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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									
			ax year beginning 0			31/10		requirements	<u> </u>
		Il that apply	Initial return		turn of a former public			Final return	
			Amended return		ress change		ame change		
Use	the IR	S Name of founda	ation				A Emp	oyer identification num	ber
	abel.						52	-1205924	
Oth	erwise	, Lacy Fo	oundation		_		B Telep	hone number (see page 1	0 of the instructions)
•	orint		eet (or P O box number	if mail is not delivered	to street address)	Room/su	te		
	type.		ox 3084				C If exe	mption application is pend	ing, check here
	Specifi uction:	Ony or town, sit	ate, and ZIP code	773	04115		D 1. Fo	reign organizations, check	here 🕨 🗀
		PIGE CITI	. X Section 501(c)		24115		1	reign organizations meetii	_
			empt charitable trust	$\Box$	e private foundation			% test, check here and at	
		et value of all asse		counting method		crual		ate foundation status was in 507(b)(1)(A), check here	
		rom Part II, col (c)		Other (specify)	Odsii	Cidai	F If the	foundation is in a 60-mont	h termination
	e 16) ▶		61,490 (Part		pe on cash basis )			section 507(b)(1)(B), che	- I
	art I	•	Revenue and Exp		(a) Revenue and		•		(d) Disbursements
		total of amounts in colu	mns (b), (c), and (d) may not n	ecessarily equal	expenses per books	(b) N	et investment income	(c) Adjusted net	for charitable purposes
	,	the amounts in column	(a) (see page 11 of the instruc	tions) )	DOORS		income	income	(cash basis only)
	1		grants, etc , received (atta			ļ			
	2		e foundation is <b>not</b> requi			<u> </u>			
	3	•	s and temporary cash	investments	60,66	_	60 665	<del></del>	
	4		erest from securities		60,665				
	5a	Gross rents Net rental income	or (loss)			+			
Jue.	1		ale of assets not on line 10	Stmt 1	30,11	5		<u>-</u>	
Ze.		Gross sales price for all a		353,833	30,11	1		<del></del>	
<b></b> (Réyenue	7	•	ncome (from Part IV, li				o		
	8	Net short-term ca		·,				0	
1=1	9	Income modification	ons						
&	10a	Gross sales less retu	urns & allowances						
J. 15.	b	Less Cost of goo	ds sold			_			
			ss) (attach schedule)	~	ļ <u>.</u>				
Sesylphin Ses	. I	Other income (atta	The same of the sa	Stmt 2	6,85		60 665		· · · · · · · · · · · · · · · · · · ·
133 153		Total Add Ines 1	officers, directors, trus		97,63	8	60,665	0	
es	13	Other employee s		stees, etc		<del> </del>			
SE.	15	Pension plans, en	nnil Cele hene						
ğ	16a	Legal fees (attach	schedule)					.,	
Û				Stmt 3	4,45	7			
.i.	d_	Other professional le	attach schedule) es (attach schedule)	Stmt 4	27,74	0	27,740		
Operating and Administrative Expên	17	Interest				7			
ist	18		(see page 14 of the instruction	s) Stmt 5	3,28	2		<del></del>	
πį	19	, ,	schedule) and depletion			<del> </del>			
Adi	1	Occupancy				-			
פַ		Travel, conference							
ar		Printing and public Other expenses (att sch		Stmt 6	3:	2			
ing			) and administrative ex			-			
rat		Add lines 13 throu		ipolisos.	35,51	3	27,740		0
be		Contributions, gifts	=		254,00				254,000
0		_	d disbursements. Add	lines 24 and 25	289,51		27,740	0	254,000
	27	Subtract line 26 fr			•				
	а	Excess of revenue	over expenses and dis	bursements	-191,88	o			
	ь	Net investment i	ncome (if negative, er	nter -0-)		<del> </del>	32,925		
	С	Adjusted net inc	ome (if negative, ente	r -0-)				0	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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	Part (	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	797,419	651,716	651,716
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
- 1	7	Other notes and loans receivable (att. schedule)			
-		Less allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)  See Stmt 7	2,750,101	2,703,924	2,509,774
ŀ	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch )			
	12	Investments—mortgage loans	-		<del></del>
	13	Investments—other (attach schedule)			<del>_</del>
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch )			
	15				
	16	Other assets (describe ►			
ı		Instructions Also, see page 1, item I)	3,547,520	3,355,640	3,161,490
$\exists$	17	Accounts payable and accrued expenses	3,34,,320	3,333,040	3/101/130
ı	18	Grants payable			
es	19	Deferred revenue			
囯	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
اڌ	22				
	23	•	0	0	
$\dashv$	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here ▶		<u> </u>	
S		and complete lines 24 through 26 and lines 30 and 31.			
çe	24	•			
or Fund Balances	24	Unrestricted Temperatuly sectioned			
3al	25	Temporarily restricted			
b	26	Permanently restricted  Foundations that do not follow SFAS 117, check here ▶  X	<del></del>		
S		and complete lines 27 through 31.			
띡	27	•	127,800	127,800	
0	27	Capital stock, trust principal, or current funds	127,000	127,000	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	3,419,720	3,227,840	
SS	29	Retained earnings, accumulated income, endowment, or other funds	3,419,720	3,221,840	
۲	30	Total net assets or fund balances (see page 17 of the	2 547 520	2 255 640	
Net	24	Instructions)	3,547,520	3,355,640	
	31	Total liabilities and net assets/fund balances (see page 17	2 547 520	2 255 640	
4	Dovt II	of the instructions)	3,547,520	3,355,640	
_	Part II	I Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	acroe with		
1			agree will		3,547,520
_		f-year figure reported on prior year's return)		<del> </del>	-191,880
_		amount from Part I, line 27a		2	-191,000
3		increases not included in line 2 (itemize)		3	3,355,640
_		nes 1, 2, and 3		4	3,333,640
5		eases not included in line 2 (itemize)	lina 20	5	3,355,640
_6	rotal	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	IIIIC OU	6	3,355,640

Part IV Capital Gains a	nd Losses for Tax on Investmen	t Income	<del></del>			
(a) List and descri 2-story brick war	be the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a N/A						
b						
С						
d						
						·
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(	(h) Gain e) plus (f)	or (loss) minus (g)
a						
b			_			
С						<del>-</del>
d	<u> </u>					
е		1-1				
Complete only for assets snowing	g gain in column (h) and owned by the found	-				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)	, ,		ess than -0-) <b>or</b> m col (h))
a						
<u>b</u>	1					
С						
ď			<del></del>			<del></del>
е						
2 Capital gain net income or (net ca	If gain, also enter in Partial loss)  If (loss), enter -0- in Partial loss)	•		2		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)	_				
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the ins	structions)				
If (loss), enter -0- in Part I, line 8	<del></del>			3		
	<u>nder Section 4940(e) for Reduce</u>			ne	<del></del>	
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investme	ent income)			
If section 4940(d)(2) applies, leave thi	ıs part blank					
Was the foundation liable for the secti	ion 4942 tax on the distributable amount of	any year in the bac	o portod3	es X No		
	ify under section 4940(e) Do not complete	• •	e period , [ re	5 2 100		
	<u> </u>	<del>- '</del>	oro molung any ontro	<del></del>		<del>.</del>
1 Enter the appropriate amount in e	each column for each year, see page 18 of t	the instructions bei		<u> </u>		(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use ass	ets		bution ratio
Calendar year (or tax year beginning	227,	1	3,109,		cor (b) di	0.073123
2008 2007	185,		4,829,			0.038408
2006	164,		3,660,			0.044935
2005	154,		2,703,			0.057073
2004	121,		2,269,		· -	0.053671
2004						0.033071
2 Total of line 1, column (d)				2		0.267210
	5-year base perioddivide the total on line	2 by 5 or by the		-	<del></del>	0.207210
	as been in existence if less than 5 years	2 59 0, 01 59 110		3		0.053442
4 Enter the net value of noncharitation	ole-use assets for 2009 from Part X, line 5			4		3,210,562
5 Multiply line 4 by line 3				5		171,579
-						
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		329
7 Add lines 5 and 6				7		171,908
8 Enter qualifying distributions from	Part XII, line 4			8		254,000
If line 8 is equal to or greater than	line 7, check the box in Part VI, line 1b, an	d complete that par	rt using a 1% tax rate	See the		
Part VI instructions on page 18						

<u>Form</u>	n 990-PF (2009) Lacy Foundation 52-1205	5924			F	age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age 18 of the in	structions)			
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 instr	ructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1			329
	here ▶ X and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
Ū	Part I, line 12, col. (b)	_ [	1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0
3	Add lines 1 and 2	-	3			329
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	F	4			0
4		-	5	_		329
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	-	3	-		323
6	Credits/Payments	1 650				
a	2009 estimated tax payments and 2008 overpayment credited to 2009  6a	1,650				
þ	Exempt foreign organizations—tax withheld at source 6b	<del></del>				
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld6d		ŀ			<b>6</b>
7	Total credits and payments Add lines 6a through 6d	<u> </u>	7		1,	<u>650</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b> _	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10			321
11_	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 332	Refunded 🕨	11			<u>989</u>
<u>Pa</u>	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				1	
	of the instructions for definition)?			1b	L	X
	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?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-			
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			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, article	es 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
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A	4b		<del></del>
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					<del>                                     </del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
J	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>					
				ا ا	x	
7	conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col	(a) and Dark VV		6 7	X	$\vdash \vdash$
7	· · · · · · · · · · · · · · · · · · ·	(c), and Part XV				<del></del>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <b>VA</b>					
	,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				v	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o					1
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on pag	е				
	27)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		<u> </u>
			Fo	rm 99	0-PF	(2009)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form 990-PF (2009)

orm	1990-PF (2009) <b>Lacy</b>	Foundation		52-1	.205924					Pa	ige <b>6</b>
Pa	art VII-B Stateme	nts Regarding Act	ivities for Which Form 4	720 May Be Re	equired (con	tinue	d)				
5a	During the year did the for	undation pay or incur any	y amount to								
	(1) Carry on propaganda.	, or otherwise attempt to	influence legislation (section 494	15(e))?		Yes	X	No		j	
	(2) Influence the outcome	e of any specific public e	lection (see section 4955), or to	carry on,	_						
	directly or indirectly, a	any voter registration driv	re?			Yes	X	No			
	(3) Provide a grant to an	individual for travel, stud	y, or other similar purposes?		П	Yes	X	No			
	(4) Provide a grant to an	organization other than a	a charitable, etc , organization de	scribed in	_		_				
			d)(2)? (see page 22 of the instruc			Yes	X	No			
			charitable, scientific, literary, or e							ŀ	
		revention of cruelty to ch	•			Yes	X	No			
b		•	ransactions fail to qualify under t	he exceptions desc	ribed in						
_			regarding disaster assistance (s				ħ	1/A	5b		
	-		g disaster assistance check here	*	150 450 151 157		·П	.,			
_	• •	•	oundation claim exemption from				ш				
С	because it maintained exp	• • •	•	uie tax	n/a 🗌	Yes		No			
	If "Yes," attach the statem	•			11/11	162	ш	NO			
e -	*	. , ,	` '								
6a	-	•	nds, directly or indirectly, to pay	premiums		v .	X				
	on a personal benefit cont					Yes		No			<b>3</b> 7
b	_		, directly or indirectly, on a perso	nal benefit contract	7				6b	-	<u> </u>
_	If "Yes" to 6b, file Form 88				[		₹.				
		•	n a party to a prohibited tax shelt			Yes	X	No	<u> </u>		
			have any net income attributable			D. C.		I/A	7b		
Pa			Directors, Trustees, Fou	indation iviana	gers, Hignly	Paid	⊏mþ	oloyee	25,		
4 1	and Contr			( 00 -4	Al ! 4 4 !	- \					
1 1	list an officers, directors,	trustees, foundation in	anagers and their compensation	on (see page 22 or	the instruction	1			1		
		(a) No. 20 and address.		(b) Title, and average	(c) Compensation	1	Contribi nployee	utions to benefit	(e) Exc	ense acc	count.
		(a) Name and address		hours per week devoted to position	(If not paid, enter -0-)	pla	ns and o	deferred		allowand	
					·	<del>  '</del>	ompens	allon			—
Se	e Statement 8			}							
			<del></del>			+					
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				ļ		+-					
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	<del></del>	<del></del>							<u> </u>		
				ł							
				<u> </u>					L		
2		ghest-paid employees	other than those included on l	ine 1 —see page 2	3 of the instruc	tions).					
	If none, enter "NONE."			1		<del></del>			<del>,</del>		
				(b) Title, and average			Contribi Iployee	utions to	(e) Evr	ense acc	rount
	(a) Name and addr	ress of each employee paid r	nore than \$50,000	hours per week devoted to position	(c) Compensation	plar	ns and c	deferred		allowand	
				- Corotae to position		0	ompens	ation	ļ		
NC	NE										
									<u> </u>		
									<u> </u>		
									1		
		<del> </del>									
				]							
				<u> </u>							
ota	I number of other employee	es paid over \$50,000							•	1	

Form **990-PF** (2009)

Form 990-PF (20	09) Lacy Foundation	52-1205924	Page 7
Part VIII	Information About Officers, Directors, Trustees, For and Contractors (continued)	undation Managers, Highly Paid Emp	loyees,
3 Five highe	st-paid independent contractors for professional services (see page	ge 23 of the instructions). If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		<b></b>
Part IX-A	Summary of Direct Charitable Activities		
List the foundation organizations and	n's four largest direct chantable activities during the tax year include relevant stati d other beneficiaries served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
1 N/A		•	
2			-
3			
4			
Part IX-B	Summary of Program-Related Investments (see p		
	largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A			
2			
All other program 3	-related investments See page 24 of the instructions		
Total. Add lines	1 through 3	<b>•</b>	

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254,000

3b

4

6

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Pa	rt XIII Undistributed Income (s	see page 26 of t	ne instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,		Corpus	Years prior to 2008	2008	2009
-	line 7					160,199
2	Undistributed income, if any, as of the end of	2009				
	Enter amount for 2008 only	2005				
a		20				<u> </u>
b		, 20				
3	Excess distributions carryover, if any, to 2009	9				
a	From 2004	20 514				
b	From 2005	30,514				
С	From 2006					
d	From 2007					
е	From 2008	75,162				
f	Total of lines 3a through e		105,676			
4	Qualifying distributions for 2009 from Part XI	,				
	line 4 > \$254,000			Ì		
а	Applied to 2008, but not more than line 2a					
b	Applied to undistributed income of prior years	s			1	
	(Election required—see page 26 of the instru					
С	Treated as distributions out of corpus (Election					
_	required—see page 26 of the instructions)					
а	Applied to 2009 distributable amount					160,199
	Remaining amount distributed out of corpus		93,801			
e -	Excess distributions carryover applied to 200	,o	35,002			
5	, ,,					
	(If an amount appears in column (d), the sam	i <del>e</del>				
_	amount must be shown in column (a) )					
6	Enter the net total of each column as					
	indicated below:	_	100 455			
а	Corpus Add lines 3f, 4c, and 4e Subtract lin	e 5	199,477			
b	,		ļ			
	line 4b from line 2b					
C	Enter the amount of prior years' undistributed	j				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)	)				
	tax has been previously assessed		_			
d	Subtract line 6c from line 6b Taxable			i		
	amount—see page 27 of the instructions					
е	Undistributed income for 2008 Subtract line					
	4a from line 2a Taxable amount—see page					
	27 of the instructions					
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 corpu	ıs				
•	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the	10				
	instructions) Excess distributions carryover from 2004 not		-			
8	·					
	applied on line 5 or line 7 (see page 27 of the	•				
_	instructions)	}		·	<u> </u>	<u> </u>
9	Excess distributions carryover to 2010.		400 4			
	Subtract lines 7 and 8 from line 6a	ļ	199,477			
10	Analysis of line 9					
а	Excess from 2005	30,514				
b	Excess from 2006		ł			
С	Excess from 2007					
d	Excess from 2008	75,162				
<u>e</u>	Excess from 2009	93,801				

<u>Pa</u>	rt XIV Private Operating Fou	ndations (see pa	age 27 of the inst	ructions and Part \	VII-A, question 9)	
1a	If the foundation has received a ruling or d	etermination letter tha	t it is a private operatir	ng		
	foundation, and the ruling is effective for 2	009, enter the date of	the ruling	_ ▶		
b	Check box to indicate whether the foundat	ion is a private operat	ing foundation describe	ed in section 4	942(J)(3) or 4942	2(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/ <b>&gt; =</b>
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
ď	Amounts included in line 2c not used directly					
_	for active conduct of exempt activities					
е	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					
а	"Assets" alternative test—enter					
u	(1) Value of all assets					
	(2) Value of assets qualifying under	•		1		
	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			}		
С	"Support" alternative test—enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	secunties 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					-
Pa	rt XV Supplementary Inform	ation (Complete	this part only if	the foundation ha	d \$5,000 or more i	n assets at
	any time during the ye		-			
1	Information Regarding Foundation Man	agers:	-			
а	List any managers of the foundation who h	ave contributed more	than 2% of the total co	ontributions received by	the foundation	
	before the close of any tax year (but only i	f they have contributed	d more than \$5,000) (	See section 507(d)(2))		
	N/A					
b	List any managers of the foundation who o	wn 10% or more of th	e stock of a corporatio	n (or an equally large po	ortion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	er interest		
	N/A					
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scho	larship, etc., Program	ıs:		
	Check here ▶ ☐ If the foundation only	makes contributions to	o preselected charitabl	e organizations and doe	es not accept	
	unsolicited requests for funds. If the found	ation makes gifts, grai	nts, etc (see page 28 d	of the instructions) to ind	lividuals or	
	organizations under other conditions, com	plete items 2a, b, c, ar	nd d			
а	The name, address, and telephone number	r of the person to who	om applications should	be addressed		
	N/A					
		<u></u> .	<u>.</u>		<u> </u>	
b	The form in which applications should be s	submitted and informat	tion and materials they	should include		
	N/A					
С	Any submission deadlines					
	N/A				·	
ď	Any restrictions or limitations on awards, s	uch as by geographic	al areas, charitable fiel	ds, kinds of institutions,	or other factors	
	N/A					

Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the		uture Payment	<del>                                     </del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year  See Attached				
see Attached				254,000
				234,000
	,	,		
Total ,		<u>.                                    </u>	▶ 3a	254,000
b Approved for future payment				
N/A				
	<u> </u>	<u> </u>		
Total			<b>▶</b> 3b	

Page 12

Part XVI-A **Analysis of Income-Producing Activities** Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) Business code (b) (d) function income Exclusion code Amount Amount (See page 28 of the instructions) 1 Program service revenue g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 14 60,665 Dividends and interest from securities 5 Net rental income or (loss) from real estate: Debt-financed property Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 30,115 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b INCOME TAX REFUND 1 6,230 1 c MISCELLANEOUS INCOME 620 1 d INTEREST INCOME ON TAX REFUND ol 67,523 30,115 12 Subtotal Add columns (b), (d), and (e) 97,638 13 Total. Add line 12, columns (b), (d), and (e) 13 (See worksheet in line 13 instructions on page 28 to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the ▼ accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions) N/A

<u>orr</u>	n 990-PF (20	109) Lacy Four	<u>idatioi</u>	<u> </u>			52-1205	924			Pag	ge 13
P	art XVII	Information Rega Exempt Organiza	-	ansfers To and	d Transaction	ns an	d Relationshi	ps With N	onchar	itable		
1	Did the or	ganization directly or indir		e in any of the follo	wing with any off	ner ora	anization described				Yes	No
•		501(c) of the Code (other				_					103	
	organizati		triair socio	ir oo i(o)(o) oigainz		0011 02	r, relating to politic	ui .				
а	_	from the reporting founda	ition to a noi	ncharitable evemnt	organization of							
a	(1) Cash	nom the reporting loanue		nonantable exempt	organization of					12/11		X
	• •	occata								1a(1)	-	X
	(2) Other Other tran									1a(2)		
Ę			hla							1		v
		of assets to a noncharita			_					1b(1)	-	X
		ases of assets from a nor			n					1b(2)		X
	. ,	l of facilities, equipment,	or other asse	ets						1b(3)	<b>_</b>	X
	• •	oursement arrangements								1b(4)		X
		or loan guarantees								1b(5)		X
		mance of services or me	·-	-						1b(6)		X
	-	facilities, equipment, ma	_	•						_ <u>1c</u>		X
C		ver to any of the above is		· · · · · · · · · · · · · · · · · · ·			•					
		e goods, other assets, or										
		ny transaction or sharing				ne good T	· ·					
_	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exer	mpt organization		(d) Description of tra	ansfers, transac	ctions, and	sharing arrange	ments	
1/	A					<del> </del>						
						+		· · ·				
						+				<del> </del>		
				-		-						
						-						
						<u> </u>						
				<del></del>								
			_									
<b>2</b> a	Is the four	idation directly or indirect	ly affiliated v	vith, or related to, o	ne or more tax-e	xempt	organizations					
	described	in section 501(c) of the C	ode (other t	han section 501(c)	(3)) or in section	527?				Y	es 🗶	No
b	If "Yes," co	omplete the following sch	edule							<del></del>		
		(a) Name of organization		(b) Type of	organization		(	c) Description	of relations	hip		
	N/A											
											•	
		-										
	Under nena	Ities of perjury, I declare that	I have examin	ed this return includir	no accompanying s	chedules	s and statements and	I to the hest of i	my knowler	dge and		
i	belief, it is to	, correct, and complete D	claration of p	reparer (other than ta	xpayer or fiduciary)	is base	d on all information of	which preparer	has any k	nowledge		
	1	Leally To	ren Ch	ı	17-/	3-/	/	One	5			
D	Signati	ure of officer or trustee	11	'	Date	•	· 🕨 🔭	tle	<u> </u>			
	1						Г			Preparer's identif	vina —	
<u> </u>		Brongrod's 1/-	/	7 0			Date	Check If		number (see Sig	<b>nature</b> o	
əign nei	nr's	Preparer's signature	1.0.//	M. January	CPA		07/12/11	self-employed	ı▶ ∐│	page 30 of the in:		)
n	) aid Sare Jo ⊢	· · · · · · · · · · · · · · · · · · ·	Ford,	Cobbo 5 3	<u>, U'I</u>	~~		·L		P00141	091	
		Firm's name (or yours if	\/ \_		Associate	#S,	CPAs					
		self-employed), address, and ZIP code	231 E	Church St	t VA 2411	10 0	0040		EIN ▶	276-63	0 0	054
	I .	una En 0000	MATT.	INSVILLA	VA /41	. / - /	74U		Dhone no	ノノカーカイ	/-Y	rs / I

### Federal Statements

033231 Lacy Foundation 52-1205924 FYE: 8/31/2010

	Charitable Purpose	Charitable Purpose		Charitable Purpose		Charitable Purpose
nting Fees	Adjusted Net	Adjusted Net	axes	Adjusted Net	Expenses	Adjusted Net
Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment \$	Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees           Net         Adjustion           \$ 27,740         \$ 27,740           \$ 27,740         \$ 27,740	30-PF, Part I, Line 18 - Taxes	Net Investment	Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment \$
ment 3 - Form 990-PF,	S 4,457	nt 4 - Form 990-PF, Pari Total	Statement 5 - Form 990-PF,	\$ 1,632 1,650 \$ 3,282	Statement 6 - Form 990-PF	\$ 32 \$ \$ 32
State	Description PROFESSIONAL FEES Total	Statemer  Description  MANAGEMENT FEES  Total		Description BALANCE DUE 2008 T/R ESTIMATED TAXES PAID FOR 2009 T/	Stat	Expenses

## 033231 Lacy Foundation 52-1205924 FYE: 8/31/2010

## Federal Statements

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	\$ 16,710	27,295	4,537	7,773	-14,455	-11,745	0 \$ 30,115
	Depreciation	\$						\$ 0
	Expense							
	Cost	122,734 \$	141,939	16,852	15,993	14,455	11,745	323,718 \$
How Received	Sale Price	Purchase 139,444 \$	Purchase 169,234	Purchase 21,389	Purchase 23,766	Purchase	Purchase	353,833 \$
	Date Sold	9/18/09 \$				6/18/08	1/16/10	<sub>\$\infty\</sub>
Description	Date Acquired	JCATION CO 5/04/09	10/21/08	11/07/07	6/18/08	0 9/19/09 5/04/09	50 1/16/10 10/21/08	
De	Whom	2,500 Sh. CAPELLA EDUCATION CO	9,000 Sh. INTEL CORP	900 Sh. CARMAX INC	1,000 Sh. CARMAX INC	CAPELLA EDUC CALL \$50 9/19/09 5/04/09	INTEL CORP CALL \$17.50 1/16/10 10/21/08	Total

# Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Adjusted Net	۷۰	\$
Net Investment Income		\$
Revenue per Books	\$ 6,230 620 8	\$ 6,858
Description	INCOME TAX REFUND MISCELLANEOUS INCOME INTEREST INCOME ON TAX REFUND	Total

033231 Lacy Foundation 52-1205924

FYE: 8/31/2010

### **Federal Statements**

7/12/2011 9:36 AM

\$ 2,509,774

### Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	 				
	 Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
	\$ 2,750,101 \$	2,703,924	Cost	\$	2,509,774

\$ 2,750,101 \$ 2,703,924

Total

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## Federal Statements

033231 Lacy Foundation 52-1205924 FYE: 8/31/2010

E,C	
Trustees,	
Directors,	
Officers,	
l - List of	
II, Line 1	
, Part VIII	
990-PF,	
8 - Form	
atement	

Name and Address	Title	Average Hours	Compensation	Benefi <b>ts</b>	Expenses
FRANK LACY, JR P. O. BOX 3084 MARTINSVILLE VA 24115	PR & TREAS	2.00	0	0	0
MARGARET A. JAMES 15 GRAYLYN PLACE WINSTON SALEM NC 27106	VICE PRES	2.00	0	0	0
MARY L. COBBE 1305 S. MOORINGS DR WILMINGTON NC 28405	SECRETARY	2.00	0	0	0
RICHARD W. CRITZ P.O. BOX 989 HOLLIS NH 03049	DIRECTOR	00.0	0	0	0
ADELE LACY JAMES 1530 LOCUST STREET #120 PHILADELPHIA PA 19102	DIRECTOR	00.0	0	0	0
BRENT M. LACY 2437 LAKE VISTA COURT APT#105 CASSELBERRY FL 32707	DIRECTOR	00.0	0	0	0
ADELE L. JAMES ONE PARK VISTA LANE UNIT 530 WINSTON SALEM NC 27101	DIRECTOR	00.0	0	0	0
MARY LOU C. HOPPER 908 ROTAN COURT ALLEN TX 75013	DIRECTOR	00.0	0	0	0
EDWARD S. LACY 460 FERRELL LANE AXTON VA 24054	DIRECTOR	00.0	0	0	0
FRANK M. JAMES	DIRECTOR	00.00	0	0	0

∞

### **Federal Statements**

033231 Lacy Foundation 52-1205924

FYE: 8/31/2010

Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustee Etc. (continued)

Name and Address

Title

Average Hours

Compensation

Benefits

Expenses

2613 BUENA VISTA ROAD WINSTON SALEM NC 27104

033231 Lacy Foundation 52-1205924

### **Federal Statements**

7/12/2011 9:36 AM

FYE: 8/31/2010

Statement 9 - Form 990-PF	Part X, Line	4 - Cash Deeme	d Held - Greater	Amount Explanation

Description		Amount
NONE		
Total		0

LACY FOUNDATION 52-1205924 FORM 990-PF, PART XV, LINE 3 8/31/2010

	Relationship to Foundation	Foundation Status of	Purpose of	
Name/Address	Mgr or Contrib	Recipient	Grant	Amount
Winston-Salem Hospice 1100-C South Stratford Rd Winston-Salem, NC 27103	NONE	N/A	To provide medical assistance for patients	\$ 5,000
Hospice Memorial Hospital of Martinsville & Henry County P. O. Box 4788 Martinsville, VA 24115	NONE	N/A	To provide medical assistance for patients	5,000
VEFC of Virginia P. O Box 15416 Richmond, VA 23227-5416	NONE	N/A	To provide assistance to foster care families	3,000
Crisis Control Ministry 200 E 10th Street Winston-Salem, NC 27101	NONE	N/A	To provide assistance to indigent families	20,000
Senior Services Inc. Winton-Salem, NC 27157	NONE	N/A	To provide assistance to needy seniors	15,000
Bowman Gray Cancer Patient Support Program	NONE	N/A	To provide medical assistance for patients	10,000
African Medical Mission P O. Box 2756 Hendersonville, NC 28793	NONE	N/A	To provide medicine and medical attention to needy in Africa	10,000
Citizens Against Family Violence P. O Box 210 Martinsville, VA 24115	NONE	N/A	To provide assistance to families dealing with violence	3,000
Family YMCA Invest in Youth John Redd Building Collinsville, VA 24078	NONE	N/A	To provide assistance for scholarships for needy children	25,000
Stepping Stones, Inc. P. O. Box 1043 Fieldale, VA 24089	NONE	N/A	To provide assistance to physically challenged adults	3,000
AIDS Care Service P O. Box 21373 Winston-Salem, NC 27120	NONE	N/A	To provide assistance to AIDS patients	5,000
Piedmont Arts Association 215 Starling Ave. Martinsville, VA 24112	NONE	N/A	To provide assistance for educational outreach	5,000

LACY FOUNDATION 52-1205924 FORM 990-PF, PART XV, LINE 3 8/31/2010

Name/Address	Relationship to Foundation Mgr or Contrib	Foundation Status of Recipient	Purpose of Grant	Amount
Habitat for Humanity-M/HC Martinsville, VA 24112	NONE	N/A	To provide assistance to needy families	5,000
Virginia Museum of Natural History Foundation 21 Starling Avenue Martinsville, VA 24112	NONE	N/A	To provide assistance for educational outreach	25,000
Safetynet, Inc 231 E Church Street Martinsville, VA 24112	NONE	N/A	To provide assistance to needy citizens	10,000
Virginia Tech Foundation, Inc 902 Prices Fork Road Suite 4500 Blacksburg, VA 24061	NONE	N/A	To support instructional, research and public service programs of Virginia Tech	25,000
Boys & Girls Club of M/HC Martinsville, VA 24112	NONE	N/A	To provide assistance to needy students	25,000
United Way of Martinsville and Henry County	NONE	N/A	To provide assistance to the community	20,000
Good Sheppard Center 811 Martins Street Wilmington, NC 28401-7825	NONE	N/A	To provide food and shelter for hungry and/or homeless people in Wilmington, NC	10,000
Doctors Without Borders 333 7th Avenue, 2nd Floor New York, NY 10001-5004	NONE	N/A	To bring quality medical care to people in crisis regardless of their race, religion, or political affiliation	10,000
Kybele 3524 Yadkınvılle Rd. #124 Wınston-Salem, NC 27106	NONE	N/A	To provide assistance for improving childbirth conditions	10,000
Community Storehouse School Backpack Program 210 Cleveland Ave Martinsville, VA 24112	NONE	N/A	To supply needy children in Martinsville & Henry County public school systems with a backpack full of nutritional and fun foods for children on the weekends	5,000
				\$ 254,000

Form (Rev January 2011) Department of the Treasury

Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

**▶** |**X**|

File a separate application for each return.

•	If you are filing for an Automatic 3-Month Extension	complete only Part Land check this box
	" YOU GIT IIIIIU IOI AII AULUITALIL J-WUILII EXLERISIUI	i. Complete omy rait i and check mis box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for

a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see

instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits 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 complete

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Employer identification number print Lacy Foundation 52-1205924 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. Box 3084 return See

instructions

City, town or post office, state, and ZIP code. For a foreign address, see instructions

Martinsville VA 24115

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

•	The books are in the care of FOUNDATION		_	
	Telephone No ► FAX 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)	IS		. –
for t	he whole group, check this box   If it is for part of the group, check this box and attach			
a lis	t with the names and EINs of all members the extension is for			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or tax year beginning 09/01/09, and ending 08/31/10.			
2	If this tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period	_		
3a	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	_3a	\$	0
þ	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.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a 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	30	l <b>e</b>	n

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (F	Rev_1-2011)					Page 2				
If you are	e filing for an Additional (Not Automatic) 3-Month Ex	ctension, con	plete only Part II and check this box			► X				
Note. Only o	omplete Part II if you have already been granted an au	itomatic 3-moi	nth extension on a previously filed Form	8868						
	e filing for an Automatic 3-Month Extension, comple									
Part II	Additional (Not Automatic) 3-Month E	<u>xtension o</u>	f Time. Only file the original (	<u>no copie</u>	s needed).					
Type or	Name of exempt organization			Employ	er identificatio	n number				
print										
File by the extended	Lacy Foundation	52-1	205924							
due date for	Number, street, and room or suite no. If a P.O. box, see instructions									
filing your	P.O. Box 3084									
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions  Martinsville  VA 24115									
1131130113	Marcinsville	W ZATT		<del></del>						
Enter the Ref	turn code for the return that this application is for (file a	ı separate app	lication for each return)			04				
Amaliantia		Detum	Augliesties	····		B-4				
Applicatio	n	Return	Application			Return				
Is For Form 990		01	is For		<del></del>	Code				
Form 990-l		02	Form 1041 A			08				
Form 990-l		03	Form 1041-A Form 4720			09				
Form 990-I		04	Form 5227			10				
	T (sec 401(a) or 408(a) trust)	05	Form 6069			11				
	T (trust other than above)	06	Form 8870			12				
	ot complete Part II if you were not already granted	an automatic	3-month extension on a previously	filed Form	8868.					
	FOUNDATION									
	P. O. BOX 3084									
<ul> <li>The books</li> </ul>	are in the care of MARTINSVILLE		VA 24115							
Telephor	ne No 🕨	FAX No	<b>&gt;</b>							
<ul> <li>If the org</li> </ul>	anization does not have an office or place of business	ın the United	States, check this box			▶ [_]				
<ul> <li>If this is f</li> </ul>	or a Group Return, enter the organization's four digit G	Group Exempte		i IS						
		irt of the group	o, check this box	d attach a						
	ames and EINs of all members the extension is for	7/46/10								
•		7/16/12	31/10							
	endar year , or other tax year beginning	-	01/10 , and ending 08/31/							
	ax year entered in line 5 is for less than 12 months, cho	eck reason	Initial return Final return							
	Change in accounting period									
	n detail why you need the extension itional time is requested	to gath	er information to	nranai	re a com	nlete				
	accurate return.	co gao.	.cr macron co	hr cha.		proce				
8a If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, enter t	he tentative tax, less any			<del></del>				
	undable credits See instructions			8a	s	0				
	application is for Form 990-PF, 990-T, 4720, or 6069, e	nter any refur	idable credits and							
	ted tax payments made Include any prior year overpa									
amoun	t paid previously with Form 8868			8b	] <b>\$</b>	. 0				
c Baland	e Due. Subtract line 8b from line 8a Include your pay	ment with this	form, if required, by using EFTPS							
(Electro	onic Federal Tax Payment System) See instructions	8c	\$	0						
	S	ignature ar	nd Verification							
	s of perjury, I declare that I have examined this form, including indicomplete, and that I am authorized to prepare this form	accompanying s	chedules and statements, and to the best of	my knowledg	e and belief, it is					
,,										
0	Simbely Williams	_	tle CPA		p	04/13/11				
Signature 🔽	Mindred Comment	<u></u>	ne - Ciri			68 (Rev 1-2011)				

Form 8868	3 (Rev. 1-2011)					Page <b>2</b>		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, co	omplete only Part II and check this box			<b>▶</b> X		
Note. Only	complete Part II if you have already been granted an au	tomatic 3-n	nonth extension on a previously filed Fo	rm 8868	•	_		
	are filing for an Automatic 3-Month Extension, complet							
Part II	Additional (Not Automatic) 3-Month Ex	ctension	of Time. Only file the original	(no cop	ies needed).			
Type or	or Name of exempt organization					Employer identification number		
print								
File by the						52-1205924		
extended due date for	Number, street, and room or suite no. If a P O box, see instructions							
filing your P.O. Box 3084								
return See	City, town or post office, state, and ZIP code For a							
instructions	Martinsville	2411!	<u> </u>					
Enter the R	Return code for the return that this application is for (file a	separate a	application for each return)			04		
Applicat	tion	Return	Application			Return		
Is For		Code	ls For			Code		
Form 990	0	01						
Form 99	0-BL	02	Form 1041-A			08		
Form 99	0-EZ	03	Form 4720		09			
Form 990	0-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		·	11		
	0-T (trust other than above) not complete Part II if you were not already granted a	06	Form 8870			12		
If the o If this is for the who list with the for the who list with the form of the form o	programination does not have an office or place of business is for a Group Return, enter the organization's four digit of ole group, check this box  If it is for part is names and EINs of all members the extension is for uest an additional 3-month extension of time until 07 / calendar year  or other tax year beginning is tax year entered in line 5 is for less than 12 months, che is change in accounting period in detail why you need the extension ditional time is requested to discourate return.	of the ground of	ed States, check this box aption Number (GEN)  If this in the property of the	attach a  0	are a con	▶ []		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ente	er the tentative tax, less any	00				
	efundable credits See instructions s application is for Form 990-PF, 990-T, 4720, or 6069, e	nter any re	fundable credits and	8a	\$	0		
	nated tax payments made Include any prior year overpa	-						
	unt paid previously with Form 8868	8b	\$	0				
	ince Due. Subtract line 8b from line 8a Include your pays	ment with th	as form, or, if required, deposit with	_   55	-			
FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions					s	0		
			nd Verification	8c				
	ties of perjury, I declare that I have examined this form, including a , and complete, and that I am authorized to prepare this form			f my knowl	edge and belief, it is	3		
Signature >	Trulely ( & Denny,	Tı	itle ►		Date ▶ 0	5/12/11		
					Form <b>886</b>	68 (Rev 1-2011)		