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Return of Private Foundation

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

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

OMB No 1545-0052 2010

		dar year 2010, or tax year beginning	or able to about copy or time	, and ending		
		all that apply Initial return	Initial return of a fo		Final return]
u		Amended return	Name change	-		
Nar	ne of	foundation	· · · · · · · · · · · · · · · · · · ·	A Employer identification	number	
		CORKY AND CARL FOUNDA	······································	12	04-3359311	
Nur	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number 973-808-11	0.0
<u></u>		1 ASHWOOD COURT		<u></u>		
City	orto	own, state, and ZIP code ATKINSON, NH 03811			D 1. Foreign organization	
L_ (hook	type of organization X Section 501(c)(3) ex	emot private foundation		2. Foreign organizations me check here and attach or	eeting the 85% test,
Ϊ,	_		Other taxable private founda	tion		
L Fa		irket value of all assets at end of year J Accounting		Accrual	E If private foundation sta under section 507(b)(1	
		· · · · · · · · · · · · · · · · · · ·	her (specify)		F If the foundation is in a	• •
•		80 , 214 . (Part I, colu		pasis.)	under section 507(b)(1	
Pa	rt l	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	60,000.		N/A	
	2	Check X if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	64.	64.		STATEMENT 1
		Gross rents				
		Net rental income or (loss)	155.	'. !'!!!'!'-!!!!!!!!	1311111 1 14141111111111111111111111111	1.2.1 11.1
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	133.			
Revenue	ם ן	assets on line 6a	::-1 . 1,******************	155.	<u> </u>	
Re		Capital gain net income (from Part IV, line 2) Net Short-term capital gain		133.		
	8	Income modifications				
	10a	Gross sales less returns and allowances		······		
		Less Cost of goods sold		 ' [.' 	(*************************************	· · · · · · · · · · · · · · · · · · ·
		Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	60,219.	219.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages		 -	 	
es	1	Pension plans, employee benefits				
inse		Legal fees				
Expens		Accounting fees Other professional fees				
		Interest				<u> </u>
ativ	18	Taxes	1,			1
istr	19	Depreciation and depletion	C_{1}			M
Administrative	20	Occupancy NOV 1 7 20	11			
Ad	21	Travel, conferences, and meetings	1 2			
and	22	Printing and publications	31411			
Đ.	23	Other expenses	\$ * *			ļ
Operating	24			^		
De		expenses. Add lines 13 through 23	0.	0.		40,651.
J	25	Contributions, gifts, grants paid	40,651.			40,651.
	26	Total expenses and disbursements.	40 651	0.		40,651.
		Add lines 24 and 25	40,651.			40,031.
		Subtract line 26 from line 12	19,568.			
		Excess of revenue over expenses and disbursements	17,500.	219.	, , , , , , , , , , , , , , , , , , ,	
	l	Net investment income (if negative, enter -0-)		217	N/A	
0235		Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	<u>. </u>	Form QQO_DF (2010)

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

orm	990-PF (2010) CORKY AND CARL FOUNDATIO			3359311 Page 2
Pa	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	year (c) Fair Market Value
7	1 Cash - non-interest-bearing	(2) 200 122	(2) 20011 12/20	(0)
- 1	2 Savings and temporary cash investments	10,643.	11,261.	11,261.
	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			······································
	7 Other notes and loans receivable			
	Less allowance for doubtful accounts			
5 1	8 Inventories for sale or use			
2	9 Prepaid expenses and deferred charges			
ין	0a Investments - U.S. and state government obligations b Investments - corporate stock STMT 2	144,225.	138,175.	43,953.
İ		144,225.	130,173.	43,755.
4	c Investments - corporate bonds 1 Investments - land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
'	Less accumulated depreciation	Ì		
1	2 Investments - mortgage loans			
- 1	3 Investments - other			. .
- 1	4 Land, buildings, and equipment basis			······································
-	Less. accumulated depreciation			
1	5 Other assets (describe ► STATEMENT 3)	0.	25,000.	25,000.
1		154 060	174 426	00 014
	6 Total assets (to be completed by all filers)	154,868.	174,436.	80,214.
	7 Accounts payable and accrued expenses			
	8 Grants payable 2 9 Deferred revenue			
₽	U Loans from officers, directors, trustees, and other disqualified persons			
2				
.	2 Other liabilities (describe >)			
2	3 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
<u> </u>	4 Unrestricted			
2	5 Temporarily restricted			
Š 2	6 Permanently restricted			
5	Foundations that do not follow SFAS 117, check here			
5	and complete lines 27 through 31.	0.	0.	
اق	7 Capital stock, trust principal, or current funds	0.	0.	
ň	Paid-in or capital surplus, or land, bldg , and equipment fund	154,868.	174,436.	
≓	9 Retained earnings, accumulated income, endowment, or other funds 0 Total net assets or fund balances	154,868.	174,436.	
• ³	O Total net assets or fund balances	131,000	1/1/1501	
3	Total liabilities and net assets/fund balances	154,868.	174,436.	
Pa	rt III Analysis of Changes in Net Assets or Fund Ba	lances		
	otal net assets or fund balances at beginning of year - Part II, column (a), line 3	0	<u> </u>	
	nust agree with end-of-year figure reported on prior year's return)		1	154,868.

-	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
٠	(must agree with end-of-year figure reported on prior year's return)	1	154,868.
2	Enter amount from Part I, line 27a	2	19,568.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	174,436.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	174,436.

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)					` P	low acquired Purchase	(c) Date	acquired lay, yr)	(d) Date sold (mo , day, yr)
1a SERVIDYNE INC				ט	- Donation	08/1		03/29/10	
<u>b</u>	DERVIDING THE	<u> </u>		_			00/1	1701	03/23/10
c					 				
<u>d</u>			, <u></u>						
6									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
а	6,205.			6,05	0.				155.
b									
<u>d</u>									
<u>e</u>									
	Complete only for assets showing	· · · · · · · · · · · · · · · · · · ·						ol (h) gain	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I)				not less that (from col ((h)) ´
<u>a</u>	<u>-</u>								155.
b									
d		-		·					
2 (Capital gain net income or (net cap	ortal loss) { If gain, also entermined in the loss of	ter in Part I, line -0- in Part I, line	7 7	}	2			155.
	Net short-term capital gain or (loss f gain, also enter in Part I, line 8, c		and (6)		٦				
	f (loss), enter -0- in Part I, line 8				<u> </u>	3		N/A	
P	ert V Qualification Ur	nder Section 4940(e) fo	or Reduced	l Tax on Net	Inve	estment Inc	come		
Was	ction 4940(d)(2) applies, leave thi the foundation liable for the secti es," the foundation does not qualif Enter the appropriate amount in e	on 4942 tax on the distributable a	complete this pa	art					Yes X No
·	(a)	(b)		The thing unity on the	(c)				(d) oution ratio
С	Base periód years alendar year (or tax year beginnin	م مرس المساوم و مواهد المساوم و	listributions	Net value of no		ıtable-use assets	:	Distrib (col (b) div	oution ratio vided by col. (c))
	2009		20,350.			52,187		(, , , , , , , , , , , , , , , , , , ,	.389944
	2008		20,430.			87,741			.232844
	2007		18,626.			142,114			.131064
	2006		25,965.			150,537			.172483
	2005		1,000.			165,674			.006036
	Total of line 1, column (d)						2		.932371
	Average distribution ratio for the 5		al on line 2 by 5,	or by the number	of yea	ars			106474
t	he foundation has been in existen	ce if less than 5 years					3		.186474
4 E	Enter the net value of noncharitable	e-use assets for 2010 from Part)	K, line 5				4		47,560.
5 1	Multiply line 4 by line 3						5		8,869.
6 E	Enter 1% of net investment income	e (1% of Part I, line 27b)					6		2.
7 /	Add lines 5 and 6						7		8,871.
8 E	Enter qualifying distributions from	Part XII, line 4					8		40,651.
	f line 8 is equal to or greater than l		ne 1b, and comi	olete that part usin	g a 19	6 tax rate			
	See the Part VI instructions								
0235	21 12-07-10							F	orm 990-PF (2010)

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Par	t VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b),	4940(e), or 4	948 -	· see i	nstru	ctio	ns)
1ą E	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	ter "N/A" on line 1)					•••••
	Date of ruling or determination letter (attach copy of letter if nece							
b l	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%							2.
(of Part I, line 27b							
C /	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	of Part I, line 12, c	ol (b) 丿					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ners enter -0-)		2				0.
3 /	Add lines 1 and 2			3				2.
4 3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Ot	hers enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			5				2.
	Credits/Payments	1 1						
a 2	2010 estimated tax payments and 2009 overpayment credited to 2010	6a						
	Exempt foreign organizations - tax withheld at source	6b						
C	Tax paid with application for extension of time to file (Form 8868)	6c						
d (Backup withholding erroneously withheld	6d						^
	Total credits and payments Add lines 6a through 6d							0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched	_	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				2.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10				
	Enter the amount of line 10 to be Credited to 2011 estimated tax		Refunded >	11_				
	t VII-A Statements Regarding Activities						Voc	No
	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it partit	apate or intervene	ın		1-	162	X
	any political campaign?	oo (ooo inetriietion	o for definition\2			<u>1a</u> 1b		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos			.d		טי		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and distributed by the foundation in connection with the activities.	copies of any m	ateriais publisrie	u oi				
	•					10		х
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
	(1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers		0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit			•				
	managers > \$ 0.	aro tax mipooco oi						
	Has the foundation engaged in any activities that have not previously been reported to the IR	182				2		Х
	If "Yes," attach a detailed description of the activities.	-				11111 111		
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument, articles	of incorporation, o)r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
b 1	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
i	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 eit	her						
	 By language in the governing instrument, or 							
•	 By state legislation that effectively amends the governing instrument so that no mandatory 	directions that co	offict with the state	law				
	remain in the governing instrument?					6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	
	If "Yes," complete Part II, col. (c), and Part XV.	_						
8a 1	Enter the states to which the foundation reports or with which it is registered (see instruction ${f NH}$	ns) 🟲						
h i	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or	designate)					
	of each state as required by General Instruction G? If "No," attach explanation	,	- ,			8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or	4942(j)(5) for cale	ndar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co					9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul					10		X

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023551

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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	1	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the iced, etc	Expenses
1 YALE UNIVERSITY (GENERAL OPERATING EXPENSE)		
		0.
2 CITIZENS SCHOOLS (OPERATING EXPENSES)		
		0.
3 NEW YORK STAGE AND FILM (GENERAL OPERATING EX	KPENSE)	
		0.
4 DUE SOMETHING (GENERAL OPERATING EXPENSE)		
		0.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line 1 NONE	nes 1 and 2	Amount
NONE		
2		0.
All other program-related investments See instructions		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	39,479. 8,805.
b	Average of monthly cash balances	1b	8,805.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	48,284.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	48,284.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	724.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	47,560.
6	Minimum investment return. Enter 5% of line 5	6	2,378.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	1	2,378.
	Tax on investment income for 2010 from Part VI, line 5		• • • • • • • • • • • • • • • • • • • •
b	Income tax for 2010. (This does not include the tax from Part VI)		
_	Add lines 2a and 2b	20	2.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,376.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,376.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,376.
	art XII Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	40,651.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	40,651.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	2.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,649.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies for th	e section

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
A Dut the table amount for 0040 feet D. AVI	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				2,376.
line 7	***************************************	'		2,310.
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only	······································		V •	-1.
ь Total for prior years		0.		
5 Evene distributions correspond from to 2010		V •		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006 18,458. c From 2007 12,118.				
d From 2008 16,043. e From 2009 17,741.				
	64,360.			
f Total of lines 3a through e	04,300.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 40,651.			0.	
a Applied to 2009, but not more than line 2a			U •)
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •	'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,376.
d Applied to 2010 distributable amount	20 275			2,3/0.
e Remaining amount distributed out of corpus	38,275.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	102,635.			
b Prior years' undistributed income Subtract		······································		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of		,		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	-			
Subtract lines 7 and 8 from line 6a	102,635.			
10 Analysis of line 9				
a Excess from 2006 18,458.				
b Excess from 2007 12,118.				
c Excess from 2008 16,043.				}
d Excess from 2009 17,741.				
e Excess from 2010 38,275.				<u> </u>
				Form 990-PF (2010)

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1002-PF1

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
a Paid during the year				
SEE STATEMENT 4	<u> </u>		L	40,651
b Approved for future payment		T	▶ 3a	40,031
a reproved for lattice payment				
NONE				
NONE				
Total			> 3b	0

1002-PF1

Analysis of Income-Producing Activities

Program service revenue	(a) Business code	(b) Amount	(C) Exclusion code	(d) Amount	Related or exempt function income
a b	-		\vdash		
c					
d					
e	i				
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		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ļļ		64.
5 Net rental income or (loss) from real estate					
a Debt-financed property		-			
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	-				
8 Gain or (loss) from sales of assets other than inventory					155.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
	1 1		 		
d		-	 		
e					
12 Subtotal Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	219.
(See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			contrib	uted importantly to the accor	nplishment of
3, 8 INCREASE/DECREASE VAL				TIES TO PROVI	DE FOR
CONTRIBUTIONS TO OTHE	R EXEMPT	ORGANIZATIO	NS		
					
					
		 ;			
		_			- · · · · · · · · · · · · · · · · · · ·
		-			
					
		· · ·			
		_			
	•				
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Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	and Relations	nips With Non	charitable	,	
1 Did the or	ganization directly or indi	rectly engage in any o	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
	•			7, relating to political organ					
a Transfers	from the reporting found								
(1) Cash									_ X
(2) Other	assets						1a(2)		X
b Other tran	sactions								
(1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
(2) Purch	iases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
	l of facilities, equipment,						1b(3)		X
	bursement arrangements						1b(4)		X
	s or loan guarantees						1b(5)		X
• •	rmance of services or me						1b(6)		X
-	facilities, equipment, ma	-				and at the control of the con		ata .	
or services		oundation If the four	idation receive	dule Column (b) should alved less than fair market valued				ะเง,	
	(b) Amount involved			exempt organization	(d) Description	of transfers, transaction	s, and shanng an	angeme	ents
(u) Line no	(2)	(0) 110110	N/A		(2) 23237	<u> </u>	-, - -		
								_	
				· · · · · · · · · · · · · · · · · · ·					
				<u> </u>				_	
	<u> </u>								
				-					
					 				
						,			
					<u> </u>				
ın section	501(c) of the Code (othe	r than section 501(c) edule		or more tax-exempt organi ion 527?	zations described		Yes	X] No
	(a) Name of org	janization		(b) Type of organization	(c) Description of rela	ationship		
	N/A								
		-							
		1			-	<u> </u>			
		//							
Sign Here	er penalties of penury, declar complete Declaration of prenalties Signature of officer of true	/	nis retum, includi or fiduciary) is ba	ing accompanying schedules an ased on all information of which	<u> </u>	best of my knowledge	and belief, it is tr	ue, corre	ct,
	Print/Type preparer's na	ame	Preparer's s	igna ure	Date	Check If	PTIN		
						self- employed			
Paid	ROBERT J B				11/09/11				
Preparer Use Only	Firm's name ► BRU		1.		ıLP	Firm's EIN			
	Firm's address ► 27	7 FAIRFIE	LD ROA	D SUITE 207		-			
	FA	IRFIELD,	NJ 07/0	04-1937		Phone no (S	73)808		
							Form 990	-PF	(2010)

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

2010

Employer identification number Name of the organization 04-3359311 CORKY AND CARL FOUNDATION, INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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 its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

	CORKY	AND	CARL	FOUNDATION,	INC
--	-------	-----	------	-------------	-----

04-3359311

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAWRENCE S. COBEN 40 WEST 22ND STREET NEW YORK, NY 10010	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)

Employer identification number

CORKY AND CARL FOUNDATION, INC

04-3359311

(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
		\$	-
(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

•								
Schedule B (Fo	om 990, 990-EZ, or 990-PF) (2010)		Page of of Part II Employer Identification number					
Maille Di Oly			Employer ruentinearium number					
	AND CARL FOUNDATION, IN	C	04-3359311					
Part III	Exclusively religious, charitable, etc., indi more than \$1,000 for the year. Complete of Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this inform	columns (a) through (e) and the same solumns (a) through (e) and the						
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Relationship of transferor to transferee

023454 12-23-10

FORM 990-PF DIVIDENDS AN	ID INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
STIFEL NICOLAUS	64.	0.	64.
TOTAL TO FM 990-PF, PART I, LN 4	64.	0.	64.
FORM 990-PF C	CORPORATE STOCK		STATEMENT 2
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		138,175.	43,953.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	138,175.	43,953.
FORM 990-PF	OTHER ASSETS		STATEMENT 3
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ADVANCE CHARITABLE CONTRIBUTION	0.	25,000.	25,000.
TO FORM 990-PF, PART II, LINE 15	0.	25,000.	25,000.

	TS AND CONTRIBUTIONS ID DURING THE YEAR	STAT	EMENT
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CITIZENS SCHOOLS			5,000
TIMOTHY DWIGHT FELLOWS FUND			500
DO SOMETHING			15,000
ELIEZIR SOCIETY			2,301
EDUCATIONAL COURSE			350
NEW YORK STAGE & FILM			5,000
YALE UNIVERSITY			10,000
UNIVERSITY OF PENNSYLVANIA			2,500
TOTAL TO FORM 990-PF, PART XV,	LINE 3A		40,651

CORKY AND CARL FOUNDATION INC. PART II LINE: 10b

12/31/09 04-3359311

			FMV			
Date	Equity	Shares	Price	Cost	FMV	
06/25/97	Accelr8 Tech	2,000	0.9900	\$98,192	\$1,980	
11/30/09	Asssociated Banc Corp	1,000	15.1500	11,343	15,150	
08/17/07	Pfsweb inc	2,127	3.9600	6,391	8,423	reverse split 06/04/08
08/20/07	Pfsweb inc			3,865		orig 10,000 shares
10/07/08	Ram Energy Resources	10,000	1.8400	18,384	18,400	
	•			\$138,175	\$43,953	

STIF	EL		STIFEL	STIFEL
NICO	DLAUS		NICOLAUS	NICOLAUS
AVG	SECURITIES		AVG CASH	TOTAL ASSET
VAL	JE		VALUE	VALUE
JAN	38,303		654	38,957
FEB	36,901		663	37,564
MARCH	35,862		6,869	9 42,731
APR	44,973		6,880	51,853
MAY	39,545		6,540	46,085
JUNE	41,425		6,540	47,965
JULY	40,814		1,54	1 42,355
AUG	35,580		1,55	1 37,131
SEP	38,071		1,05	1 39,122
OCT	38,071		1,05	1 39,122
NOV	40,250		61,06	101,311
DEC	43,953		11,26	55,214
	473,748		105,662	579,410
total securities		473,748		
avg total security	value	ŕ	39,479	e
total cash		105,662		
avg cash value		·	8,80	5

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

IIIICITIZI TIC	- 1.10 E 30 P	arate app.				
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
	complete Part II unless you have already been granted a				m 8868.	
	nic filing (e-file). You can electronically file Form 8868 if y					oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension
of time t	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Ce	rtain
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	tronic filing of this f	orm,
	w irs.gov/efile and click on e-file for Charities & Nonprofits		•		_	_
Part			ibmit original (no copies needed).			
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and com	plete		
Part I or	nly				•	X
	· corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or				Emp	loyer identification	number
print					-	
	CORKY AND CARL FOUNDATION,	INC		0	4-3359311	
File by the due date for filing your		ee instruc	tions.			
return See		oreign add	fress see instructions			
	ATKINSON, NH 03811					
						07
Enter th	e Return code for the return that this application is for (file	e a separa	ite application for each return)			0 /
		D - 4	Application			D-4
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99		01	Form 990-T (corporation)		 	07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	ROBERT J. BRUNG			NT T	07004	
	books are in the care of \triangleright 277 FAIRFIELD	RD, S		NJ	07004	
-	phone No. ► (973)808-1100		FAX No. ►			
	organization does not have an office or place of busines				•	
	s is for a Group Return, enter the organization's four digit					
	. If it is for part of the group, check this box				ers the extension is	for.
1 1:	request an automatic 3-month (6 months for a corporation					
_	NOVEMBER 15, 2011 , to file the exemp	t organiza	ition return for the organization named a	bove	The extension	
	for the organization's return for:					
•	· X calendar year 2010 or					
tax year beginning, and ending						
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	ion: Initial return I Fina	al retur	n	
L	Change in accounting period					
				1		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					0.	
nonrefundable credits. See instructions.						
	this application is for Form 990-PF, 990-T, 4720, or 6069,			ا	🛕	Λ
	stimated tax payments made. Include any prior year over			3 <u>b</u>	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				<u>.</u>	0.
b	y using EFTPS (Electronic Federal Tax Payment System).	See Instru	Ictions.	3c	S for novement und	
Caution	n. If you are going to make an electronic fund withdrawal		orm 6666, see Form 6453-EO and Form	00/9-	Form 8868 (R	
		_			COHO MANA IR	-v. (*/:/:11

Form 8868 (Rev. 1-2011)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo)X		X		
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form	8868.			
 If you are filing for an Automatic 3-Month Extension, comple 							
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	oples i	needed).			
Type or Name of exempt organization			Emp	loyer identification	number		
print CORKY AND CARL FOUNDATION, INC 04-3359311							
File by the extended Number, street, and room or surte no. If a P.O. box, see instructions.							
due date for ASHWOOD COURT							
retum See City, town or post office, state, and ZIP code. For a form instructions ATKINSON, NH 03811	oreign add	lress, see instructions.					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Application	Return	Application			Return		
ls For	Code	Is For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	04	Form 5227		_ -	<u>10</u> 11		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	06	Form 8870			12		
 For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, c Change in accounting period State in detail why you need the extension 	s in the Ur Group Exe and atta NOVEMI heck reas	FAX No. Inted States, check this box emption Number (GEN) If this ich a list with the names and EINs of all BER 15, 2011,, and ending,	is is fo memb	r the whole group, chers the extension is	for		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$					0.		
c Balance due. Subtract line 8b from line 8a. Include your pa		h this form, if required, by using			_		
EFTPS (Electronic Federal Tax Payment System). See instru		111 :	8c	\$	0.		
Signa Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp	nd Verification panying schedules and statements, and to the	e best o	f my knowledge and be	lief,		
Signature ►			Date	•			
				Form 8868 (Re	v. 1·2011)		

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		<u></u>				
If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		<i>,</i> . ▶	· [X]
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of the	is form).	م	
	omplete Part II unless you have already been granted a					
	c filing (e-file). You can electronically file Form 8868 if y					
	o file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on	the elec	tronic filing of this	form,
	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
-	ition required to file Form 990-T and requesting an autor	natic 6·mo	onth extension - check this box and co	mplete	_	$\overline{}$
art I only						· L
	corporations (including 1120-C filers), partnerships, REM ome tax returns	iiCs, and ti	rusts must use Form 7004 to request	an exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	number
orint	, -					
	CORKY AND CARL FOUNDATION,	INC		0_	<u>4–3359311</u>	
tue date for	Number, street, and room or suite no If a P.O box, s	ee instruc	tions			
iling your eturn See	1 ASHWOOD COURT					
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.			
	ATKINSON, NH 03811					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						
Applicati	on	Return	Application			Return
s For		Code	Is For		050///05	Code
Form 990		01	Form 990-T (corporation ERNAL	REVE	NUE SERVICE	07
Form 990		02	Form 1041-A W & I - F	15 13 A	SSISTANCE NJ 07004	- 08
<u>Form 990</u>		03	<u> </u>			09
Form 990		04	m.	R 25	-2011	10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990	T (trust other than above) ROBERT J. BRUNG	06 CP	Form 8870	CF	IVED	12
• Th. 6			TE 207 - FAIRFIELD.	457	d10 004	
Talan	ooks are in the care of ▶ 277 FAIRFIELD 1 none No ▶ (973)808-1100	KD, B	FAX No. ►	134	4004	
	organization does not have an office or place of busines	an tha Hi			b	· []
	is for a G - v_{ij} Return, ent—into organization's four digit			this is fo	r the whole group	check this
00x >	If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation					
, ,,,			ation return for the organization named		The extension	
ıs f	or the organization's return for:	.	••••••••••••••••••••••••••••••••••••••			
	X calendar year 2010 or					
>	tax year beginning	, ar	nd ending			
		_ 				
2 If t	he tax year entered in line 1 is or less than 12 months, o	check reas	son. 🔲 Initial return 🔲 F	ınal retur	'n	
	Change in accounting period					
					,	
3a If t	his application is for Form 990-BL, 990 PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_
	n.efundable credits. See instructions			3a	\$	0.
b If t	his application is for Form 990-Pf , 990-T, 4720, or 6069,	, enter any	refundable credits and			^
	timated tax payments made Include any prior year over			3ь	\$	0.
с Ва	lance due. Subtract line 3b from line 3a Include your pa	ayment wi	th this form, if required,			^
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fo	m 8879·	EO for payment ins	structions
I HA G	For Panerwork Reduction Act Notice see Instruction	c			Form 8868 (F	Rev. 1-2011)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 • If you are filing for an Automatic 3-Month Extension, complete only Part I (en page 1) Part II	Form 886	8 (Rev. 1-2011)							
Martial Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)	• If you a	are filing for an Addit	ional (Not	Automatic) 3-Month Ex	ktension, c	omplete only	Part II and check this	box	
Martial Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)	Note. Onl	ly complete Part II if	you have a	already been granted an	automatic	3-month extens	sion on a previously file	ed Form 8	3868
Name of exempt organization									
CORKY AND CARL FOUNDATION, INC ORKY AND CARL FOUNDATION, INC ORKY AND CARL FOUNDATION, INC ORKY AND CARL FOUNDATION, INC Number, street, and room or suite no. If a PO box, see instructions ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHWOOD COURT City, town or post office. state, and ZIP code. For form 420 to 50 for manual and and a state. ASHWOOD COURT ASHWOOD COURT Code Town 104114 ASHWOOD COURT	Part II	Additional	(Not Aut	tomatic) 3-Month E	xtensio	n of Time. C	only file the original (no	copies n	eeded).
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Form 990-BL Form 990-E2 03 Form 4720 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension. ROBERT J. BRUNO, CPA Telephone No ► (973) 808-1100 If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box. If the request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason ADDITIONAL TIME NEEDED IN ORDER TO GATHER THE NECESSARY INFORITE. The part of the group of the group of the group of the extension at the part of the group of the gro					-	Is For	RNAI DEVENO	FARRI	
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