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SCANNED NOV 1 0 2010

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No. 1545-0052 2009

LOL (aien	idar year 2009, or tax year beginning DEC	30, 2009	, and ending	DEC 31, 2009			
G C	heck	all that apply: Amended return Amended return	Initial return of a fo	ormer public charity	Final return	1		
Use the IRS Name of foundation A Employer identification number								
	label.							
Oth	erwi				27-1649534			
	print		elivered to street address)	Room/suite	B Telephone number			
	r type Spec	SE SOS I BROHINGE DI ME		5300	404-527-84	59		
	oper ructio	City of town, state, and ZIP code			C If exemption application is p	ending, check here		
		ATLANTA, GA 30308			D 1. Foreign organizations	s, check here		
H_C	_	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation		
ᆜ			Other taxable private found		E If private foundation sta	tus was terminated		
		arket value of all assets at end of year J Accounti		Accrual	under section 507(b)(1)	(A), check here		
		Part II, col. (c), line 16)	ther (specify)	 	F If the foundation is in a			
		2,000,000. (Part I, colu	mn (d) must be on cash	basis.)	under section 507(b)(1)			
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and 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	2,000,000.	, ,	N/A			
	2	Check if the foundation is not required to attach Sch. B	, ; çţ	S 2 S				
	3	Interest on savings and temporary cash investments				, i'', s''		
	4	Dividends and interest from securities				, Y, -1		
	5a	Gross rents						
	þ	Net rental income or (loss)	e e y		- 12 34	٠		
<u>•</u>	6a	Net gain or (loss) from sale of assets not on line 10		. x .	*	, <u>3</u> 4		
	b	Gross sales price for all assets on line 6a		<u> </u>				
Revenue	7	Capital gain net income (from Part IV, line 2)	· · · · · ·	0.	4-10 - 1	- ⁵ ,		
	8	Net short-term capital gain	Α .	क इस्		, , , ,		
	9	Income modifications Gross sales less returns						
	10a	and allowances	, , , , , , , , , , , , , , , , , , ,		Ž. ; 🔏 🥨	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Less. Cost of goods sold	All the second	\$ 1.00 K 349	A Service Property of	3		
	l .	Gross profit or (loss)		-E 5 - 7. 57		* 15 11 3		
	11	Other income	2 200 000					
	12	Total. Add lines 1 through 11	2,000,000.	0.		\$ 1 \(\frac{1}{2}\)		
	13	Compensation of officers, directors, trustees, etc.	<u> </u>	<u> </u>		0.		
	14	Other employee salaries and wages Pension plans, employee benefits						
8	15	Local food						
ense		Accounting fees		BEC	IVED			
Exp	_	Other professional fees		11120		<u> </u>		
Ш	17	Interest		S NUA (8 2010 O			
Administrative	18	Taxes	-	<u> ≅ NOA (</u>	8 2010 O	-		
ist	19	Depreciation and depletion		<u> </u>	<u> </u>	34, 133		
듣	20	Occupancy		OGDE	N, UT	<u> </u>		
Αđ	21	Travel, conferences, and meetings						
P	22	Printing and publications						
9 8	23	Other expenses						
atin	24	Total operating and administrative				 		
Operating and		expenses. Add lines 13 through 23	0.	0.		0.		
ō	25	Contributions, gifts, grants paid		May see the man	THE THE MAN THE STATE			
	26	Total expenses and disbursements.						
-		Add lines 24 and 25	0.	0.		0.		
	27	Subtract line 26 from line 12:	The state of the	1 16 16 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The transfer of the second	THE PROPERTY OF THE PARTY OF TH		
	a	Excess of revenue over expenses and disbursements	2,000,000.	And the Kind		The State of the State of		
	Ь	Net investment income (if negative, enter -0-)	11 8 1 4 .	0.	41 24 1 6 .			
	C	Adjusted net income (if negative, enter -0-)	1 11/31 19 14 14	1992 1994 1997	N/A	· * * * * * * * * * * * * * * * * * * *		

For	m 99	0-PF (2009) THE CHENZYME FOUNDATION		27-	-1649534	Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year	
<u> </u>	ai c	Data rice Sileets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	Value
	1	Cash - non-interest-bearing			 	
	2	Savings and temporary cash investments		2,000,000.	2,000	<u>,000.</u>
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable -	• •			
	l _	Less; allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	l _	disqualified persons				
	7	Other notes and loans receivable		-		• ;
		Less: allowance for doubtful accounts				
ets	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			<u> </u>	
•		Investments - U.S. and state government obligations		ļ		
		Investments - corporate stock	·		ļ	
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis	• •			
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶	•			
		Less accumulated depreciation				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers)	0.	2,000,000.	2,000	.000.
	17	Accounts payable and accrued expenses				,
	18	Grants payable] ;	. ;
ø	19	Deferred revenue			1 -	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1.	- ,}
ᅙ	21	Mortgages and other notes payable			1	. * /8
Ï	22	Other liabilities (describe)			1;; '	F
						, .go
	23	Total liabilities (add lines 17 through 22)	0.	0.	To the state	.8, ,
		Foundations that follow SFAS 117, check here			1	, 8
		and complete lines 24 through 26 and lines 30 and 31.			, , , , , ,	- 3
8	24	Unrestricted			2 3 4 4	"
Ē	25	Temporarily restricted			1 , ,	ļ. Ģ
Net Assets or Fund Balances	26	Permanently restricted			14 1	:
2		Foundations that do not follow SFAS 117, check here			1	, 3
显		and complete lines 27 through 31.			•	, 3
ğ	27	Capital stock, trust principal, or current funds	0.	0.		
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	- z	- S
¥88	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,000,000	1 . ; .	1
듈	ı	Total net assets or fund balances	0.	2,000,000	-1	
Z				2,000,000.	1	y zgonym
	31	Total liabilities and net assets/fund balances	0.	2,000,000.		
P	art	Analysis of Changes in Net Assets or Fund Ba	lances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0			
		t agree with end-of-year figure reported on prior year's return)				0.
	•	amount from Part I, line 27a	•••	2	2,000	
		Increases not included in line 2 (Itemize)		. 3		0.
		ines 1, 2, and 3		4	2,000	
		eases not included in line 2 (itemize)		. 5		0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h) line 30		2.000	000

Form 990-PF (2009)

Form **990-PF** (2009)

	CHENZYME FOUNDA					_	27	-164	9534	Page 3
(a) List and desc	ribe the kind(s) of property sold (e. arehouse; or common stock, 200 sl	g., real estate,		(b) I	low at - Purc - Don	quired hase ation	(c) Date ac (mo., day	quired , yr.)	(d) Date (mo., da	
1a										
b NO	NE									
C				<u> </u>						
<u>d</u>	······································			<u> </u>						
_e				<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					n or (loss) f) minus (
a										
<u>b</u>										
C										
<u>d</u>										
e		1								
Complete only for assets showing	ng gain in column (h) and owned by	y the foundation	on 12/31/69				(I) Gains (Col	. (h) gain i	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			C	oL (k), but no Losses (fi	t less than rom col. (f	1 -0-) or h))	
8				I						
b										
С										
d								_		
e										
2 Capital gain net income or (net ca	If gain, also enti apital loss) If (loss), enter -			}	2					
3 Net short-term capital gain or (los	• • •			' [_					
If gain, also enter in Part I, line 8,		1110 (0).		۱ (
If (loss), enter -0- in Part I, line 8				[]	3					
Part V Qualification U	Inder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estn	nent In	come			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	ncome	e.)	-			N/A	
(,				,				21, 22	
If section 4940(d)(2) applies, leave to	his part blank.									
Was the foundation liable for the sec	tion 4942 tax on the distributable a	mount of any ve	ear in the base ne	riod?					Yes	□ No
If "Yes," the foundation does not qua			•							
1 Enter the appropriate amount in				es.						
(a)	(b)	-	<u> </u>	(c)					(d) ution ratio	
Base periód years Calendar year (or tax year beginni		istributions	Net value of no			use asset	s c	Distribi ol (b) divi	ution ratio ded by col.	(c))
2008	ng ii)							01 (0) 0111		(0))
2007										
										
2006							+			
2005										
2004						· · · · · · · · · · · · · · · · · · ·	+ +			
2 Total of line 1, column (d)	<u> </u>				•		2			
=	5-year base period - divide the total	l on line 2 by 5,	or by the number	of ye	ars					
the foundation has been in existe	nce if less than 5 years						3			
4 Enter the net value of noncharitat	ole-use assets for 2009 from Part X	, line 5					4			
5 Multiply line 4 by line 3		••					5			
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)						6		<u>_</u>	
7 Add lines 5 and 6			,				7			
8 Enter qualifying distributions from	n Part XII, line 4						8			
If line 8 is equal to or greater than	n line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ıg a 19	% tax	rate.				

_	1990-PF (2009) THE CHENZYME FOUNDATION INC.	<u> 27 -</u>	<u> 1649</u>	<u> 534</u>		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstr	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					-
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		[
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	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, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	l -			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:			_		
a	2009 estimated tax payments and 2008 overpayment credited to 2009					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d		1			
7	Total credits and payments. Add lines 6a through 6d	7	_		٠	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				_••
٥	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	· · · · · · · · · · · · · · · · · · ·	10	 			
11 Ps	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded rt VII-A Statements Regarding Activities	11	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	·n		1	Yes	No
10	any political campaign?	101		1		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		• • •	1a 1b		X
U	•			10		_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
_	distributed by the foundation in connection with the activities.					- T
	Did the foundation file Form 1120-POL for this year?		•	10		X
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.			\ \	Ç	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			,	,	
•	managers. > \$				wite	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2.44	W'''	X
	If "Yes," attach a detailed description of the activities.				437	. '
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r		× 2/4	<u>*</u>	
:	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48		X
_ D	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T.			7.7		8
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			7,		
	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				-2
	remain in the governing instrument?			_6_		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	ļ
	If "Yes," complete Part II, col. (c), and Part XV.			٠	,	2 8
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1 4	17	203
				2/3	14	X 23
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)			,		3
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		, -	2	<u> </u>
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	••		9	<u></u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			For	m 990	-PF	(2009)

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	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ALICE DER-SHAN CHEN Telephone no. ► 404-52	7-8	459	
	Located at ≥ 303 PEACHTREE ST, NE, STE 5300, ATLANTA, GA ZIP+4 ≥30	308		_
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	N	/A	
Pa	art 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.		Yes	No
18	During the year did the foundation (either directly or indirectly):	~		ì.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	<i>7</i> ;	ŝΑ	*, ` ŧ
	a disqualified person?			,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ē,	- 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			- 3
				٠,
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	"		. ;
			ν'	. પં
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	`	` .	£ 3
	if the foundation agreed to make a grant to or to employ the official for a period after	ا بر ا		- 4
_	termination of government service, if terminating within 90 days.) Yes X No	'		5
b	olf 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 page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 2009?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			بر جري
	defined in section 4942(j)(3) or 4942(j)(5)):			بضع
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			, s, a,
	before 2009?	\ \ \ \ \ \		٠,
	If "Yes," list the years ▶ , , , , ,	,	2.0	ال در
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	À.	Æ.,	3
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	2	Α.	
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			;
	▶	44	7,	· }
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	· ()
-	during the year?	(,	, 4
	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after	1 /		-*;
	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	ni		
			-	
	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 2009.)	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
D	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 2009?	4b	DE:	<u>X</u>
	For	m 990	-PF (2009)

Part VII-B Statements Regarding Activities for Which I		Required (contin	<u>21-1049:</u>	334	Page 6
5a During the year did the foundation pay or incur any amount to:		toquire (contain	1		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o					-
any voter registration drive?			es X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes		· · · —	s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organizatio		—		ı	
509(a)(1), (2), or (3), or section 4940(d)(2)?		T Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourooses, or	-			
the prevention of cruelty to children or animals?	· • • • • • • • • • • • • • • • • • • •		8 X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ter the exceptions described	-		l	
section 53.4945 or in a current notice regarding disaster assistance (see instru	-	_	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶	1.	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?		1/A 🗀 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	- ·	•,			`
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			l	١.	,
a personal benefit contract?	, (Ye	es X No	· .	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	` x "
If "Yes" to 6b, file Form 8870.				•	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y€	s X No	,÷	1
b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	_	
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		14.20	(4) 0 4 5 6 4 4		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) E	xpense int, other
(a) raino ano acciono	to position	enter -0-)	compensation	allov	wances
					_
SEE STATEMENT 1		0.	0.	<u>, </u>	0.
				 	
				ļ	
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "		⊥	
2 Compensation of the highest-paid employees (other than those me	(b) Title, and average	enter NONE.	(d) Contributions to	(e) F	xpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	elinployee benefit plans and defented	accou	nt, other
NONE	uevoled to position		compensation	alluv	wances
NONE			(
				+	
					
				+	
				 	
Total number of other employees paid over \$50,000		1		J	0
י טעמו וועוווטפו טו טעופו פווואוטאַכפט אַמוע טאפו אָטטיָטטט				990-PF	<u>_</u>
			rorm	33U-LL	(2009)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	npensation
NONE			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers product		Expense	es
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Related Investments			· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount	<u>t</u>
1N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<u> </u>		<u>0.</u>

Form **990-PF** (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	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	1a	_0.
b	Average of monthly cash balances	1b	1,000,000.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,000,000.
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	2	0.
3	Subtract line 2 from line 1d	3	1,000,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	985,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	270.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	270.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	270.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	270.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	270.
P	art 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	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule)	35	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	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

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

`	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	301743	10210 prior to 2000	2000	2000
line 7				270.
2 Undistributed income, if any, as of the end of 2009:			,	
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004			•	
b From 2005				
c From 2006				
d From 2007				•
e From 2008	•			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 0 .			_	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			_
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.		·····	
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		0.	,	4
d Subtract line 6c from line 6b. Taxable			· · · · · · · · · · · · · · · · · · ·	
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must		ž		
be distributed in 2010		•		270.
7 Amounts treated as distributions out of		Y		
corpus to satisfy requirements imposed by		**,* * '	~ ′	,
section 170(b)(1)(F) or 4942(g)(3)	0.	,		
8 Excess distributions carryover from 2004			2	
not applied on line 5 or line 7	0.	· · · · · · · · · · · · · · · · · · ·	1 1 1	<i>f'</i> .
9 Excess distributions carryover to 2010.		,		
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:	,	- (4)	if the we	, , ,
a Excess from 2005	r	:	•	
b Excess from 2006	<u>,</u>		,	
c Excess from 2007	4	73	<i>y</i>	- ,
d Excess from 2008	,	· ~	,	
e Excess from 2009	·	<u> </u>		

		DATION INC.		27-16	49534 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o			-		
foundation, and the ruling is effective fo			. · ▶ └ 	Lana(2/0)	
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(a) Tatal
income from Part I or the minimum	(a) 2005	(0) 2000	(6) 2007	(0) 2000	(e) Total
investment return from Part X for					
each year listed		ļ <u> — </u>			
b 85% of line 2a		ļ		ļ. <u> </u>	
 Qualifying distributions from Part XII, 					
line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not					
used directly for active conduct of				}	
exempt activities					
e Qualifying distributions made directly				ļ	
for active conduct of exempt activities.				İ	
Subtract line 2d from line 2c				<u> </u>	
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" afternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section	:				
512(a)(5)), or royalties)				ļ	· · · · · · · · · · · · · · · · · · ·
(2) Support from general public and 5 or more exempt				1	
organizations as provided in					
section 4942(j)(3)(B)(iii)				ļ	
(3) Largest amount of support from				Ì	
an exempt organization					
(4) Gross investment income			<u> </u>		
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during t	ne year-see the	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a pa	artnership or
NONE					
	O O:# 1	Cabalasakia ata Di			
2 Information Regarding Contribut Check here ► X if the foundation of				not nonent	acta for funda. If
the foundation makes gifts, grants, etc.					
	·		·· · · · · · · · · · · · · · · · · · ·	ompiete items za, b, c, and	
a The name, address, and telephone num	ber of the person to who	om applications should be	auuresseu:		
b The form in which applications should b	e submitted and inform	ation and materials they sl	nould include:		
A. a. L. Martin, J. M. Martin, M.					
c Any submission deadlines:			_		
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields,	kinds of institutions, or	other factors:	

Form 990-PF (2009) THE CHENZYME FOUNDATION INC. 27-1649534 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor `Recipient Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid during the year NONE 0. Total **▶** 3a **b** Approved for future payment NONE

Total 923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	741102111	Tuneson meetic
ab					
d					
e					
1					
Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			ļ		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			ļ	-··	
9 Net income or (loss) from special events					<u> </u>
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
<u> </u>			.		
d					
2 Subtotal. Add columns (b), (d), and (e)	 	0.	-	0.	0.
3 Total. Add line 12, columns (b), (d), and (e)	1				0.
See worksheet in line 13 instructions to verify calculations.)	•		••	10	
				. 5	
Part XVI-B Relationship of Activities to	o the Accon	nplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incon	ne is reported in (column (e) of Part XVI-A	contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than b					•
				 ·	
					
			-		
			-		
			_	 	
	·				

			<u> </u>		· · · · · · · · · · · · · · · · · · ·
and cor	enalties of perjury, I declare that I have examined this return, including accompany inplete Declaration of preparer (other than taxpayer or fiduciary) is based on all infor		rer has any knowledg		belief, it is true, correct,
Si	gnature of bifficer or trustee	Date	Title		
ı er's niy	Preparer's signature ALBALL		Date ////////////////////////////////////	Check if self- employed	Preparer's identifying number P00117910
Paid pare	Firm's name (or yours NELSON & COMPANY, P.A.)	, ,	EIN ▶ 56	-1394660
Pal Prepal Use (if self-employed), P.O. BOX 52179				
	address, and ZIP code DURHAM, NC 27717			Phone no.	(919)490-8585
					Form 990-PF (2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

2009

Name of the organization **Employer identification number** THE CHENZYME FOUNDATION INC. 27-1649534 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Page	1 of	1 of Part I

Name of organization

Employer identification number

THE	CHENZVME	FOUNDATION	TNC

THE C	HENZYME FOUNDATION INC.		<u>'-1649534</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	YUAN-TSONG CHEN 303 PEACHTREE ST NE, STE 5300 ATLANTA, GA 30308	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ALICE DER-SHAN CHEN 303 PEACHTREE ST NE, STE 5300 ATLANTA, GA 30308	\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	. (d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	OF OFFICERS, D		STATI	EMENT 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
YUAN-TSONG CHEN	PRESIDENT 1.00	0.	0.	0.
ALICE DER-SHAN CHEN	SECRETARY/TREA	SURER 0.	0.	0.
JEROME G. CHEN	DIRECTOR 1.00	0.	0.	0.
GERALD G. CHEN	DIRECTOR 1.00	0.	0.	0.
DONALD M. ETHERIDGE JR.	ASSISTANT SECR	ETARY 0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

Form (3868 (Rev. 4-2009)			Page 2
Note.	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			> X
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies r	needed).	
	Name of Exempt Organization	Emp	loyer identi	fication number
Туре	or		·	
print	THE CHENZYME FOUNDATION INC.	2	7-1649	534
File by extende		For II	RS use only	
due dat				
return instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			-
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= 7	orm 5227 orm 6069	Form 8870
STOF	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 886	8.
	ALICE DER-SHAN CHEN e books are in the care of ▶ 303 PEACHTREE ST, NE, STE 5300 - ATLANT lephone No. ▶ 404-527-8459 FAX No. ▶	Ά,	<u>GA 303</u>	08
• If t	he organization does not have an office or place of business in the United States, check this box his for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	is ıs fo	r the whole (• • •
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5	For calendar year, or other tax year beginningDEC_30_, _2009, and ending	DEC	31, 2	009 .
6	If this tax year is for less than 12 months, check reason:		Change in a	ccounting period
7	State in detail why you need the extension			
	ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCUR	ATE	RETUR	N IS NOT
	YET AVAILABLE.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	var ,		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	<u> </u>		
	previously with Form 8868.	8b	\$	0.
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			_
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.
	Signature and Verification			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ie. correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowled	ge and belief,

Title ►

Form **8868** (Rev. 4-2009)

Date ►

Signature >

• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox		▶ X]
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	868.		
 If y 	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	_			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	oples n	eeded).		
Туре	Name of Exempt Organization	Emple	yer identi	fication num	ber
print	THE CHENZYME FOUNDATION INC.	2	7-1649	534	
File by extended due date filling the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IR	S use only		~
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	==	m 5227 m 6069	Form 8	870
STOP	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	usly file	i Form 880	38.	
	,		-		
• Th	e books are in the care of		•		
Te	lephone No. ► FAX No. ►				
• If t	the organization does not have an office or place of business in the United States, check this box			▶ □]
• If t	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	nis is for	the whole	group, check	this
box	▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	l membe	ers the exte	nsion is for.	
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.				
5	For calendar year 2009, or other tax year beginning, and ending				<u> </u>
6	If this tax year is for less than 12 months, check reason: Initial return Final return	LJ (Change in a	accounting pe	eriod
7	State in detail why you need the extension				
	ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCU	RATE	RETUR	N IS N	O.I.
	YET AVAILABLE.	1 1			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				^
	nonrefundable credits. See instructions.	8a	\$		0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	200000	•		0.
	previously with Form 8868.	86	\$		••
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		*		0.
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification	. 8c	<u> </u>		.
Hnde	Signature and verification r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to ti	ne best of	mv knowler	ine and belief	
it is tr	ue, correct, and complete, and that I am authorized to prepare this form.	.5 5556 0	,	1	
Signa	ture > Verley P. Cipalo Title > CPA	Date	<u> </u>	<u> </u>	
			Form	8868 (Rev. 4	-2009)

1001 5080 000 0013 424

Form 8868 (Rev. April 2009) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously		
Raits Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	omolete	
Part I only		▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns.	an exten	sion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exten noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile and click on e-file for Charities & Nonprofits.	onically if consolida	(1) you want the additional ated Form 990-T. Instead,
Type or Name of Exempt Organization	Empl	oyer identification number
THE CHENZYME FOUNDATION INC.	2	7-1649534
Number, street, and room or suite no. If a P.O. box, see instructions. 303 PEACHTREE ST NE, NO. 5300		
city, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30308		
Check type of return to be filed (file a separate application for each return):	_	
Form 990 Form 990-T (corporation)	4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	5227	
Form 990-EZ Form 990-T (trust other than above)	6069	
X Form 990-PF ☐ Form 1041-A ☐ Form	8870	
The books are in the care of Telephone No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If box If it is for part of the group, check this box and attach a list with the names and EINs of the group.	this is foi	the whole group, check this
		ord the data
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time a AUGUST 15, 2010 , to file the exempt organization return for the organization named		The extension
is for the organization's return for:		
► X calendar year 2009 or		
► tax year beginning , and ending		
		
2 If this tax year is for less than 12 months, check reason: Initlal return		
2 If this tax year is for less than 12 months, check reason: Initial return Final return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
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