Form **2758**
(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545 0148
Expires: 10 31 92

TAXPAYER'S COPY

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name
TEXAS SILVER HAIRED LEGISATURE FDN, INC.

Number and street (or P.O. Box number if mail is not delivered to street address)
C/O ALICEANNE WALLACE
ROUTE 2, BOX 2585

City or town, state, and ZIP code
BELTON, TEXAS 76513

Employer identification number
74-2419398

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until JULY 15, 1991 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613
☒ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725
☐ Form 990-BL	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . ▶ ☐

2a For calendar year 19 ____, or other tax year beginning FEBRUARY 1, 1990 and ending JANUARY 31, 1991

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. ORGANIZATION CHANGED ACCOUNTANTS AND THE NEW ACCOUNTANT NEEDS ADDITIONAL TIME TO GATHER ALL INFORMATION NEEDED TO PREPARE AN ACCURATE RETURN.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . $ ____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ ____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . $ ____

Signature and Verification

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

Signature ▶ Max E. Richardson, CPA Date ▶ 05/15/91

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☐ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other ____

Director

Date

By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name
M. RICHARSON & CO., P.C.

Number and street (or P.O. Box number if mail is not delivered to street address)
4425 W. AIRPORT FWY., #200

City or town, state, and ZIP code
IRVING, TEXAS 75062

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

OMB No. 1545-0047

1990

For the calendar year 1990, or fiscal year beginning FEBRUARY 1 , 1990, and ending JANUARY 31 , 19 91

Use IRS label. Otherwise, please print or type.	Name of organization	A Employer identification number (see instruction S2)
	TEXAS SILVER-HAIRED LEGISLATURE FOUNDATION, INC.	74 : 2419398
	Number, street, and room (or P.O. box number) (see instruction S1.) C/OALICEANNE WALLACE ROUTE 2, BOX 2585	B State registration number (see instruction E) NONE
	City or town, state, and ZIP code BELTON, TX 76513	C If application for exemption is pending, check here ▶ ☐

D Check type of organization—Exempt under section ▶ ☒ 501(c)(3) (insert number), OR ▶ ☐ section 4947(a)(1) charitable trust (see instruction C7 and question 92.)

E Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No
If "Yes," enter the number of affiliates for which this return is filed N/A
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) ▶ N/A

H Check box if address changed ▶ ☐

I Check here ☒ if your gross receipts are normally not more than $25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A5). **Some states require a completed return.**

Note: *Form 990EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	30,450	
	b	Indirect public support	1b		
	c	Government grants	1c		
	d	**Total** (add lines 1a through 1c) (attach schedule—see instructions)			1d 30,450
	2	Program service revenue (from Part VII, line 93)			2
	3	Membership dues and assessments (see instructions)			3
	4	Interest on savings and temporary cash investments			4 7,381
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (line 6a less line 6b)			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sale of assets other than inventory	(A) Securities / 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B))			8d
	9	Special fundraising events and activities (attach schedule—see instructions):			
	a	Gross revenue (not including $_____ of contributions reported on line 1a)	9a		
	b	Less: direct expenses	9b		
	c	Net income (line 9a less line 9b)			9c
	10a	Gross sales less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) (line 10a less line 10b) (attach schedule)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 37,831
Expenses	13	Program services (from line 44, column (B)) (see instructions)			13 16,553
	14	Management and general (from line 44, column (C)) (see instructions)			14
	15	Fundraising (from line 44, column (D)) (see instructions)			15
	16	Payments to affiliates (attach schedule—see instructions)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 16,553
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 21,278
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			19 55,421
	20	Other changes in net assets or fund balances (attach explanation)			20 14,813
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 91,512

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	315		315	
32 Legal fees				
33 Supplies	69		69	
34 Telephone				
35 Postage and shipping	131		131	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	469		469	
39 Travel				
40 Conferences, conventions, and meetings	15,560	15,560		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses (itemize): a Bank Charges	10		10	
b				
c				
d				
e				
f				
44 **Total functional expenses** (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	16,554	15,560	994	

Part III Statement of Program Service Accomplishments (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Expenses (optional for some organizations-see instructions)

a EDUCATIONAL/TRAINING ACTIVITIES IN SUPPORT OF SENIOR CITIZEN INVOLVEMENT IN GOVERNMENTAL AND LEGISLATIVE PROCESSES.

(Grants and allocations $ -0-) 15,560

b (Grants and allocations $)

c (Grants and allocations $)

d (Grants and allocations $)

e Other program services (attach schedule) (Grants and allocations $)

f **Total** (add lines a through e) (should equal line 44, column (B)) ▶ 15,560

Part IV Balance Sheets

Note: *Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.*	(A) Beginning of year		(B) End of year
Assets			
45 Cash—noninterest-bearing		45	
46 Savings and temporary cash investments	55,421	46	91,512
47a Accounts receivable 47a			
b Less: allowance for doubtful accounts 47b		47c	
48a Pledges receivable 48a			
b Less: allowance for doubtful accounts 48b		48c	
49 Grants receivable		49	
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a Other notes and loans receivable (attach schedule) 51a			
b Less: allowance for doubtful accounts 51b		51c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges		53	
54 Investments—securities (attach schedule)		54	
55a Investments—land, buildings, and equipment: basis 55a			
b Less: accumulated depreciation (attach schedule) 55b		55c	
56 Investments—other (attach schedule)		56	
57a Land, buildings, and equipment: basis 57a			
b Less: accumulated depreciation (attach schedule) 57b		57c	
58 Other assets (describe ▶)		58	
59 **Total assets** (add lines 45 through 58)	55,421	59	91,512
Liabilities			
60 Accounts payable and accrued expenses		60	
61 Grants payable		61	
62 Support and revenue designated for future periods (attach schedule)		62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 Mortgages and other notes payable (attach schedule)		64	
65 Other liabilities (describe ▶)		65	
66 **Total liabilities** (add lines 60 through 65)	0	66	0
Fund Balances or Net Assets			
Organizations that use fund accounting, check here ▶ XX and complete lines 67 through 70 and lines 74 and 75.			
67a Current unrestricted fund	55,421	67a	91,512
b Current restricted fund		67b	
68 Land, buildings, and equipment fund		68	
69 Endowment fund		69	
70 Other funds (describe ▶)		70	
Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75.			
71 Capital stock or trust principal		71	
72 Paid-in or capital surplus		72	
73 Retained earnings or accumulated income		73	
74 Total fund balances or net assets (see instructions)	55,421	74	91,512
75 **Total liabilities and fund balances/net assets** (see instructions)	55,421	75	91,512

Part V **List of Officers, Directors, and Trustees** (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
JERRY RIBNICK 4138 LEVONSHIRE, HOUSTON, TX 77025	PRESIDENT PART-TIME	0	0	0
JUDGE ROYCE SMITH P.O. BOX 716, HEMPHILL, TX 75948	VICE PRESIDENT PART-TIME	0	0	0
POPPY HULSEY BOX 145, TULIA, TX 79088	SECRETARY PART-TIME	0	0	0
ALICEANNE WALLACE RT. 2, BOX 2585, BELTON, TX 76513	TREASURER PART-TIME	0	0	0

Part VI **Other Information**

		Yes	No
76	Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did your organization have unrelated business gross income of $1,000 or more during the year covered by this return?		X
b	If "Yes," have you filed a tax return on **Form 990-T,** Exempt Organization Business Income Tax Return, for this year?	N/A	
c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.		X
80a	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)		X
b	If "Yes," enter the name of the organization ► N/A and check whether it is ☐ exempt **OR** ☐ nonexempt.		
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions . 81a NONE		
b	Did you file **Form 1120-POL,** U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III . . . 82b N/A		
83a	Did anyone request to see either your annual return or exemption application (or both)?		X
b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)	N/A	
84a	Did you solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	N/A	
85a	*Section 501(c)(5) or (6) organizations.*—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))	N/A	
b	If "Yes," enter the total amount spent for this purpose . . . . . 85b N/A		
86	*Section 501(c)(7) organizations.*—Enter:		
a	Initiation fees and capital contributions included on line 12. . . . . 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . 86b N/A		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	N/A	
87	*Section 501(c)(12) organizations.*—Enter amount of:		
a	Gross income received from members or shareholders . . . . . 87a N/A		
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 87b N/A		
88	*Public interest law firms.*—Attach information described in the instructions.		
89	List the states with which a copy of this return is filed ► N/A		
90	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	

91 The books are in care of ► ALICEANNE WALLACE Telephone no. ► (817) 939-8178
Located at ► ROUTE 2, BOX 2585, BELTON, TX 76513

92 *Section 4947(a)(1) charitable trusts filing Form 990 in lieu of* **Form 1041,** U.S. Fiduciary Income Tax Return.— Check here ► ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . ► 92 N/A

Part VII 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) Exclusion code	(d) Amount	
93 Program service revenue:					
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g) Fees from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: (a)					
(b)					
(c)					
(d)					
(e)					
104 Subtotal (add columns (b), (d), and (e))					
105 **TOTAL** (add line 104, columns (b), (d), and (e)) ▶					

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII 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 VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please Sign Here

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.

▶ Signature of officer | Date | ▶ Title

Paid Preparer's Use Only

Preparer's signature ▶ May E. Richardson, CPA

Date 10/31/91

Check if self-employed ▶ ☐

Firm's name (or yours if self-employed) and address ▶ M. RICHARDSON & CO., P.C.
4425 W. AIRPORT FWY, #200, IRVING, TX

ZIP code 75062

[The next page is 1237-5.]

SCHEDULE A (Form 990)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust
Supplementary Information
▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1990

Name: TEXAS SILVER HAIRED LEGISLATURE FOUNDATION, INC.

Employer identification number: 74 : 2419398

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
NO COMPENSATION PAID				
Total number of other employees paid over $30,000 ▶	NONE			

Part II Compensation of the Five Highest Paid Persons for Professional Services (See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than $30,000	(b) Type of service	(c) Compensation
NOT APPLICABLE		
Total number of others receiving over $30,000 for professional services ▶ NONE		

Part III Statements About Activities

		Yes (1)	No (2)
1	During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. $ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.			
2	During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of your income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4	Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only **ONE** applicable box):

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 ☐ An organization that normally receives: (a) no more than ⅓ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than ⅓ of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14,172	10,949	38,746		63,867
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,703	2,317	541		5,561
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	16,875	13,266	39,287		69,428
24 Line 23 minus line 17	16,875	13,266	39,287		69,428
25 Enter 1% of line 23	169	132	393		
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					1,389
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					4,722

(Continued on page 3)

Part IV Support Schedule (continued) **(Complete only if you checked box 10, 11, or 12 on page 2.)**

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1989) ..... (1988) ..... (1987) 5,000 (1986) .....

b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year: NOT APPLICABLE

(1989) ..... (1988) ..... (1987) ..... (1986) .....

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV) NOT APPLICABLE

		Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Do you maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by you or on your behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Do you discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance? (See instructions.)	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Do you receive any financial aid or assistance from a governmental agency?	34a		
b Has your right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI Lobbying Expenditures by Public Charities (see instructions) **(To be completed ONLY by an eligible organization that filed Form 5768)** NOT APPLICABLE

Check here ▶ **a** ☐ If the organization belongs to an affiliated group (see instructions).
Check here ▶ **b** ☐ If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion	36		
37 Total lobbying expenses to influence a legislative body	37		
38 Total lobbying expenses (add lines 36 and 37)	38		
39 Other exempt purpose expenses (see Part VI instructions)	39		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)	40		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40	41		
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000			
Over $1,500,000 — $225,000 plus 5% of the excess over $1,500,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)			
43 Excess of line 36 over line 42	43		
44 Excess of line 38 over line 41	44		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45–50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(I) Cash	51a(I)		X
	(II) Other assets	a(II)		X
b	Other Transactions:		
	(I) Sales of assets to a noncharitable exempt organization	b(I)		X
	(II) Purchases of assets from a noncharitable exempt organization	b(II)		X
	(III) Rental of facilities or equipment	b(III)		X
	(IV) Reimbursement arrangements	b(IV)		X
	(V) Loans or loan guarantees	b(V)		X
	(VI) Performance of services or membership or fundraising solicitations	b(VI)		X
c	Sharing of facilities, equipment, mailing lists or other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, the column should also indicate the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		NOT APPLICABLE	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
	NOT APPLICABLE	

[The next page is 1247.]

TEXAS SILVER HAIRED LEGISLATURE FOUNDATION, INC.
SCHEDULE TO ACCOMPANY FORM 990
FISCAL YEAR ENDING JANUARY 31, 1991
74-2419398

Form 990, Part I, Line 20 - Other Changes in Net Assets

Correction of prior year accounting error	$14,813
Total Other Changes in Net Assets	$14,813

Form 990, Schedule A, Part IV, Line 26(b)

Contributor	Amount
Kalman & Ida Wolens Foundation	$ 5,000
Katherine C. Cormody Test Trust	2,500

Form **2758**
(Rev. November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No. 1545 0148
Expires: 10 31 92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name
TEXAS SILVER HAIRED LEGISATURE FDN, INC.

Number and street (or P.O. Box number if mail is not delivered to street address)
C/O ALICEANNE WALLACE
ROUTE 2, BOX 2585

City or town, state, and ZIP code
BELTON, TEXAS 76513

Employer identification number
74-2419398

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until JULY 15, 1991 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613
☒ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725
☐ Form 990-BL	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . ▶ ☐

2a For calendar year 19 ____, or other tax year beginning FEBRUARY 1, 1990 and ending JANUARY 31, 1991

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. ORGANIZATION CHANGED ACCOUNTANTS AND THE NEW ACCOUNTANT NEEDS ADDITIONAL TIME TO GATHER ALL INFORMATION NEEDED TO PREPARE AN ACCURATE RETURN.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . $ ____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ ____

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . $ ____

Signature and Verification

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

Signature ▶ Max E. Richardson, CPA Date ▶ 05/15/91

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☑ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other ____

RECEIVED
1115
MAY 17 1991
AUSTIN, TEXAS
IRS - AUSC

MAY 28 1991
Date

Director
By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name
M. RICHARSON & CO., P.C.

Number and street (or P.O. Box number if mail is not delivered to street address)
4425 W. AIRPORT FWY., #200

City or town, state, and ZIP code
IRVING, TEXAS 75062

TEXAS SILVER HAIRED
LEGISLATURE FOUNDATION, INC.

FEDERAL FORM 990
1990

M. Richardson & Co., P.C.
Certified Public Accountants

Max E. Richardson, CPA

4425 West Airport Freeway, Suite 550
Irving, Texas 75062 • (214) 252-0700

M. Richardson & Co., P.C.
Certified Public Accountants

Irving, Texas