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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2012

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**TED ROY CHARITY FOUNDATION**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P O BOX 455**  
 City or town, state or country, and ZIP + 4  
**LAKE ARROWHEAD, CA 92352**

**D** Employer identification number  
**33-0570260**

**E** Telephone number  
**(909) 225-0451**

**F** Group Exemption Number **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **▶ N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

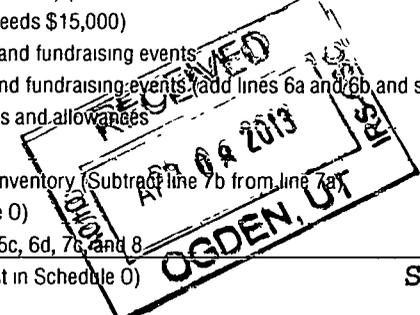
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 69,085.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received		1 69,015.
2 Program service revenue including government fees and contracts		2
3 Membership dues and assessments		3
4 Investment income		4 70.
5a Gross amount from sale of assets other than inventory		5a
5b Less: cost or other basis and sales expenses		5b
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
6b Gross income from fundraising events (not including \$ 69,015. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b
6c Less: direct expenses from gaming and fundraising events		6c 3,610.
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d -3,610.
7a Gross sales of inventory, less returns and allowances		7a
7b Less: cost of goods sold		7b
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8 Other revenue (describe in Schedule O)		8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 65,475.
10 Grants and similar amounts paid (list in Schedule O)		10 90,150.
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors		13 1,230.
14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping		15 483.
16 Other expenses (describe in Schedule O)		16 870.
17 Total expenses. Add lines 10 through 16		17 92,733.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -27,258.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 65,634.
20 Other changes in net assets or fund balances (explain in Schedule O)		20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 38,376.



SCANNED APR 15 2013

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

98-11 16

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	65,634.	22	38,376.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	65,634.	25	38,376.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,634.	27	38,376.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 <b>THE FOUNDATION PROVIDES ACADEMIC SCHOLARSHIPS FOR RIM OF THE WORLD HIGH SCHOOL STUDENTS. SCHOLARSHIPS ARE AWARDED AS FUNDS ALLOW TO PROMOTE CONTINUING EDUCATION.</b> (Grants \$ 4,150. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,150.
29 <b>SEE SCHEDULE O</b>  (Grants \$ 50,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	50,000.
30 <b>THE FOUNDATION SUPPORTS OTHER MISCELLANEOUS IRC SECTION 501(C)(3) ORGANIZATIONS BASED UPON NEEDS AND REQUESTS WHICH SATISFY ITS CHARITABLE OBJECTIVES</b> (Grants \$ 36,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	36,000.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	90,150.

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK CLARK				
CHAIRMAN	0.00	0.	0.	0.
T. ROBERT ROY				
TREASURER	0.00	0.	0.	0.
TRACEY MOORE				
BOARD MEMBER	0.00	0.	0.	0.
RICK BECK				
BOARD MEMBER	0.00	0.	0.	0.
ANDY CENTER				
BOARD MEMBER	0.00	0.	0.	0.
DENNIS PARKER				
BOARD MEMBER	0.00	0.	0.	0.
STEVE CUEVAS				
BOARD MEMBER	0.00	0.	0.	0.
GEORGE HILL				
BOARD MEMBER	0.00	0.	0.	0.
NANCY SCOPEN				
SECRETARY	0.00	0.	0.	0.
MIKE STEVENS				
BOARD MEMBER	0.00	0.	0.	0.
SUE MILLER				
BOARD MEMBER	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 N/A
39b Gross receipts, included on line 9, for public use of club facilities N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X
41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of T. ROBERT ROY Telephone no. (909) 225-0451
Located at PO BOX 1445, LAKE ARROWHEAD, CA ZIP + 4 92352
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	Yes	No
		47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?	Yes	No
		49a	X
49b		Yes	No
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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

**Sign Here**

Signature of officer: *T. Robert Roy* Date: **3/27/13**

Type or print name and title: **T. ROBERT ROY, TREASURER**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBORAH L. CROWLEY	<i>Deborah L. Crowley</i>	FEB 26 2013		P00197239
	Firm's name ▶ EADIE AND PAYNE, LLP	Firm's EIN ▶ 95-1754234	Firm's address ▶ 1839 W. REDLANDS BLVD REDLANDS, CA 92373	Phone no. (909) 793-2406	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,200.	24,864.	29,842.	34,381.	69,015.	185,302.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,200.	24,864.	29,842.	34,381.	69,015.	185,302.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						42,650.
6 Public support. Subtract line 5 from line 4						142,652.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	27,200.	24,864.	29,842.	34,381.	69,015.	185,302.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	527.	239.	106.	86.	70.	1,028.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,850.					2,850.
11 Total support. Add lines 7 through 10						189,180.
12 Gross receipts from related activities, etc. (see instructions)					12	26,366.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	75.41 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	83.12 %

16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GOLF EVENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	69,015.		69,015.
	2	Less: Contributions	69,015.		69,015.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	63.		63.
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,547.		3,547.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 3,610 )
	11	Net income summary. Combine line 3, column (d), and line 10			-3,610.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions.

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**TED ROY CHARITY FOUNDATION**

Employer identification number

**33-0570260**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

**INTEREST INCOME**

**70.**

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

**ACTIVITY CLASSIFICATION: ASSISTANCE TO DISADVANTAGED CHILDREN**

**GRANTEE NAME: MOUNTAIN COMMUNITY BOYS & GIRLS CLUB**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN:**

**30,000.**

**ACTIVITY CLASSIFICATION: HOSPITAL EQUIPMENT**

**GRANTEE NAME: MOUNTAIN COMMUNITY HOSPITAL**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN:**

**50,000.**

**ACTIVITY CLASSIFICATION: SCHOLARSHIP**

**GRANTEE NAME: RIM OF THE WORLD**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**TED ROY CHARITY FOUNDATION**

Employer identification number

**33-0570260**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN: 3,000.**

**ACTIVITY CLASSIFICATION: YOUTH PROGRAMS**

**GRANTEE NAME: BOY SCOUTS TROOP 251**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN: 1,000.**

**ACTIVITY CLASSIFICATION: MEALS FOR SENIORS**

**GRANTEE NAME: MEALS ON WHEELS**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

**AMOUNT GIVEN: 2,000.**

**ACTIVITY CLASSIFICATION: SCHOLARSHIP**

**GRANTEE NAME: RIM OF THE WORLD - ART SCHOLARSHIP**

**GRANTEE ADDRESS: LAKE ARROWHEAD, CA 92352**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: VARIOUS**

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

TED ROY CHARITY FOUNDATION

Employer identification number

33-0570260

AMOUNT GIVEN: 4,150.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 90,150.

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

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

FILING FEES 35.

BANK FEES 835.

TOTAL TO FORM 990-EZ, LINE 16 870.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION WAS FORMED FOR THE PURPOSE OF FUNDING EDUCATIONAL SCHOLARSHIPS TO RIM OF THE WORLD HIGH SCHOOL STUDENTS, SPONSORSHIPS OF SPORTS TEAMS, AND SUPPORT DONATIONS TO I.R.C. 501(C) (3) NON-PROFIT ORGANIZATIONS IN THE ARROWHEAD, BIG BEAR AND OTHER MOUNTAIN COMMUNITY AREAS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOUNDATION PROVIDES FUNDS TO MOUNTAINS COMMUNITY HOSPITAL FOR THE PURPOSE OF PURCHASING NEEDED EQUIPMENT WHICH OTHERWISE MAY NOT BE OBTAINED DUE TO BUDGET CONSTRAINTS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.