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

2011

Department of the Treasury
Internal Revenue Service

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

For calendar year 2011, or tax year beginning

, 2011, and ending

| <p>Name of foundation THE DO MORE TRUST</p> <p>Number and street (or P O box number if mail is not delivered to street address) 14952 W CAMERON DR</p> <p>City or town SURPRISE</p> <p>State ZIP code AZ 85379</p> | | <p>A Employer identification number 86-0847971</p> <p>B Telephone number (see the instructions) (623) 256-5178</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|--|---|---|--|--|-------------------------------------|--|--|--|----------------------------------|--|--|--|--------------------------------|---------|--|--|--|--------|--------|--|-------------|----------------|--------|--------|---|-----|-------------------------------|--|--|------|--|---|--------------|--|--|--|---|------------|--|--|------------------------------|--|--|----|-------------------------------------|--|-------------------------------|--|--------------------|---------------|--|------------------------|--|---------------|---------------|--|---|--|--|--|---|---------------------------|---------------|--|--|--|---------------------------------|--|--|--|--|-----------------------------------|--|----------|--|--|--|--|---------|--|--|---|-----------------|----------------|--|--|--|
| <p>G Check all that apply.</p> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial Return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input checked="" type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table> | | <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial Return of a former public charity | <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | <input checked="" type="checkbox"/> Address change | <input type="checkbox"/> Name change | <p>C If exemption application is pending, check here ► <input type="checkbox"/></p> <p>D 1 Foreign organizations, check here ► <input type="checkbox"/></p> <p>2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Initial return | <input type="checkbox"/> Initial Return of a former public charity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final return | <input type="checkbox"/> Amended return | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Address change | <input type="checkbox"/> Name change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>H Check type of organization</p> <table style="margin-left: 20px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td> </tr> <tr> <td><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</td> </tr> <tr> <td><input type="checkbox"/> Other taxable private foundation</td> </tr> </table> | | <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation | <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust | <input type="checkbox"/> Other taxable private foundation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other taxable private foundation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I Fair market value of all assets at end of year (from Part II, column (c), line 16)</p> <p style="text-align: center;">► \$ 285,051.</p> | | <p>J Accounting method:</p> <table style="margin-left: 20px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Cash</td> <td><input type="checkbox"/> Accrual</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> </table> <p>(Part I, column (d) must be on cash basis)</p> | <input checked="" type="checkbox"/> Cash | <input type="checkbox"/> Accrual | <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Cash | <input type="checkbox"/> Accrual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 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) (see instructions)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REVENUE | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">(a) Revenue and expenses per books</th> <th style="width: 30%; text-align: center;">(b) Net investment income</th> <th style="width: 30%; text-align: center;">(c) Adjusted net income</th> <th style="width: 30%; text-align: center;">(d) Disbursements for charitable purposes (cash basis only)</th> </tr> </thead> <tbody> <tr> <td>1 Contributions, gifts, grants, etc, received (att sch)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Interest on savings and temporary cash investments</td> <td style="text-align: right;">45,621.</td> <td style="text-align: right;">45,621.</td> <td></td> <td></td> </tr> <tr> <td>4 Dividends and interest from securities</td> <td style="text-align: right;">9,335.</td> <td style="text-align: right;">9,335.</td> <td></td> <td></td> </tr> <tr> <td>5a Gross rents</td> <td style="text-align: right;">6,400.</td> <td style="text-align: right;">6,400.</td> <td></td> <td></td> </tr> <tr> <td> b Net rental income or (loss)</td> <td></td> <td style="text-align: center;">L-6a Stmt</td> <td></td> <td></td> </tr> <tr> <td>6a Net gain/(loss) from sale of assets not on line 10</td> <td style="text-align: right;">-83,121.</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Gross sales price for all assets on line 6a</td> <td style="text-align: right;">4,691,601.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 Capital gain net income (from Part IV, line 2)</td> <td></td> <td style="text-align: right;">0.</td> <td></td> <td></td> </tr> <tr> <td>8 Net short-term capital gain</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Income modifications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10a Gross sales less returns and allowances</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Less Cost of goods sold</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c Gross profit/(loss) (att sch)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Other income (attach schedule)</td> <td style="text-align: right;">3,047.</td> <td style="text-align: right;">3,047.</td> <td></td> <td></td> </tr> <tr> <td>OTHER INCOME-FIDELITY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Total. Add lines 1 through 11</td> <td style="text-align: right;">-18,718.</td> <td style="text-align: right;">64,403.</td> <td></td> <td></td> </tr> </tbody> </table> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | 1 Contributions, gifts, grants, etc, received (att sch) | | | | | 2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | | 3 Interest on savings and temporary cash investments | 45,621. | 45,621. | | | 4 Dividends and interest from securities | 9,335. | 9,335. | | | 5a Gross rents | 6,400. | 6,400. | | | b Net rental income or (loss) | | L-6a Stmt | | | 6a Net gain/(loss) from sale of assets not on line 10 | -83,121. | | | | b Gross sales price for all assets on line 6a | 4,691,601. | | | | 7 Capital gain net income (from Part IV, line 2) | | 0. | | | 8 Net short-term capital gain | | | | | 9 Income modifications | | | | | 10a Gross sales less returns and allowances | | | | | b Less Cost of goods sold | | | | | c Gross profit/(loss) (att sch) | | | | | 11 Other income (attach schedule) | 3,047. | 3,047. | | | OTHER INCOME-FIDELITY | | | | | 12 Total. Add lines 1 through 11 | -18,718. | 64,403. | | | |
| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Contributions, gifts, grants, etc, received (att sch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Ck ► <input checked="" type="checkbox"/> if the foundn is not req to att Sch B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Interest on savings and temporary cash investments | 45,621. | 45,621. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Dividends and interest from securities | 9,335. | 9,335. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Gross rents | 6,400. | 6,400. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net rental income or (loss) | | L-6a Stmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Net gain/(loss) from sale of assets not on line 10 | -83,121. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Gross sales price for all assets on line 6a | 4,691,601. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Net short-term capital gain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Income modifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a Gross sales less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Less Cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit/(loss) (att sch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other income (attach schedule) | 3,047. | 3,047. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER INCOME-FIDELITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total. Add lines 1 through 11 | -18,718. | 64,403. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADMINISTRATIVE EXPENSES | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Compensation of officers, directors, trustees, etc</td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 Other employee salaries and wages</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 Pension plans, employee benefits</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16a Legal fees (attach schedule)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Accounting fees (attach sch)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> c Other prof fees (attach sch)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17 Interest</td> <td style="text-align: right;">5,326.</td> <td style="text-align: right;">5,326.</td> <td></td> </tr> <tr> <td>18 Taxes (attach schedule) See Line 18 Stmt</td> <td style="text-align: right;">49.</td> <td style="text-align: right;">49.</td> <td></td> </tr> <tr> <td>19 Depreciation (attach sch) and depletion</td> <td style="text-align: right;">554.</td> <td></td> <td></td> </tr> <tr> <td>20 Occupancy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21 Travel, conferences, and meetings</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22 Printing and publications</td> <td></td> <td></td> <td></td> </tr> <tr> <td>23 Other expenses (attach schedule)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Federal tax</td> <td style="text-align: right;">2,100.</td> <td></td> <td></td> </tr> <tr> <td>24 Total operating and administrative expenses. Add lines 13 through 23</td> <td style="text-align: right;">8,029.</td> <td style="text-align: right;">5,375.</td> <td></td> </tr> <tr> <td>25 Contributions, gifts, grants paid</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26 Total expenses and disbursements. Add lines 24 and 25</td> <td style="text-align: right;">8,029.</td> <td style="text-align: right;">5,375.</td> <td></td> </tr> <tr> <td>27 Subtract line 26 from line 12:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>a Excess of revenue over expenses and disbursements</td> <td></td> <td></td> <td></td> </tr> <tr> <td> b Net investment income (if negative, enter -0-)</td> <td style="text-align: right;">-26,747.</td> <td></td> <td></td> </tr> <tr> <td> c Adjusted net income (if negative, enter -0-)</td> <td></td> <td style="text-align: right;">59,028.</td> <td></td> </tr> </tbody> </table> | 13 Compensation of officers, directors, trustees, etc | | | | 14 Other employee salaries and wages | | | | 15 Pension plans, employee benefits | | | | 16a Legal fees (attach schedule) | | | | b Accounting fees (attach sch) | | | | c Other prof fees (attach sch) | | | | 17 Interest | 5,326. | 5,326. | | 18 Taxes (attach schedule) See Line 18 Stmt | 49. | 49. | | 19 Depreciation (attach sch) and depletion | 554. | | | 20 Occupancy | | | | 21 Travel, conferences, and meetings | | | | 22 Printing and publications | | | | 23 Other expenses (attach schedule) | | | | Federal tax | 2,100. | | | 24 Total operating and administrative expenses. Add lines 13 through 23 | 8,029. | 5,375. | | 25 Contributions, gifts, grants paid | | | | 26 Total expenses and disbursements. Add lines 24 and 25 | 8,029. | 5,375. | | 27 Subtract line 26 from line 12: | | | | a Excess of revenue over expenses and disbursements | | | | b Net investment income (if negative, enter -0-) | -26,747. | | | c Adjusted net income (if negative, enter -0-) | | 59,028. | | | | | | | | |
| 13 Compensation of officers, directors, trustees, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other employee salaries and wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pension plans, employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Legal fees (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Accounting fees (attach sch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Other prof fees (attach sch) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Interest | 5,326. | 5,326. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Taxes (attach schedule) See Line 18 Stmt | 49. | 49. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Depreciation (attach sch) and depletion | 554. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Occupancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Travel, conferences, and meetings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Printing and publications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other expenses (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal tax | 2,100. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 8,029. | 5,375. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Contributions, gifts, grants paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 8,029. | 5,375. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Subtract line 26 from line 12: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Excess of revenue over expenses and disbursements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net investment income (if negative, enter -0-) | -26,747. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Adjusted net income (if negative, enter -0-) | | 59,028. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

109M

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | Beginning of year | End of year |
|---|-----|---|---------------------------------------|----------------|
| | | | (a) Book Value | (b) Book Value |
| A S S E T S | 1 | 1 Cash – non-interest-bearing | | |
| | 2 | 2 Savings and temporary cash investments | 22,189. | 0. |
| | 3 | 3 Accounts receivable | | |
| | | Less: allowance for doubtful accounts | | |
| | 4 | 4 Pledges receivable | | |
| | | Less: allowance for doubtful accounts | | |
| | 5 | 5 Grants receivable | | |
| | 6 | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | |
| | 7 | 7 Other notes and loans receivable (attach sch) | | |
| | | Less: allowance for doubtful accounts | | |
| | 8 | 8 Inventories for sale or use | | |
| | 9 | 9 Prepaid expenses and deferred charges | | |
| | 10a | 10a Investments – U.S. and state government obligations (attach schedule) | | |
| | b | b Investments – corporate stock (attach schedule) | | |
| | c | c Investments – corporate bonds (attach schedule) | | |
| | 11 | 11 Investments – land, buildings, and equipment. basis | | |
| | | Less: accumulated depreciation (attach schedule) | | |
| | 12 | 12 Investments – mortgage loans | 103,500. | 103,500. |
| | 13 | 13 Investments – other (attach schedule) | 238,884. | 366,013. |
| | 14 | 14 Land, buildings, and equipment. basis | 22,600. | |
| | | Less: accumulated depreciation (attach schedule) | L-14 Stmt | 7,177. |
| | 15 | 15 Other assets (describe ▶) | | |
| | 16 | 16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l) | 380,550. | 484,936. |
| | | | | 285,051. |
| L I A B I L I T I E S | 17 | 17 Accounts payable and accrued expenses | | |
| | 18 | 18 Grants payable | | |
| | 19 | 19 Deferred revenue | | |
| | 20 | 20 Loans from officers, directors, trustees, & other disqualified persons | | |
| | 21 | 21 Mortgages and other notes payable (attach schedule) | | |
| | 22 | 22 Other liabilities (describe ▶ L-22 Stmt) | 0. | 95,855. |
| | 23 | 23 Total liabilities (add lines 17 through 22) | 0. | 95,855. |
| N F E U N D A S B A L A N C E S R O R S | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | ▶ <input type="checkbox"/> | |
| | 24 | 24 Unrestricted | | |
| | 25 | 25 Temporarily restricted | | |
| | 26 | 26 Permanently restricted | | |
| | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | ▶ <input checked="" type="checkbox"/> | |
| | 27 | 27 Capital stock, trust principal, or current funds | | |
| | 28 | 28 Paid-in or capital surplus, or land, building, and equipment fund | | |
| | 29 | 29 Retained earnings, accumulated income, endowment, or other funds | 380,550. | 389,081. |
| | 30 | 30 Total net assets or fund balances (see instructions) | 380,550. | 389,081. |
| | | 31 Total liabilities and net assets/fund balances (see instructions) | 380,550. | 484,936. |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|----------|
| 1 | Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 380,550. |
| 2 | Enter amount from Part I, line 27a | 2 | -26,747. |
| 3 | Other increases not included in line 2 (itemize) ▶ <u>NONTAXABLE BASIS ADJUSTMENTS</u> | 3 | 35,278. |
| 4 | Add lines 1, 2, and 3 | 4 | 389,081. |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 389,081. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) | | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (month, day, year) | (d) Date sold (month, day, year) |
|---|--|---|---|---|-------------------------------------|
| 1 a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | | |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column (i) over column (j), if any | (l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h)) | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss). If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | | 2 | | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | | | 3 | | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (column (b) divided by column (c)) |
|--|--|---|---|
| 2010 | 23,930. | 246,611. | 0.097035 |
| 2009 | 38,820. | 176,946. | 0.219389 |
| 2008 | 0. | 37,430. | 0.000000 |
| 2007 | 14,884. | 212,639. | 0.069997 |
| 2006 | 1,250. | 194,045. | 0.006442 |
| 2 Total of line 1, column (d) | | | 2 0.392863 |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 3 0.078573 |
| 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 | | | 4 280,775. |
| 5 Multiply line 4 by line 3 | | | 5 22,061. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 590. |
| 7 Add lines 5 and 6 | | | 7 22,651. |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 0. |

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. See the Part VI instructions

Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

| | |
|---|--|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1. | 1,181. 1,181. 1,181. 1,181. 1,181. 1,181. 1,181. 1,180. 0. 1,002. |
| Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instrs) | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b | |
| c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | |
| 3 Add lines 1 and 2 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | |
| 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-. | |
| 6 Credits/Payments | |
| a 2011 estimated tax pmts and 2010 overpayment credited to 2011 | |
| b Exempt foreign organizations – tax withheld at source | |
| c Tax paid with application for extension of time to file (Form 8868) | |
| d Backup withholding erroneously withheld | |
| 7 Total credits and payments Add lines 6a through 6d | |
| 8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | |
| 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ► 11 | |

Part VII-A | Statements Regarding Activities

| | |
|---|---|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | <input checked="" type="checkbox"/> |
| <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> | |
| 1 c Did the foundation file Form 1120-POL for this year? | <input checked="" type="checkbox"/> |
| 1 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____ |
| 1 e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | <input checked="" type="checkbox"/> |
| <i>If 'Yes,' attach a detailed description of the activities</i> | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i> | <input checked="" type="checkbox"/> |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | <input checked="" type="checkbox"/> |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | <input checked="" type="checkbox"/> |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | <input checked="" type="checkbox"/> |
| <i>If 'Yes,' attach the statement required by General Instruction T.</i> | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | <ul style="list-style-type: none"> • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i> | <input checked="" type="checkbox"/> |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) | ► _____ NV – Nevada |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i> | <input checked="" type="checkbox"/> |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i> | <input checked="" type="checkbox"/> |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i> | <input checked="" type="checkbox"/> |

Part VII-A Statements Regarding Activities (continued)

| | | |
|---|---|---|
| 11 | | X |
| 12 | | X |
| 13 | X | |
| Website address ► <u>N/A</u> | | |
| 14 | The books are in care of ► <u>PATRICK ROBERT</u> | Telephone no. ► <u>(623) 256-5178</u> |
| | Located at ► <u>14952 W CAMERON DR</u> | <u>SURPRISE AZ ZIP + 4</u> ► <u>85379</u> |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> | |
| 16 | Yes | No |
| | X | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ► | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

| | | |
|---|---|--|
| File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | |
| 1a | During the year did the foundation (either directly or indirectly) | |
| (1) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b | If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | |
| 1b | Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? | |
| 1c | X | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | |
| a | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | If 'Yes,' list the years ► <u>20__ , 20__ , 20__ , 20__</u> | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions) <input type="checkbox"/> | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► <u>20__ , 20__ , 20__ , 20__</u> | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) <input type="checkbox"/> | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> | |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? <input type="checkbox"/> | |

Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes 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)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

| | | | |
|------------------------------|--|----|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | | 5b | |

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here ►

| | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
|------------------------------|--|--|--|

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

| | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
|------------------------------|--|--|--|

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

| | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
|------------------------------|--|--|--|

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

| | | | |
|------------------------------|--|----|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 6b | X |
|------------------------------|--|----|---|

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

| | | | |
|------------------------------|--|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
|------------------------------|--|--|--|

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?

| | | | |
|------------------------------|--|----|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 7b | |
|------------------------------|--|----|--|

Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| PARIS W. ROBERT 4330 SOUTH EASTERN, LAS VEGAS, NV 89119 | TRUSTEE 1.00 | 0. | 0. | 0. |
| DORIS Y. ROBERT 4330 SOUTH EASTERN, LAS VEGAS, NV 89119 | TRUSTEE 1.00 | 0. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |
| 0 | | | | |

Total number of other employees paid over \$50,000

►

None

Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services

None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1 FIDELITY CHARITABLE GIFT FUND-GENERAL CHARITABLE GIFTING _____
2 _____ 0.
3 _____
4 _____

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

| | | |
|---|-------------|----|
| 1 | <u>NONE</u> | |
| 2 | | 0. |

All other program-related investments See instructions

3

Total. Add lines 1 through 3

None

BAA

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

- 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.
- a Average monthly fair market value of securities
- b Average of monthly cash balances
- c Fair market value of all other assets (see instructions)
- d **Total** (add lines 1a, b, and c)
- e Reduction claimed for blockage or other factors reported on lines 1a and 1c
(attach detailed explanation)
- 2 Acquisition indebtedness applicable to line 1 assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3
(for greater amount, see instructions)
- 5 **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4
- 6 **Minimum investment return.** Enter 5% of line 5

| | |
|----|----------|
| | |
| 1a | 197,010. |
| 1b | 0. |
| 1c | 88,041. |
| 1d | 285,051. |
| | |
| 1e | |
| 2 | |
| 3 | 285,051. |
| 4 | 4,276. |
| 5 | 280,775. |
| 6 | 14,039. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

- 1 Minimum investment return from Part X, line 6
- 2a Tax on investment income for 2011 from Part VI, line 5
- b Income tax for 2011 (This does not include the tax from Part VI.)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments. Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 **Distributable amount as adjusted.** Subtract line 6 from line 5 Enter here and on Part XIII, line 1

| | | |
|----|--------|---------|
| | 1 | 14,039. |
| 2a | 1,181. | |
| 2b | | |
| 2c | | 1,181. |
| 3 | | 12,858. |
| 4 | | |
| 5 | | 12,858. |
| 6 | | |
| 7 | | 12,858. |

Part XII Qualifying Distributions (see instructions)

- 1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes
 - a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26
 - b Program-related investments – total from Part IX-B
- 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes
- 3 Amounts set aside for specific charitable projects that satisfy the
 - a Suitability test (prior IRS approval required)
 - b Cash distribution test (attach the required schedule)
- 4 **Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4
- 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see instructions)
- 6 **Adjusted qualifying distributions.** Subtract line 5 from line 4

| | |
|----|----|
| | |
| 1a | 0. |
| 1b | 0. |
| 2 | |
| 3a | |
| 3b | |
| 4 | 0. |
| 5 | 0. |
| 6 | 0. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7 | | | | 12,858. |
| 2 Undistributed income, if any, as of the end of 2011 | | | 0. | |
| a Enter amount for 2010 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2011 | | | | |
| a From 2006 | 0. | | | |
| b From 2007 | 0. | | | |
| c From 2008 | 0. | | | |
| d From 2009 | 34,911. | | | |
| e From 2010 | 25,000. | | | |
| f Total of lines 3a through e | 59,911. | | | |
| 4 Qualifying distributions for 2011 from Part XII, line 4 ► \$ 0. | | | | |
| a Applied to 2010, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2011 distributable amount | | | | |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).) | 12,858. | | | 12,858. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 47,053. | | | |
| b Prior years' undistributed income Subtract 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 | | | | |
| d Subtract line 6c from line 6b Taxable amount – see instructions | 0. | | | |
| e Undistributed income for 2010 Subtract line 4a from line 2a. Taxable amount – see instructions | | | 0. | |
| f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 | | | | 0. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a | 47,053. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2007 | 0. | | | |
| b Excess from 2008 | 0. | | | |
| c Excess from 2009 | 22,053. | | | |
| d Excess from 2010 | 25,000. | | | |
| e Excess from 2011 | 0. | | | |

BAA

Form 990-PF (2011)

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

Part XVI **Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed.

PATRICK ROBERT C/O THE DO MORE TRUST

14952 W CAMERON DR

SURPRISE

AZ 85379

(623) 256-5178

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines.

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|--------|
| <i>a Paid during the year</i> | | | | |
| Total | | | | ► 3a |
| <i>b Approved for future payment</i> | | | | |
| Total | | | | ► 3b |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See instructions) |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 45,621. | |
| 4 Dividends and interest from securities | | | 14 | 9,335. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | 16 | 6,399. | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | -83,121. | 0. |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue. | | | | | |
| a NONDIVIDEND DISTRIBUTIONS | | | 1 | 2,610. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | -19,156. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | -19,156. |

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions) |
|---------------|---|
| 8 | 0 INCOME |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Form 4562

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

THE DO MORE TRUST

Business or activity to which this form relates

Form 990-PF page 1

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2011

Attachment
Sequence No 179Identifying number
86-0847971

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | |
|---|---|
| 1 Maximum amount (see instructions) | 1 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|-----------------------------|------------------------------|------------------|
| | | |

| | |
|--|----|
| 7 Listed property. Enter the amount from line 29 | 7 |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 | 13 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

| | |
|--|----|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |
| 15 Property subject to section 168(f)(1) election | 15 |
| 16 Other depreciation (including ACRS) | 16 |

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

| | | |
|--|----------------------------|------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | 554. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ► <input type="checkbox"/> | |

Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----------------------------------|---|---|------------------------|-------------------|---------------|----------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions)

| | |
|---|----|
| 21 Listed property. Enter amount from line 28 | 21 |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 22 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 |

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

| | | | | | | | | | |
|---|-------------------------------|---|----------------------------|--|------------------------------|-----------------------------|--|---------------------------------|-----------------------------|
| 24a Do you have evidence to support the business/investment use claimed? | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24b If 'Yes,' is the evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | | | |

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| 30 | Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|----|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | | Yes | No |
| 31 | Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 | Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 | Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 | Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 | Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 | Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

| | | | |
|--|--|------------------------------|-----------------------------|
| 37 | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38 | Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 | Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 | Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 | Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles | | | |

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2011 tax year (see instructions) | | | | | |
| 43 Amortization of costs that began before your 2011 tax year | | | | | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | |

| | |
|--|---|
| Name THE DO MORE TRUST | Employer Identification Number 86-0847971 |
| Asset Information: | |
| Description of Property. ABBOTT LABORATORIES | |
| Date Acquired. <u>10/07/11</u> | How Acquired <u>Purchased</u> |
| Date Sold. <u>10/10/11</u> | Name of Buyer: |
| Sales Price. <u>150,549.</u> | Cost or other basis (do not reduce by depreciation) <u>150,052.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss) <u>497.</u> | Accumulation Depreciation: .. |
| Description of Property. ALPINE TOTAL DYNAMIC DIV | |
| Date Acquired <u>04/07/11</u> | How Acquired <u>Purchased</u> |
| Date Sold: <u>10/21/11</u> | Name of Buyer: |
| Sales Price. <u>646,934.</u> | Cost or other basis (do not reduce by depreciation) <u>647,418.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss): <u>-484.</u> | Accumulation Depreciation: .. |
| Description of Property AMERICAN INTL GROUP INC | |
| Date Acquired: <u>01/05/11</u> | How Acquired <u>Purchased</u> |
| Date Sold: <u>06/22/11</u> | Name of Buyer: |
| Sales Price. <u>21,221.</u> | Cost or other basis (do not reduce by depreciation) <u>18,719.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss): <u>2,502.</u> | Accumulation Depreciation: .. |
| Description of Property: AMERICAN INTL GROUP INC 8.5% | |
| Date Acquired <u>01/05/11</u> | How Acquired: <u>Purchased</u> |
| Date Sold: <u>06/22/11</u> | Name of Buyer: |
| Sales Price. <u>45,003.</u> | Cost or other basis (do not reduce by depreciation) <u>66,877.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss): <u>-21,874.</u> | Accumulation Depreciation: .. |
| Description of Property: AMERICAN INTL GROUP INC WT EXP | |
| Date Acquired: <u>01/26/11</u> | How Acquired. <u>Purchased</u> |
| Date Sold: <u>06/22/11</u> | Name of Buyer: |
| Sales Price: <u>2,744.</u> | Cost or other basis (do not reduce by depreciation) <u>3,249.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss): <u>-505.</u> | Accumulation Depreciation: .. |
| Description of Property. BAC CAP TR V GTD | |
| Date Acquired: <u>07/13/11</u> | How Acquired. <u>Purchased</u> |
| Date Sold. <u>12/29/11</u> | Name of Buyer: |
| Sales Price. <u>336,074.</u> | Cost or other basis (do not reduce by depreciation) <u>358,916.</u> |
| Sales Expense: | Valuation Method: <u>Cost</u> |
| Total Gain (Loss). <u>-22,842.</u> | Accumulation Depreciation: .. |
| Description of Property: BAC CAP TR VIII GTD CAP | |
| Date Acquired: <u>11/23/11</u> | How Acquired <u>Purchased</u> |
| Date Sold: <u>12/29/11</u> | Name of Buyer: |
| Sales Price. <u>179,773.</u> | Cost or other basis (do not reduce by depreciation) <u>195,241.</u> |
| Sales Expense: | Valuation Method <u>Cost</u> |
| Total Gain (Loss): <u>-15,468.</u> | Accumulation Depreciation: .. |
| Description of Property: <u>See Net Gain or Loss from Sale of Assets</u> | |
| Date Acquired | How Acquired: .. |
| Date Sold. | Name of Buyer: |
| Sales Price | Cost or other basis (do not reduce by depreciation): .. |
| Sales Expense: | Valuation Method: .. |
| Total Gain (Loss) | Accumulation Depreciation: .. |

Form 990-PF, Part I, Lines 6a

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property .. BAC CAP TR X CAP 6.25
 Business Code _____ Exclusion Code _____
 Date Acquired . 03/09/11 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 624,396. Cost or other basis (do not reduce by depreciation) 626,393.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) -1,997. Accumulated Depreciation _____
 Description of Property .. BAC CAP TR I CAP SECS 7%
 Business Code _____ Exclusion Code _____
 Date Acquired . 06/22/11 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 436,582. Cost or other basis (do not reduce by depreciation) 443,890.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) -7,308. Accumulated Depreciation _____
 Description of Property .. BAC CAP TR II CAP 7%
 Business Code _____ Exclusion Code _____
 Date Acquired . 07/11/11 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 234,805. Cost or other basis (do not reduce by depreciation) 239,233.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) -4,428. Accumulated Depreciation _____
 Description of Property .. BAC CAP TRUST IV GTD K.8
 Business Code _____ Exclusion Code _____
 Date Acquired . 10/21/11 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 105,833. Cost or other basis (do not reduce by depreciation) 105,189.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) 644. Accumulated Depreciation _____
 Description of Property .. BANK AMER CORP WT EXP
 Business Code _____ Exclusion Code _____
 Date Acquired . 08/29/11 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 275,341. Cost or other basis (do not reduce by depreciation) 279,639.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) -4,298. Accumulated Depreciation _____
 Description of Property .. BANK OF AMERICA CORP
 Business Code _____ Exclusion Code _____
 Date Acquired . 08/27/10 How Acquired Purchased
 Date Sold . 12/29/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 532. Cost or other basis (do not reduce by depreciation) 1,264.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) -732. Accumulated Depreciation _____
 Description of Property .. BERKSHIRE HATHAWAY INC
 Business Code _____ Exclusion Code _____
 Date Acquired . 08/29/11 How Acquired Purchased
 Date Sold . 11/14/11 Name of Buyer _____
 Check Box, if Buyer is a Business
 Sales Price . 38,228. Cost or other basis (do not reduce by depreciation) 35,812.
 Sales Expense _____ Valuation Method Cost
 Total Gain (Loss) 2,416. Accumulated Depreciation _____

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property CHIMERA INVT CORP
 Business Code Exclusion Code
 Date Acquired 12/10/10 How Acquired Purchased
 Date Sold 09/29/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 165,762. Cost or other basis (do not reduce by depreciation) 168,285.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -2,523. Accumulated Depreciation
 Description of Property COOPER TIRE & RUBBER
 Business Code Exclusion Code
 Date Acquired 08/30/11 How Acquired Purchased
 Date Sold 10/18/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 120,484. Cost or other basis (do not reduce by depreciation) 118,764.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) 1,720. Accumulated Depreciation
 Description of Property EAGLE ROCK ENERGY PARTNERS LP
 Business Code Exclusion Code
 Date Acquired 04/26/11 How Acquired Purchased
 Date Sold 07/25/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 169,815. Cost or other basis (do not reduce by depreciation) 194,888.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -25,073. Accumulated Depreciation
 Description of Property ENERI INC COM
 Business Code Exclusion Code
 Date Acquired 01/18/11 How Acquired Purchased
 Date Sold 12/29/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 2. Cost or other basis (do not reduce by depreciation) 499.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -497. Accumulated Depreciation
 Description of Property FIFTH ST FIN CORP
 Business Code Exclusion Code
 Date Acquired 01/26/11 How Acquired Purchased
 Date Sold 01/27/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 40,368. Cost or other basis (do not reduce by depreciation) 39,136.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) 1,232. Accumulated Depreciation
 Description of Property FIRST ENERGY CORP
 Business Code Exclusion Code
 Date Acquired 07/29/11 How Acquired Purchased
 Date Sold 10/18/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 287,919. Cost or other basis (do not reduce by depreciation) 291,002.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -3,083. Accumulated Depreciation
 Description of Property KEYERA CORP COM
 Business Code Exclusion Code
 Date Acquired 11/11/11 How Acquired Purchased
 Date Sold 11/18/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 89,945. Cost or other basis (do not reduce by depreciation) 93,488.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -3,543. Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets**Asset Information:**

Description of Property LAWSON SOFTWARE INC
 Business Code Exclusion Code
 Date Acquired 02/16/11 How Acquired Purchased
 Date Sold 07/06/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 19,845. Cost or other basis (do not reduce by depreciation) 20,728.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -883. Accumulated Depreciation
 Description of Property MICROSOFT CORP
 Business Code Exclusion Code
 Date Acquired 10/11/11 How Acquired Purchased
 Date Sold 10/18/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 135,706. Cost or other basis (do not reduce by depreciation) 135,008.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) 698. Accumulated Depreciation
 Description of Property MMEX MNG CORP
 Business Code Exclusion Code
 Date Acquired 02/25/11 How Acquired Purchased
 Date Sold 12/29/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 1,399. Cost or other basis (do not reduce by depreciation) 4,203.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -2,804. Accumulated Depreciation
 Description of Property NU SKIN ENTERPRISES INC
 Business Code Exclusion Code
 Date Acquired 08/18/11 How Acquired Purchased
 Date Sold 10/18/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 8,758. Cost or other basis (do not reduce by depreciation) 7,436.
 Sales Expense Valuation Method
 Total Gain (Loss) 1,322. Accumulated Depreciation
 Description of Property PROSPECT CAP CORP
 Business Code Exclusion Code
 Date Acquired 04/19/11 How Acquired Purchased
 Date Sold 04/26/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 108,049. Cost or other basis (do not reduce by depreciation) 104,831.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) 3,218. Accumulated Depreciation
 Description of Property UNION PACIFIC CORP
 Business Code Exclusion Code
 Date Acquired 08/19/11 How Acquired Purchased
 Date Sold 11/15/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 435,792. Cost or other basis (do not reduce by depreciation) 414,562.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) 21,230. Accumulated Depreciation
 Description of Property WILLISTON BASIN/MID NO AMER
 Business Code Exclusion Code
 Date Acquired 04/19/11 How Acquired Purchased
 Date Sold 12/29/11 Name of Buyer
 Check Box, if Buyer is a Business
 Sales Price 9,742. Cost or other basis (do not reduce by depreciation) 10,000.
 Sales Expense Valuation Method Cost
 Total Gain (Loss) -258. Accumulated Depreciation

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|---------------|--------------|-------------|-------------|--------------|
| Foreign taxes | 49. | 49. | | |
| Proprty tax | | | | |
| Total | <u>49.</u> | <u>49.</u> | | |

Form 990-PF, Page 2, Part II, Line 12

L-12 Stmt

| Line 12 - Investments - Mortgage loans: | End of Year | |
|---|-----------------|-------------------|
| | Book Value | Fair Market Value |
| N/R-Amer Exch | 103,500. | 0. |
| Total | <u>103,500.</u> | <u>0.</u> |

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

| Line 13 - Investments - Other: | End of Year | |
|--------------------------------|-----------------|-------------------|
| | Book Value | Fair Market Value |
| Ptrshp int-Real Est Assoc | 70,749. | 1,000. |
| Southland ins | 98,052. | 60,231. |
| Ptrsp int-Boston fnl qual | -3,437. | 0. |
| Investments-Fidelity | 200,649. | 208,397. |
| Total | <u>366,013.</u> | <u>269,628.</u> |

Form 990-PF, Page 2, Part II, Line 14

L-14 Stmt

| Line 14b - Description of Land, Buildings, and Equipment | (a) Cost/Other Basis | (b) Accumulated Depreciation | (c) Book Value |
|--|-------------------------|---------------------------------|-------------------|
| Real Estate-Rygate P O | 22,600. | 7,177. | 15,423. |
| Total | <u>22,600.</u> | <u>7,177.</u> | <u>15,423.</u> |

Form 990-PF, Page 2, Part II, Line 22

Other Liab Stmt

| Line 22 - Other Liabilities: | Beginning Year Book Value | Ending Year Book Value |
|------------------------------|---------------------------|------------------------|
| FIDELITY MARGIN ACCOUNT | 0. | 95,855. |
| Total | <u>0.</u> | <u>95,855.</u> |

Supporting Statement of:

Form 990-PF, p1/Line 11(a)-1

| Description | Amount |
|--|---------------|
| <u>SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS/INTEREST</u> | 437. |
| <u>NONDIVIDEND DISTRIBUTIONS</u> | 2,610. |
| Total | <u>3,047.</u> |

Supporting Statement of:

Form 990-PF, p12/Line 3 Column (d)

| Description | Amount |
|--------------------------------|----------------|
| <u>FIDELITY</u> | 45,276. |
| <u>ADDL PER IRS TRANSCRIPT</u> | 345. |
| Total | <u>45,621.</u> |

Supporting Statement of:

Net Gain or Loss From Sale of Assets/Cost or other basis-6

| Description | Amount |
|--------------------------------|-----------------|
| <u>COST PER 1099</u> | 395,712. |
| <u>WASH SALE LOSS PER 1099</u> | -36,796. |
| Total | <u>358,916.</u> |

Supporting Statement of:

Net Gain or Loss From Sale of Assets/Cost or other basis-7

| Description | Amount |
|--------------------------------|-----------------|
| <u>COST BASIS PER 1099</u> | 234,684. |
| <u>WASH SALE LOSS PER 1099</u> | -39,443. |
| Total | <u>195,241.</u> |

Supporting Statement of:

Net Gain or Loss From Sale of Assets/Cost or other basis-8

| Description | Amount |
|----------------------------|----------|
| <u>COST BASIS PER 1099</u> | 632,977. |

Continued

Supporting Statement of:**Net Gain or Loss From Sale of Assets/Cost or other basis-8**

| Description | Amount |
|--------------------------------|-----------------|
| <u>WASH SALE LOSS PER 1099</u> | <u>-6,584.</u> |
| Total | <u>626,393.</u> |