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Form 990-PF

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

For cale	ndar year 2009, or tax year beginning	, 2009, and en	ding	•	
G Che	ck all that apply Initial return Initia	al Return of a former public cha	irity	Fina	l return
	Amended return	Address change	Name o	hange	
Use th	•		Α	Employer identification num	ber
IRS lab	el THE SHETH FAMILY FOUNDATI	ON, INC.		58-2498469	
Otherwi print	12013 022121010112 101 1120		В	Telephone number (see the	instructions)
or type	E DECKTOR, GA 30033			404-325-2426	
See Spec			C	If exemption application is	
				1 Foreign organizations, chec	
H 인		(c)(3) exempt private foundation		2 Foreign organizations meeti here and attach computatio	
	Section 4947(a)(1) nonexempt charitable tru	ust Other taxable private founting method. X Cash	F	If private foundation status	
	0 14 1 1 20 1 2 10 1	Dunning method. Ricash E Other (specify)	_Accrual -	under section 507(b)(1)(A),	
⊳ ś	· · · · · · · · · · · · · · · · · · ·	column (d) must be on cash b		If the foundation is in a 60- under section 507(b)(1)(B),	
Part I	Analysis of Revenue and				
	Expenses (The total of amounts in	(a) Revenue and (b) N expenses per books	et investment income	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	сиропись рег заспе			purposes
	sarily equal the amounts in column (a) (see the instructions).)				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	803,292.			
_	2 Ck ► if the foundn is not req to att Sch B				
2011	3 Interest on savings and temporary cash investments				
N N	4 Dividends and interest from securities	19,657.	19,657.	19,657.	
669 ,	5a Gross rents				
<i>€0</i>	Net rental income or (loss)				
SEP Sau	6a Net gain/(loss) from sale of assets not on line 10	-4,533.			
کي ک	b Gross sales price for all assets on line 6a 75,125.				
E N U	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		0.		
₩ ü	9 Income modifications				
DCAMNED MCZM	10 a Gross sales less returns and				
S.	allowances h Less Cost of				
ñ	goods sold.				
	c Gross profit/(loss) (att sch) 11 Other income (attach schedule)			-	
	Ti Other income (attach schedule)				
	12 Total. Add lines 1 through 11	818,416.	19,657.	19,657.	
	13 Compensation of officers, directors, trustees, etc	0.			· -
	14 Other employee salaries and wages .				· · · · · · · · · · · · · · · · · · ·
	15 Pension plans, employee benefits				
A D	16 a Legal fees (attach schedule) ECEIVED b Accounting fees (attach sch) ECEIVED				
M	c Other prof fees (attach sch)				
N O I P S	17 Interest S CED 2 F 2710	lö			
P S T R A T	17 Interest SEP 0 7 2010	(d)			
A A	19 Depreciation (attach				
_ <u> </u>	sch) and depletion OGDEN, UT 20 Occupancy.				
N V G E	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications.				
D P	23 Other expenses (attach schedule)		•		
N S	24 Total operating and administrative				
Ĕ	expenses. Add lines 13 through 23				
•	25 Contributions, gifts, grants paid PART XV	30,190.			30,190.
	26 Total expenses and disbursements. Add lines 24 and 25	30,190.	0.	0.	30,190.
	27 Subtract line 26 from line 12:	30, 130.	<u> </u>		30,230.
	a Excess of revenue over expenses	700 226			
	and disbursements	788,226.	19,657.		
	b Net investment income (if negative, enter 0) C Adjusted net income (if negative, enter 0)		10,001.	19,657.	
	- riajassea inci income (ii negotive, citter o)				<u> </u>



Dord	-	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End or	f year
Part	11	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5,035.	14,826.	14,826.
	2	Savings and temporary cash investments	60,171.	28,959.	28,959.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	"	Less. allowance for doubtful accounts			
	5	Grants receivable			
	[Receivables due from officers, directors, trustees, and other			
	6	disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less. allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
S	l	a Investments — U.S. and state government obligations (attach schedule)			
	١.	b Investments — corporate stock (attach schedule)			
	[, , , , , , , , , , , , , , , , , , ,			
		c Investments — corporate bonds (attach schedule)			
	11	equipment, basis			
		Less. accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)	45,057.	854,685.	<u>852,918.</u>
	14	Land, buildings, and equipment. basis ▶			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	110,263.	898,470.	896,703.
Ļ	17	Accounts payable and accrued expenses.			
Å	18	Grants payable			
A B	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons .			
Ţ	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe SEE STATEMENT 1)			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Foundations that follow SFAS 117, check here		_ 	
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			
TN	25	Temporarily restricted			
, D	26				
A B A E A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A S N	27	Capital stock, trust principal, or current funds			
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds.	110,263.	898,470.	
R S	30	Total net assets or fund balances (see the instructions)	110,263.	<u>898,470.</u>	
	31	Total liabilities and net assets/fund balances (see the instructions).	110,263.	898,470.	
Part	Ш	Analysis of Changes in Net Assets or Fund Balanc			
				as with	
1	i ota end-	I net assets or fund balances at beginning of year - Part II, colum of-year figure reported on prior year's return)	nn (a), iine 30 (must agre	e with 1	110,263.
		ar amount from Part I, line 27a		. 2	788,226.
		increases not included in line 2 (itemize).	•	3	
		lines 1, 2, and 3		4	898,489.
		ases not included in line 2 (itemize) SEE STATEMENT	2	5	19.
		I net assets or fund balances at end of year (line 4 minus line 5) -			898,470.
_ _	, 510	. Het deserts of fairle selections at one of your filles 4 fillings life of			Earm 990 PE (2000)

<u>Par</u>		.osses for lax on investment the kind(s) of property sold (e.g., rea		(b) How acqu		(d) Date sold
•	2-story brick warehous	se; or common stock, 200 shares MLC	Company)	P — Purcha D — Donati		(month, day, year)
1 a	1'a 782.47 RVS RETIREMENT PLUS 2015 P			P	VARIOUS	3/24/09
ь	4203.32 RVS RETIREM	ENT PLUS 2015		P	VARIOUS	12/16/09
c	4245.573 RVS RETIRE	MENT PLUS 2015		D	VARIOUS	12/10/09
d	<u> </u>					
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) n	ninus (g)
a				,071.		-2,071.
b				,986.	•	-3,014. -3,269.
<u>c</u>				7,422.	<u> </u>	-3,209.
e						
		ng gain in column (h) and owned by th	e foundation on 12/31/69	1	(I) Gains (Col	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an	(i) y	gain minus column (than -0-) or Losses (f	k), but not less
a						-2,071.
						-3,014.
						-3,269.
	<u> </u>					
e						
	Capital gain net income or (net	capital loss), ente	enter in Part I, line 7 er -0- in Part I, line 7		2	-8,354.
3		oss) as defined in sections 1222(5) an 8, column (c) (see the instructions). If				•
	ın Part I, line 8	Section 4940(e) for Reduced			3	0.
lf 'Y€	es,' the foundation does not qualif	on 4942 tax on the distributable amouty under section 4940(e). Do not compose each column for each year; see the	lete this part.		Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass		(d) Distribution (column (b) divided	
	2008	9,596.	112	2,357.		0.085406
	2007	15,320.		2,862.		0.135741
-	2006	12,247.	111	,443.		0.109895
	2005	4,232.		7,625.		0.039322
	2004	2,800.	104	,232.		0.026863
2	Total of line 1, column (d)			_	2	0.397227
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 y	on line 2 by 5, or by the ears.		3	0.079445
4	Enter the net value of noncharit	able-use assets for 2009 from Part X,	line 5		4	293,032.
5	Multiply line 4 by line 3				5	23,280.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b) .			6	197.
7	Add lines 5 and 6.				7	23,477.
_				1	1	
8	Enter qualifying distributions fro	m Part XII, line 4		[8	30,190.
BAA	If line 8 is equal to or greater th Part VI instructions.	m Part XII, line 4 an line 7, check the box in Part VI, lir	ne 1b, and complete that par	t using a 1	% tax rate. See the	30,190.

Form	990-PF (2009) THE SHETH FAMILY FOUNDATION, INC. 58-249846	9	Р	age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instruc	ctions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here			
•	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1	<u>.97.</u>
	check here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2	_	1	<u>.97.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_		0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	<u>.97.</u>
	Credits/Payments			Î
	2009 estimated tax pmts and 2008 overpayment credited to 2009			
	Exempt foreign organizations — tax withheld at source 6b 6c 6c			
	, , , , , , , , , , , , , , , , , , , ,			
				0.
_	Total creates and paymonia. And imos ou amough ou			- • ·
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8 8 is more than line 7, enter amount owed 9		1	97.
9	Tax day, if the total of filled and of the total and the total and the total of the			<u>.91.</u>
10	1			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11			
		Т	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$\\ 0\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ᅴᅵ		.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If 'Yes,' attach a detailed description of the activities.			
_	·			.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4ь	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	● By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions) GA			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8ь	Х	
0				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10	and addresses. SEE STATEMENT 3	10	Х	
BAA		Form 99	0-PF	(2009)

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Form	990-PF (2009) THE SHETH FAMILY FOUNDATION, INC.	58-249846	59	Р	age 5
Par	t 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		X
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 exemply Website address (NONE)	tion application?	13	X	
14	The books are in care of ► NANCY A. FUNK, CPA Telep Located at ► 1549 CLAIRMONT RD., STE 203 DECATUR GA ZIP +	hone no. ► <u>404</u> -3 4 ► 30033	25-2	426	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check her and enter the amount of tax-exempt interest received or accrued during the year	re ▶ 15	N/A	-	N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Require				11/11
1 41	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 2	During the year did the foundation (either directly or indirectly).				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			Ŷ
	(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			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X No			
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instru	in ictions)?	1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ 📋			
Ć	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009?	its,	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).				
á	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 before 2009?	Yes X No			
	If 'Yes,' list the years 20, 20, 20				
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49)	342(a)(2) 42(a)(2) to			(3
	all years listed, answer 'No' and attach statement — see the instructions.)		2b	<u> </u>	/A
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year 20, 20, 20, 20	rs here.			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
ı	o If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundat or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	oved		1	
	determine if the foundation had excess business holdings in 2009.)		3Ь	N	ľΑ
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		х
	, .				
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		 		L
	the tax year beginning in 2009?	<u>:</u>	4b		X
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Total number of other employees paid over \$50,000

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

	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.	10	221 220
	a Average monthly fair market value of securities	1a 1b	231,238. 66,256.
	b Average of monthly cash balances	1c	00,230.
	c Fair market value of all other assets (see instructions)	1d	297,494.
	d Total (add lines 1a, b, and c)	10	251,494.
	e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
2	•	2	n
	Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d	3	<u>0.</u> 297,494.
_		3	431,333.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	4,462.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	293,032.
6	Minimum investment return. Enter 5% of line 5.	6	14,652.
Рā	Tixed Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	rating	foundations
	and certain foreign organizations check here ► ☐ and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	14,652.
2	a Tax on investment income for 2009 from Part VI, line 5	1	
	b Income tax for 2009. (This does not include the tax from Part VI.)	3.5	
	c Add lines 2a and 2b	2c	197.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,455.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	14,455.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,455.
Рä	TEXIS Qualifying Distributions (see instructions)		
	Amounts good (including administrative apparass) to accomplish aboutable at a primary		·
'	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	30,190.
	b Program-related investments — total from Part IX-B	1 b	
	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)	3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,190.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	$\lfloor \rfloor$	107
_	Enter 1% of Part I, line 27b (see instructions)	5	197.
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	29,993.

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

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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, line 7				14,455.
2 Undistributed income, if any, as of the end of 2009				11, 100.
a Enter amount for 2008 only			0.	
b Total for prior years: 20, 20, 20	· · · · · · · · · · · · · · · · · · ·	0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004			ĺ	
b From 2005	,			
c From 2006 6, 855.			}	
d From 2007 10,107.				
e From 2008 4,016.				
f Total of lines 3a through e	20,978.			
4 Qualifying distributions for 2009 from Part				
XII, line 4. ► \$ 30,190.		,		
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				14,455.
e Remaining amount distributed out of corpus	15,735.			
5 Excess distributions carryover applied to 2009.	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	36,713.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed	-	0.		
d Subtract line 6c from line 6b. Taxable				
amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2010 .				0.
7 Amounts treated as distributions out of			· · · · · · · · · · · · · · · · · · ·	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	36,713.			
10 Analysis of line 9.				
a Excess from 2005				
b Excess from 2006 6,855.				
c Excess from 2007 10,107.				
d Excess from 2008 4,016.				
e Excess from 2009 15,735.				
BAA	<u></u>			Form 990-PF (2009)

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Part XIV Private Operating Foundation					N/A
1a If the foundation has received a ruling or d is effective for 2009, enter the date of the r	ruling				T
b Check box to indicate whether the foundation		ating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	4 7 0000	–
investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test - enter.					
(1) Value of all assets.					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	·				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .			L	<u> </u>	
Supplementary Information assets at any time during the	(Complete this le year — see in	part only if the structions.)	organization h	ad \$5,000 or mor	e in
Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have SEE STATEMENT 4	ers: ave contributed mo contributed more ti	re than 2% of the to han \$5,000). (See s	otal contributions red ection 507(d)(2).)	eived by the foundation	on before the
b List any managers of the foundation who of a partnership or other entity) of which the f				y large portion of the	ownership of
NONE					
2 Information Regarding Contribution, Gran Check here \(\overline{X} \) if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d.	akes contributions	to preselected char	itable organizations		
a The name, address, and telephone numbe	r of the person to w	hom applications sl	hould be addressed.		
b The form in which applications should be s	ubmitted and inform	nation and materials	s they should include	9	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitab	le fields, kinds of in	stitutions, or other fac	tors.

3 Grants and Contributions Paid During the Yea	r or Approved for Futu	e Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purp	ose of g	rant or on	Amount
Name and address (home or business)	substantial contributor	recipient			 -	
a Paid during the year SEE ATTACHED SCHEDULE ,	N/A	501 (C) (3)	GENERAL	FUND	SUPPORT	30,190.
		:				
			:			
			į.			
Total			·		► 3a	30,190.
b Approved for future payment						
		:				
						!
		:				
Total					► 3t	

Pari	AdMX	Analysis of	f Income-F	Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b	-		 		
c	 		1 -		
d		<u> </u>			
e					
f					
g Fees and contracts from government agencies		-			
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	19,657.	
5 Net rental income or (loss) from real estate:]		i		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-4,533.	
9 Net income or (loss) from special events		<u></u>		<u> </u>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	<u> </u>				
a					
b			<u> </u>		
c		<u> </u>	 		
d					
e				15 104	
12 Subtotal Add columns (b), (d), and (e)				15,124.	45 404
13 Total. Add line 12, columns (b), (d), and (e)				13	15,124
(See worksheet in the instructions for line 13 to verify ca	alculations)				

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

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

			5.11			11	es No
de	d the organization directly escribed in section 501(c) of lating to political organizat	of the Code (other	age in any of the following than section 501(c)(3) org	with any other ganizations) or	organization in section 527,		
	ansfers from the reporting		oncharitable exempt orga	nization of.		5	
) Cash	•				1a (1)	Х
(2) Other assets					1a (2)	X
b O	ther transactions.						
(1) Sales of assets to a non	charitable exemp	t organization			1 b (1)	X
(2	Purchases of assets fror	n a noncharitable	e exempt organization.			1b (2)	X
(3	Rental of facilities, equip	ment, or other as	ssets.			1b (3)	X
(4) Reimbursement arrange	ments				1 b (4)	X
(5) Loans or loan guarantee	s				1 b (5)	X
(6) Performance of services	or membership	or fundraising solicitations			1 b (6)	X
c SI	naring of facilities, equipme	ent, mailing lists,	other assets, or paid emp	loyees.		. 1c	X
th	the answer to any of the a e goods, other assets, or s ny transaction or sharing ai	services given by	the reporting foundation.	If the foundation	n received less than fair m	narket value in	•
(a) Line			oncharitable exempt organization		escription of transfers, transaction		nents
N/A							
							
		-					
						· · ·	
		-					
					·		
de	the foundation directly or escribed in section 501(c) or 'Yes,' complete the following	of the Code (othe	d with, or related to, one or than section 501(c)(3)) or	r more tax-exe r in section 527	empt organizations ??	Yes	ΧNο
	(a) Name of organizat	_	(b) Type of organiza	ition	(c) Description	of relationship	
N/A	(-)					<u> </u>	
						_	
Under	penalties of perjury, I declare that I h	ave examined this return	n, including accompanying schedules	and statements, and	i to the best of my knowledge and be	lief, it is true, correct, and	
comp	lete Declaration of preparer (other	than taxpayer or flution	ary) is based on all information of	which preparer has	any knowledge		
	- /			18/	30/10 -TRU	alro	
S I G N	Signature of officer or trustee	<u>'</u>		Date	Title	<u> </u>	
G	Signature of onicer of trustee			Date .	THE	Preparer's Identifying	number
H Paid	Preparer's	1 Janes			Check if self	(See Signature in the	
Paic R Pre-	signature	7 7 7	10	1012	employed -	N/A	
Pare	vouse if colf		CPA, PC		EIN - N,	<u>/A</u>	
Use	, employed), 1239	5 MORRIS R					
	ZIP code ALPH	ARETTA, GA	30005		Phone no ►	(678) 946-7	
BAA						Form 990- I	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

2009

Employer identification number Name of the organization 58-2498469 THE SHETH FAMILY FOUNDATION, INC Organization type (check one) Section: Filers of:) (enter number) organization Form 990 or 990-EZ 501(c)(4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 -X 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)/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. 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 religious, charitable, etc, contributions of \$5,000 or more during the year. 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 their 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).

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization	Employe	r identification number
	AETH FAMILY FOUNDATION, INC.	58-2	498469
	Contributors (see instructions.)	(2)	(4)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SHETH CHARITABLE TRUST NUMBER II		Person X Payroll
	1549 CLAIRMONT ROAD #203	\$803,293.	Noncash X
	DECATUR, GA 30033		(Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person

(b)

Name, address, and ZIP + 4

(a)

Number

Payroll Noncash

Person Payroll Noncash

(c) Aggregate contributions (Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

of 1

of Part II

Name of organization

THE SHÈTH FAMILY FOUNDATION, INC.

Employer identification number

58-2498469

Part I Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	MARKETABLE SECURITIES			
1				
		_		
		\$_	191,164.	10/12/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_		
		\$		
		- *-		· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_		
		- \$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\dashv		
		= \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received

		\dashv		
		_ \$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		4		
		_ \$		
		⊣ *-		·

of 1

of Part III

Name of organization

THE SHETH FAMILY FOUNDATION, INC.

Employer identification number

58-2498469

Pari III Exc	<i>clusively</i> religious	, charitable, etc	, individual	contributions	to section 501	c)(7), (8), or (10)	
org	anizations aggreç	ating more tha	n \$1, <mark>000</mark> for	the year.(Com	plete cols (a) through	(e) and the following	ine entry.)

(a)	(b)	(c)		(d)				
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held			
N/	A							
				<u> </u>				
	(e) Transfer of gift							
	Transferee's name, address		Relations	ship of transferor to tran	sferee			
-								
(a)	(b)	(c)		(d)	-			
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held			
T alt I								
		(e) Transfer of gift						
	Transferee's name, addres	Relations	ship of transferor to tran	sferee				
(a)	(b)	(d)						
No. from Part I	Purpose of gift	Use of gift		Description of how gi	ft is held			
	(e) Transfer of gift							
	Transferee's name, addres	Relation	ship of transferor to tran	sferee				
			_					
(a)	(b)	(c)		(d)				
No. from	Purpose of gift Use of gift			Description of how gi	ft is held			
Part I								
\vdash				<u> </u>				
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
-								
								

2009	FEDERAL STATEMENTS	PAGE
тн	SHETH FAMILY FOUNDATION, INC.	58-249846
STATEMENT 1 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES		
	TOTAL	\$ 0.
STATEMENT 2 FORM 990-PF, PART III, LINE 5 OTHER DECREASES		
EXCISE TAX PAID	TOTAL	\$ 19. \$ 19.
STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DU	RING THE TAX YEAR	-
NAME OF SUBSTANTIAL CONTRIBU	OR ADDRESS OF SUBSTANTIAL CONTRI	IBUTOR
SHETH CHARITABLE TRUST NUMBER	R II 1549 CLAIRMONT ROAD #203 DECATUR, GA 30033	

STATEMENT 4
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

JAGDISH N. SHETH MADHURI J. SHETH

Orents peed

<u>ş</u>	ŧ	Ē	Метто	Address	Relationship	801(c)(3)7	Purpose	Amount
į	OUT PORTO	1224	ratra Capal - A Del	1281 Conset like Boad Smirms CA 30082	8	9	boot large	0000
5	2000			1201 Couper Land Audu, Sillyille, Ch. 30002	2	g	200	3000
đ Ö	07/06/2000	1236	VFW Program Account	PO Box 812, Columbus, GA 31902-0812	none	368	general fund	25 00
C	00716/2000	1237	Altman Press	2525 Aubum Ave, Columbus, GA 31906-1376	none	Xes	books purchased for JSGA	315 00
C	00718/2000	1238	New Orleans Recovery School Dist Fund	1055 St. Charles Ave #100, New Orleans, LA 70130	mone	88	general fund	100 00
5	11/10/2009	1239	Fulbright Association	1604 Bnarcliff Road #2, Atlanta, GA 30306	none	, kes	annual underwriting	1,500 00
Ö	12/26/2000	1240	U of Illinois Foundation	PO Box 3429, Champaign, IL 61826-3429	none	yes.	Study Abroad Program	20,000 00
5	12/28/2000	1241	American Red Cross	PO Box 101508, Atlanta, GA 30392-1508	mone	88	general fund	100 00
Sec.	12/28/2009	1242	Salvation Army	1190 W Druid Hills Dr., Ste 150, Atlanta, GA 30329	mone	yes.	general fund	200 00
5	12/31/2009	1243	CARE	151 Ellis Street NE, Atlanta, GA 30303-2440	none	yes	general fund	1,000 00
ő	12/31/2000	1244	University of Ittinois Foundation	1305 West Green Street, Urbana, IL 61801-2962	none	88	annual fund	2,000 00
5	12/31/2009	1245	Raksha inc - Ek Shaam	PO Box 12337, Atlanta, GA 30355	mone	yes	general fund	1,000 00
5	12/31/2009	1246	Georgia Public Broadcasting	PO Box 409277, Atlanta, GA 30384-9277	mone	yes	general fund	100 00
5	12/31/2000	1247	IAAMJV, Inc	47 Parster Place, Fords, NJ 08863-1451	none	yes	general fund	100 00
O Sec	12/31/2009	1248	Ashoka Innovators for the Public	1700 North Moore Street, Ste 2000, Artington, VA 22209-1921	none	yes	general fund	100 00
ő	12/31/2009	1249	American Heart Association	PO Box 78851, Phoenix, AZ 85062-8851	mone	yes	general fund	100 00
5	12/31/2008	1250	NAACP	PO Box 64983, Baltimore, MD 21298-8747	none	yes	general fund	100 00
5	12/31/2009	1251	Atlanta Humane Society	981 Howell Mill Rd NW, Atlanta, GA 30318	mone	ž	general fund	200 00
5	12/31/2009	1252	Earth Institute	PO Box 250889, New York, NY 10025-1506	none	yes	general fund	100 00
5	12/31/2009	1254	Unicef	125 Malden Lane, New York, NY 10038	none	yes	general fund	100 00
ő	12/31/2009	1255	Atlanta Habitat for Humanity	519 Memorial Drive, SE, Atlanta, GA 30312-2218	mone	yes	general fund	100 00
O O	12/31/2009	1256	National Urban League	120 Wall Street, New York, NY 10005	none	yes	general fund	100 00
5	12/31/2009	1257	Nature Conservancy	1330 West Peachtree Street, Ste 410, Atlanta, GA 30309	none	yes	general fund	100 00
ő	12/31/2009	1258	Hosea Feed the Hungry	PO Box 4672, Attanta, GA 30302-4672	mone	X	general fund	100 00
Q.	12/31/2009	1259	Mayo Clinic	PO Box 450, Albert Lea, MN 56007-9849	none	yes	general fund	100 00
Check	12/31/2009	1260	Children's Healthcare of Atl	PO Box 116091, Attanta, GA 30368-6091	none	X8X	general fund	100 00
6	12/31/2009	1261	Empty Stocking Fund	PO Box 77736, Attanta, GA 30357	none	yes	general fund	100 00
5	12/31/2000	1262	Special Olympics	PO Box 501177, Atlanta, GA 31150-1177	none	yes	general fund	100 00
Check	12/31/2009	1263	AMFAR	PO Box 96635, Washington, DC 20090-6635	none	yes	general fund	100 00
S	12/31/2009	1264	Union of Concerned Scientists	Two Battle Square, Cambridge, MA 02238-9105	mone	yes	general fund	100 00
5	12/31/2009	1265	Washington, DC MLK Jr Natl Memorial	PO Box 96071, Washington DC 20077-7599	none	yes	general fund	150 00
Q E	12/31/2000	1266	Covenant House	Times Square Station, PO Box 731, New York, NY 10108-0900	none	yes	general fund	100 00
Ş	12/31/2009	1267	Jain Center of Southern California	8072 Commonwealth Avenue, PO Box 549, Buena Park, CA 90621-0549	none	yes	general fund	100 00
5	12/31/2000	1268	Piedmont Park Conservancy	PO Box 7795, Atlanta, GA 30357-0795	none	yes	general fund	100 00
Check	12/31/2009	1269	Clinton Foundation	PO Box 3587, Little Rock, Ar 72203-9466	none	yes	general fund	100 00
Ş	12/31/2009	1270	Doctors Without Borders	PO Box 5022, Hagarstown, MD 21741-5022	none	yes	general fund	100 00
5	12/31/2009	1271	Pancreatic Cancer Action Network	836 W Wellington Ave, Chicago, IL 60657	none	yes	general fund	100 00

30,190 00

Total Grants paid

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Internal Revenue		► File	a separate application for eac	h return.	
If you are	filing for an A	utomatic 3-Month Extension,	complete only Part I and chec	ck this box	► X
			lonth Extension, complete onl		
			anted an automatic 3-month e		
Part I	Automatic	3-Month Extension of T	ime. Only submit origina	al (no copies needed)	
•	-		an automatic 6-month extensi		
All other corp income tax re		iding 1120-C filers), partnersh	ips, REMICS, and trusts must	use Form 7004 to request	an extension of time to file
returns noted the additional Form 990-T.	l below (6 moi l (not automal Instead, you r	ths for a corporation required	r file Form 8868 if you want a to file Form 990-T) However, ou file Forms 990-BL, 6069, or d and signed page 2 (Part II) of parties & Nonprofits.	, you cannot file Form 8868 - 8870, group returns, or a	electronically if (1) you want composite or consolidated
	Employer identification number				
Type or print					
•		H FAMILY FOUNDATIO			58-2498469
File by the due date for filing your		nd room or suite number. If a P O box	r, see instructions		
return See		IRMONT RD. #203 office, state, and ZIP code For a fore	ion address, see instructions		
	1	GA 30033	.g. 200		
Check type o	· · · · · · · · · · · · · · · · · · ·	filed (file a separate application	on for each return).		
Form 990		· · · — · ·	90-T (corporation)	Form 47	20
Form 990		Form 99	0-T (section 401(a) or 408(a)	trust) Form 52	27
Form 990)-EZ	Form 99	00-T (trust other than above)	Form 60	69
X Form 990)-PF	Form 10)41-A	Form 88	70
Telephone If the org If this is f	No. ► 404 anization does for a Group Re	turn, enter the organization's	FAX No. Fax No	umber (GEN) I	
	Ision will cove				
until _ The ext ► X ►	8/15_ tension is for calendar yea tax year begi	, 20 <u>10</u> , to file the exemple organization's return for 20 <u>09</u> or	rporation required to file Form of organization return for the o	rganization named above.	Change in accounting period
2 II this to	ax year is ioi	ess that 12 months, theth re	ason Initial return		Thange in accounting period
		or Form 990-BL, 990-PF, 990- . See instructions	T, 4720, or 6069, enter the ter	ntative tax, less any	3a \$ 0.
		or Form 990-PF or 990-T, ente or year overpayment allowed	er any refundable credits and e as a credit	estimated tax payments	зь\$ 0.
deposit	e Due. Subtra t with FTD cou structions	et line 3b from line 3a Include pon or, if required, by using E	your payment with this form, FTPS (Electronic Federal Tax	or, if required, Payment System).	3c \$ 0.
Caution. If you		make an electronic fund with	ndrawal with this Form 8868, s	ee Form 8453-EO and Form	n 8879-EO for
BAA For Pri	vacy Act and	Paperwork Reduction Act Not	ice, see instructions.		Form 8868 (Rev. 4-2009)

	(Rev 4-2009)			Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box		► X
lote. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previously file	d Form 8868.	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).		
Feith.	Additional (Not Automatic) 3-Month Extension of Time. Onl			
	Name of Exempt Organization	Empl	oyer identification	number
Type or	MUE CHEMI PANTIN POUNDAMION THE			
orint	THE SHETH FAMILY FOUNDATION, INC. Number, street, and room or suite number if a PO box, see instructions	-2498469		
ile by the		S use only		
extended lue date for	NANCY A. FUNK, CPA, PC 12395 MORRIS RD., STE. 105			
iling the eturn See	City, town or post office, state, and ZIP code For a foreign address, see instructions	_		
nstructions	ALPHARETTA, GA 30005			
heck typ	e of return to be filed (File a separate application for each return).	<u>a l'aga l'aga</u>		2131 - 24 - 4
Form		Form 1041-A		Form 6069
Form		Form 4720	├ {	Form 8870
Щ.	190-EZ Form 990-T (trust other than above)	Form 5227	Ш.	OIII 6676
	not complete Part II if you were not already granted an automatic 3-month ex		ed Form 8868	<u> </u>
The bo	oke are in care of NANCY A FINK CDA			
	one No. ► 404-325-2426 FAX No. ►			
-	organization does not have an office or place of business in the United States,	check this box		▶ □
	s for a Group Return, enter the organization's four digit Group Exemption Nun			لسا If this is for the.
	up, check this box ► . If it is for part of the group, check this box ►			
	the extension is for.]		• · · · · ·
4 I req	uest an additional 3-month extension of time until 11/15 , 20	10.		
		, and ending		, 20 .
	s tax year is for less than 12 months, check reason. Initial return		hange in acc	ounting period
7 State	e in detail why you need the extension . ADDITIONAL TIME IS N		A COMPLI	ETE AND
	CURATE TAX RETURN.			
8a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	itive tax, less any		
nonr	efundable credits. See instructions.	·	8a \$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c			
	nents made. Include any prior year overpayment allowed as a credit and any a Form 8868	imount paid previously	8b\$	0.
	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or	r. if required, deposit		
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System). See instrs	8c \$	0.
	Signature and Verification			
Under penalti	es of perjury, I declare that I have examined this form, including accompanying schedules and stateme complete, and that I am authorized to prepare this form	ents, and to the best of my knowle	dge and belief, it	is true,
	$\mathcal{L}_{\mathbf{r}}$		D.11.	8/10/10
Signature	Janes Title FR		Date	1/10/10
			Earm	8868 (Rev 4-2009)
BAA	FIFZ0502L 03/11/09		rorm	0000 (Nev 4-2009)