITABLE AC	CTIVITIES	STATI	EMENT 4

PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

ACTIVITY ONE

FUNDS WERE PROVIDED FOR COLLEGE SCHOLARSHIPS. ALL INDIVIDUALS RECEIVING SCHOLARSHIPS WERE SELECTED FROM THE LOCAL COMMUNITY BY THE OFFICERS AT THE BETSY ROSS FOUNDATION AND WERE BASED UPON FINANCIAL NEED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS.

TO FORM 990-PF, PART IX-A, LINE 1 8,250.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY TWO

FUNDS WERE PROVIDED TO BUY FOOD AND PAY RENT, UTILITIES, AND OTHER NECESSARY LIVING EXPENSES FOR INDIGENT INDIVIDUALS AND PRISON INMATES. ALL INDIVIDUALS RECEIVING BENEFITS WERE SELECTED FROM THE LOCAL COMMUNITY BY THE OFFICERS AT THE BETSY ROSS FOUNDATION, AND WERE BASED UPON FINANCIAL NEED ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

2,100.

Betsy Ross Foundation 62-1490795 FORM 990-PF FYE November 30, 2011

990 Part XV Scholarships

School	Recipient:	Check Amoun
Murray State Universi	ity	
·	General Fund	6,500.00
	Mary Gandy	500.00
	Brad Murray	500.00
	Michael C. Hart	250.00
	Tom Seipel	500.00
Total Scholarships		8,250.00
		0,200.00

Betsy Ross Foundation 62-1490795 FORM 990-PF FYE November 30, 2011

Part XV

Recipients of Indigent Care, Community Donations, and Prison Ministry Funds

Total Received by Recipients
Receiving Less than \$1,000 Each

2,100

TOTAL

2,100