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# SCANNED NOV 2 1

Form	9	9	0	-P	F

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
or pay by skilled upon convert the return to satisfy state rec

OMB No 1545-0052

Dep	partmei emai Re	nt of the Treasury	ote	. The foundation may	Trea be able t	ated as a Propulation	of 1	ite Foundation	on satisfy state	report	ing requirements		<u> </u>
_		endar year 2010, c							and end				, 20
		ck all that apply		Initial return		Initial retui	rn c	of a former p	ublic cha	rıty			Final return
				Amended return		Add	res	s change		N;	ame change		
Na	ime o	f foundation								- 1	A Employer identi	ifica	tion number
												_	54444
_				ARITABLE TRU					<del></del>		14	-1	764010
Νι	ımber	and street (or P O bo	x nu	mber if mail is not delivere	ed to street	address)			Room/su	ııte	B Telephone number	er (se	e page 10 of the instructions)
											,		•
_		BOX 32		<del></del>							( C		) -
Cı	ty or t	own, state, and ZIP o	ode								C If exemption application pending, check he		
	000	amoore 337 104		•							D 1 Foreign organiz		· —
_		STOCK, NY 124									<ol><li>Foreign organi</li><li>85% test, check</li></ol>		
H	_	ck type of organiza							4		computation		▶ 🗀
Ŧ		ection 4947(a)(1) nor						ivate foundat ash Acc			E If private foundat		- 1 I
ı		market value of all			ounting i Other (sp		Ca	asii [] Acc	Juai				)(A), check here . P
	-	ear (from Part II, col ▶ \$					on	cash basis )					a 60-month termination (B), check here
E				and Expenses (The				,			211201 0001011 001	1	(d) Disbursements
-	air i	total of amounts in co	olun	nns (b), (c), and (d)	(a) r	Revenue and penses per	-	(b) Net inve		(с	) Adjusted net		for charitable
		may not necessarily column (a) (see page	equ e 11	al the amounts in of the instructions).)	•^^	books		incom	ie		income	1	purposes (cash basis only)
	1	Contributions, gifts, grants,				6,40	8.	1. 67% 5	-, ` ,	87. 7	4 ( * 14 ( * * * * )	` :	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	2	if the fo	ound	dation is <b>not</b> required to	A. 34 1 1 1	1 3 1 3 1 3 1 3 1 1	٠,,	-> 1/2 1/2 1/2	" ( " ) ( "	4	Tally to the second	.	,
	3	Interest on savings and				4	0.		40.			,	ATCH 1
	4	Dividends and intere	st fr	om securities									' ' '
	5 a	Gross rents											
	ь	Net rental income or (los	ss) _	18.	-:- ,				15. 1	\$. ** * <u> </u>		1	
e		Net gain or (loss) from	sale			-1,26	0 -			\$ 75.	No.	<u>·  </u>	
ent	b	Gross sales price for all assets on line 6a		5,148		<u> 1 : 1 ,                               </u>	,	, i		, `	The state of the s	1.	1, 1, 6, 1
Revenue	7	Capital gain net inco	me	(from Part IV, line 2).		,, <u>, '</u> ' ,	•		4,192.	•			
•	8	•	-	un		اعراب المراجوة	`	4.1	257.6		····	-	1 4
	9	Income modifications Gross sales less returns	•			Markey States			- M107	> -	3.1 3 1	-	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and allowances · · ·				***		\$ The second		10		$\perp$	- 7: "
		Less Cost of goods sold	-	L	+	- ', ',	$\dashv$	, ,	· · · · ·	"	<u> </u>		
				ach schedule)			$\dashv$	. , , , ,				+	
	11			hedule)	1	5,18	8.		4,232.			+	
	13		-	rectors, trustees, etc	<del> </del> -		ō.					$\dashv$	-
	14			and wages						-		-	<del></del>
es	15			benefits							<del></del>	7	
and Administrative Expenses				ule)									
Ϋ́	ь			schedule)				RECE	IVED				
ve l	С			(attach schedule)						10		$oxed{\Box}$	
rati	17	Interest					8	NOV 2	<del>7 - 2011 -</del>	ြမ္မ			
ist	18	Taxes (attach schedule)	(see	page 14 of the instructions)	-		Ö	MAAY	8 2011	الم		_	
듣	19	Depreciation (attach	sch	nedule) and depletion.			_					<u> </u>	
Ā	20	Occupancy						OGDE	M. UT		<b>}</b>		
ď	21			meetings				-			<u> </u>	+	
g	22					22	2			<u> </u>	-	- -	150
Operating	23	•		schedule) ATCH 2			٠ ۷		<del></del>	<del> </del>	<del></del>	+	
era	24			ministrative expenses	1	22	,,		0.		(		150
g		-		}	1	3,60					· · · · · · · · · · · · · · · · · · ·	+	3,600
	25	-	-	nts paid		3,82		<u> </u>	0.			<del>:  </del>	3,750
-	26 27	Total expenses and disbur Subtract line 26 from		ents Add lines 24 and 25	+		_	A 17 2 -	- برز ال	<u> </u>			57750
		Excess of revenue over ex			· -	1,36	6			; _			
	l			(if negative, enter -0-)	-				4,232.	-		+	• •
	l	Adjusted net income			-,			<u> </u>		<del>                                     </del>		$\top$	

Part II		Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		f year	
<u> </u>	311411	Daialice Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
$\neg$	1	Cash - non-interest-bear	ing	4,964.	1,1		
٦			cash investments	21,212.			
ŀ		_			; , , , , , , , , , , , , , , , , , , ,	, - '	. ,
		_ Less allowance for dou	btful accounts ▶				
							` `
	•	ess allowance for dou	btful accounts ▶		,,	l	
ľ	-		officers, directors, trustees, and other				
	-					1	
		•	ach schedule) (see page 15 of the instructions)			$\dashv$	
			receivable (attach schedule)				
			btful accounts >				
sets			se			$\dashv$	
SSe			leferred charges				
As			te government obligations (attach schedule).				
			e stock (attach schedule)			$\longrightarrow$	
	, C	Investments - corporate	bonds (attach schedule)				
	11	and equipment basis	s. • 600.			_	ATCH 3
		Less accumulated depreca (attach schedule)	s. \( \begin{array}{c} 600. \\ 600. \\ \end{array}				
			loans	_,,	******		
	13	Investments - other (att	ach schedule)				
	14	Land, buildings, and	<b>&gt;</b>		÷. •		
		Less accumulated depreca	ation				
	15	Other assets (describe	<b>&gt;</b> )				
			completed by all filers - see the				
			page 1, item l)		27,5	42.	27,542.
			accrued expenses				
	ļ				,		
s	1			l			
Liabilities	20		ors, trustees, and other disqualified persons	1			( -i:
Ē	21		otes payable (attach schedule)				- ,
Ë	22		e ►)				
	**	Other habilities (describ	· · · · · · · · · · · · · · · · · · ·			$\dashv$	
	23	Total liabilities (add line	es 17 through 22)			0.	
_	-		llow SFAS 117, check here ► X				
			24 through 26 and lines 30 and 31.				7.3
Ø		•	<del>_</del>	26,176.	27,5	42.	
Se	24				2,70		
<u>a</u>	25			i e			
ĕ	26	•					·
PLI	24 25 26	Foundations that do	not follow SFAS 117,				
Œ			nplete lines 27 through 31. ▶				- , - '
ō	27		ncipal, or current funds				
Net Assets	28		or land, bldg , and equipment fund				,
ISS	29		rulated income, endowment, or other funds	-			
7	30	Total net assets or	fund balances (see page 17 of the				
ž		instructions)		26,176.	27,5	42.	
	31	Total liabilities and no	et assets/fund balances (see page 17		Į		
_		of the instructions)		26,176.	27,5	42.	<u> </u>
_			anges in Net Assets or Fund				
1	Tota	net assets or fund t	palances at beginning of year - Part	II, column (a), line 30	(must agree with		
			d on prior year's return)		-	1	26,176
2			line 27a			2	1,366
3	Othe	r increases not includ	ded in line 2 (itemize) ▶			3	
4	Add	lines 1, 2, and 3				4	27,542
5	Decr	eases not included in	n line 2 (itemize)			5	
6	Tota	net assets or fund h	alances at end of year (line 4 minus	line 5) - Part II. column (t	o), line 30		27,542.
÷					. <u>,,</u>	<u> </u>	Form 990-PF (2010)

		d describe the kind(s) of property sold (		acquired P-Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<u>`</u> 1a	SEE PART IV SCHE		313 M.CO CO)	D-Donation	(,,	
b					<del> </del>	
C					-	<u> </u>
ď	<u>-</u>					-
e e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a						
<u>b</u>						
<u> </u>						<del></del>
<u>d</u>						
<u>e</u>						
	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
<u>a</u>	- <del></del>			<u> </u>		
_b_						
_ <u>c</u>						
<u>d</u>						_
<u>e</u> 2 (	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		-1,260.
Pa	f (loss), enter -0- in Part I, int V Qualification L				me )	
Wa		·	outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1	Enter the appropriate am	ount in each column for each year	, see page 18 of the instructions be	efore mak	ing any entries	
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
	2009	6,511.	18,280.			0.356182
	2008	100,993.	33,075.			3.053454
	2007	84,517.	171,809.			0.491924
	2006	9,010.	166,663.			0.054061
	2005	25,076.	166,864.		····	0.150278
	Total of line 1, column (d)			2		4.105899
		for the 5-year base period - divide dation has been in existence if less		3		0.821180
4	Enter the net value of nor	ncharitable-use assets for 2010 fro	m Part X, line 5	4		27,764.
5	Multiply line 4 by line 3			5		22,799.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		42.
7	Add lines 5 and 6			7		22,841.
	Enter qualifying distribution if line 8 is equal to or group Part VI instructions on page		n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	3,750. x rate See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructions)	_
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	<b>5</b> ,	,	
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)	٠,		
. b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		85	÷
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $J = -2$	, }	, ' =	
	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	<del></del>	85	_
3	Add lines 1 and 2		0	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		85	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		<u>"</u>	<u>.</u>
6	Credits/Payments 2010 contracted tax payments and 2009 overpayment credited to 2010 487.		3 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	
а	2010 estimated tax payments and 2009 overpayment credited to 2010	3		٠,
þ	Exempt foreign organizations-tax withheld at source	, · · · ,	15 10 10 10 10 10 10 10 10 10 10 10 10 10	
¢	Tax paid with application for extension of time (Form 6006).	`		•
	Backup withholding erroneously withheld		487	_
7	Total credits and payments Add lines 6a through 6d			÷
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		402	_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2011 estimated tax   402. Refunded   11			÷
11 Par	rt VII-A Statements Regarding Activities			-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1.,	Yes No	_
та	participate or intervene in any political campaign?	1a	X	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	, <u></u>		_
b		1b	Х	
	of the instructions for definition)?	3.	3 , 5 , 5	_
	published or distributed by the foundation in connection with the activities	٠,٠		
c	Did the foundation file Form 1120-POL for this year?	1c	X	
d	The state of the s		- f 1	
-	(1) On the foundation ▶\$(2) On foundation managers ▶\$	4	` i i	,
е		t."		٠.
	on foundation managers > \$			L
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X	
	If "Yes," attach a detailed description of the activities	` .		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	•	į	
	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	* *************************************	4 b	NIA	
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	. 1		ī
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		- [4]	
	By language in the governing instrument, or	, , *	3	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	· `	, '	
	conflict with the state law remain in the governing instrument?	6	X	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7_	-	_
8a			' -  ;	
	instructions) ► NY,	1.		
b			x	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	[		
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page		x	
	27)? If "Yes," complete Part XIV	9	<del>                                     </del>	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	l x	
	names and addresses			_

orm 9	990-PF (20	14-1764010			ı	Page 5
		Statements Regarding Activities (continued)				
		me during the year, did the foundation, directly or indirectly, own a controlled entity within the	· -			
• •		of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		11		X
42		foundation acquire a direct or indirect interest in any applicable insurance contract before				
12		17, 2008?		12		Х
13		foundation comply with the public inspection requirements for its annual returns and exemption application		13	X	
13	10/	N/A				
	The best	address ►	212-83	2-040	00	
14	The book	ks are in care of P	10017	<b>-</b>		
4-	Located	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · ·		- <b>-</b>		$\prod$
15	Section	er the amount of tax-exempt interest received or accrued during the year	<b>▶</b> 15			
16	At any	time during calendar year 2010, did the foundation have an interest in or a signature or of	ther authority		Yes	No
10		ank, securities, or other financial account in a foreign country?		16		X
		ge 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 I		165	, ,-,	2 , 1 ,
		e of the foreign country	1 100, 011101	15.00	, ,	.4
Par		Statements Regarding Activities for Which Form 4720 May Be Required		1		<b></b>
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		N/	Yes	No
4 -				· .	, ,	, ,-
٦a		he year did the foundation (either directly or indirectly)	X No	,	7,	
		age in the sale of exchange, of leasing of property with a disqualities person	1	ľ°·,		* 1, 1
		row money from, lend money to, or otherwise extend credit to (or accept it from) a	X No	1. 4	,	
		damed person,	1	1.	4	,
		listi goods, selvices, or facilities to (or accept them from) a disqualified person.	37			к,
		compensation to, or pay or reimburse the expenses or, a disqualified person		,	,	
		nsfer any income or assets to a disqualified person (or make any of either available for	X No	1 10 3	7	100
		beliefit of use of a disqualified person/*			- 4	15
		ee to pay money or property to a government official? (Exception. Check "No" if the		7	,	
		ndation agreed to make a grant to or to employ the official for a period after	X No		;	
		initation or government service, in terminating within 30 days /		1	٠,	1 1 1
b		answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		1 b	NIA	, ,
		53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	·	1.5	1111	3
		ations relying on a current notice regarding disaster assistance check here			• '	
С		e foundation engage in a prior year in any of the acts described in 1a, other than excepted		1 c		X
_		t corrected before the first day of the tax year beginning in 2010?		- 10	,	
2		on failure to distribute income (section 4942) (does not apply for years the foundation was	s a private	<b>,</b> ,		-
		ng foundation defined in section 4942(j)(3) or 4942(j)(5))			٠,	
а		nd of tax year 2010, did the foundation have any undistributed income (lines 6d and	X No		, .	- 4
		Anny for tax year(s) beginning before 2010 11 11 11 11 11 11 11 11 11 11 11 11		7.	· · ·	* * *
		'list the years ▶	4042(5)/2)		`	
				· · · · ·	! ·	. ;
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 49)		2 b	AIN	i i
_		s listed, answer "No" and attach statement - see page 22 of the instructions)			17117	
c		rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			١,	
•		foundation held many them a 20% depart or indirect interest in any hypinana paterning		1"		
3 a		foundation hold more than a 2% direct or indirect interest in any business enterprise	X No		-	
				ļ. '	`,	
b		" did it have excess business holdings in 2010 as a result of (1) any purchase by the fo		İ	.:	1 .
		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro			`	
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the				
		-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determ		3 ь		x
_		ion had excess business holdings in 2010 )				X
		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? foundation make any investment in a prior year (but after December 31, 1969) that could je		44		<i>s</i> .
t		e foundation make any investment in a prior year (but after December 31, 1909) that could je ble purpose that had not been removed from jeopa <u>rdy before the first day of the tax year beg</u> inning				x
	CHAIRAD	ine purpose that had not been removed from Jeopardy before the hist day of the tax year beginning		00	0 DF	<u> </u>

	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)	
5 a	During the year did the foundation pay or incur any amou	nt to			· ;
-	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	o    -
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,		
	directly or indirectly, any voter registration drive?	•		Yes X No	.     .
	(3) Provide a grant to an individual for travel, study, or oth			1 1 1 1 1 1 1 1 1 1 1 1	
	(4) Provide a grant to an organization other than a chari				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (			Yes X No	
	(5) Provide for any purpose other than religious, charitat			Yes X No	
	purposes, or for the prevention of cruelty to children o				
b	If any answer is "Yes" to 5a(1)-(5), did any of the transi				
	Regulations section 53 4945 or in a current notice regard	•		·	5b
	Organizations relying on a current notice regarding disast			▶ 🗀	
C	If the answer is "Yes" to question 5a(4), does the foundation	ition claim exemption t	from the tax		
	because it maintained expenditure responsibility for the gr	ant?		Yes No	o
	If "Yes," attach the statement required by Regulations sect	ion 53 4945-5(d)			
6 a	Did the foundation, during the year, receive any funds, d	irectly or indirectly, to	pay premiums		
	on a personal benefit contract?			Yes X No	o
b	Did the foundation, during the year, pay premiums, direct			t?	6b X
	If "Yes" to 6b. file Form 8870	•			1 1 1 1
7 a	At any time during the tax year, was the foundation a par	rty to a prohibited tax	shelter transaction?	Yes X No	· · · · · · · · · · · · · · ·
	If "Yes," did the foundation receive any proceeds or have				7b
_	t VIII Information About Officers, Directors				
	and Contractors				
<u> </u>	List all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contributions to	(e) Expense account,
	(a) Name and address	hours per week	(c) Compensation (If not paid, enter	employee benefit plans	other allowances
		i devoted to position i	-()-)	and deferred compensation	51 G
		devoted to position	-0-)	and deferred compensation	
 Ат	TACHMENT 4	devoted to position	-0-)	and deferred compensation  - 0 -	-0-
ĀT	TACHMENT 4	devoted to position			
ĀT	TACHMENT 4	devoted to position			
ĀT		devoted to position			
AT		devoted to position			
ĀT		devoted to position			
AT		devoted to position			
			0.	-0-	-0-
	Compensation of five highest-paid employees (ot		0.	-0-	-0-
		her than those inc	0.	-0- e page 23 of the ins	-0- tructions).
2	Compensation of five highest-paid employees (ot		0.	e page 23 of the ins	-0-
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	0. luded on line 1 - se	-0- e page 23 of the ins	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).
2 (a	Compensation of five highest-paid employees (ot If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week	0. luded on line 1 - se	e page 23 of the ins  (d) Contributions to employee benefit plans and deferred	-0- tructions).

Part VIII Information About Officers, Directors, Trustees, Foundation Nand Contractors (continued)	lanagers, Highly Paid Emplo	yees,
·3 Five highest-paid independent contractors for professional services (see p	age 23 of the instructions), If no	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOT APPLICABLE		
		<del></del>
	•	
	<del></del>	
	•	
	•	
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 NONE		·
2		
3		
×		п
4		
<sup>7</sup>		
Part IX-B Summary of Program-Related Investments (see page 24 of the	e instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines		Amount
1 NOT APPLICABLE		
2	······································	<del></del>
All other program-related investments See page 24 of the instructions		<del> </del>
3 NOT APPLICABLE		
·		
Total. Add lines 1 through 3		<del></del>

Pa	see page 24 of the instructions.)	girioundali	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	\[\frac{1}{n}\]	
а	Average monthly fair market value of securities	1a	412.
b	Average of monthly cash balances	1b	27,775.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d		1 d	28,187.
е	Reduction claimed for blockage or other factors reported on lines 1a and	"	
	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	28,187.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	423.
5	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	27,764.
6	Minimum investment return. Enter 5% of line 5	6	1,388.
Pa	The stributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this page 25.		
1	Minimum investment return from Part X, line 6	1	1,388.
2 a		1.00	
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	] [ ]	
С	Add lines 2a and 2b	1 _	85.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,303.
4	Recoveries of amounts treated as qualifying distributions		
5		5	1,303.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,303.
Pá	art XII Qualifying Distributions (see page 25 of the instructions)	<del></del>	
_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T-7, 4	
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,750.
a b		1b	<del>3,730.</del> 0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	0.
2	DUFDECO	2	0.
•	purposes	2	· · ·
3	Amounts set aside for specific charitable projects that satisfy the	20	0.
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	3,750.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3, 130.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		N/A
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	3,750.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	<u> </u>	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	iculating wh	ether the foundation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line7		· · · · · · · · · · · · · · · · · · ·		1,303.
2	Undistributed income, if any, as of the end of 2010	٠,	, , ,		
а	Enter amount for 2009 only		, , ,	0.	
b	Total for pnor years 20_08_,20_07_,20_06		0.		
3	Excess distributions carryover, if any, to 2010	*	,		
а	From 2005	-			
b	From 2006		,	n # f	•
C	From 2007	,		,	
d	From 2006 1, 323. From 2007 76, 893. From 2008 99, 353. From 2009 5, 603.	· ·	,	a de d	· · · · · · · · · · · · · · · · · · ·
е	1101112000	200,179.	- * ·	* 1	, ,
f	Total of lines 3a through e	200,179.			
4	Qualifying distributions for 2010 from Part XII,	,	,		
	line 4 ► \$3,750.	•	٠, ،	0.	•
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior years (Election	· · ·			٠.
	required - see page 26 of the instructions)	<u> </u>	``	1	,
C	Treated as distributions out of corpus (Election required - see page 26 of the instructions)		•	•	
	, , , , , , , , , , , , , , , , , , , ,			<u>.</u>	1,303.
	Applied to 2010 distributable amount  Remaining amount distributed out of corpus	2,447.	, , , , , , , , , , , , , , , , , , , ,	, .	
5	Excess distributions carryover applied to 2010			, =	
•	(If an amount appears in column (d), the same		4 7	, ,	, , , , , , ,
6	amount must be shown in column (a) ) Enter the net total of each column as				-
U	indicated below:			, , , , ,	- ,''
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	202,626.			
b	Prior years' undistributed income Subtract	· 1			
	line 4b from line 2b		0.	- '	-
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been	1,			1
	issued, or on which the section 4942(a) tax has	. ,		**	٠٠,
	been previously assessed				r - r -
d			0.	,	F -
	amount - see page 27 of the instructions Undistributed income for 2009 Subtract line		0.		
e	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions				<u> </u>
f	Undistributed income for 2010 Subtract lines	, ,		, , ,	
	4d and 5 from line 1 This amount must be distributed in 2011.	;			
7					
	to satisfy requirements imposed by section		The transfer was		, , , , ,
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)			,	
8	Excess distributions carryover from 2005 not				-
	applied on line 5 or line 7 (see page 27 of the instructions)	17,007.	· · · · · · · · · · · · · · · · · · ·	,	k
9	Excess distributions carryover to 2011.				7 21 /
•	Subtract lines 7 and 8 from line 6a	185,619.		, , , , , , , , , , , , , , , , , , , ,	,
10	Analysis of line 9				
а	Excess from 2006		l' ·	2	t
b					15. ·
С			,	·	
d			-		
е	Excess from 2010 2,447.	· · · · · · · · · · · · · · · · · · ·		L	

	990-PF (2010) rt XIV Private Opera	ting Foundations	(see page 27 of th	e instructions and Pa	rt VII-A, question 9)	Page NOT APPLICAL
	If the foundation has re					
	foundation, and the ruling				<b>▶</b>	
b	Check box to indicate whe				49420	(J)(3) or 4942(J)(
•		Тах уеаг	<u> </u>	Prior 3 years		T
3	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	for the minimum investment return from Part X for each					-
	year listed	· · · · · · · · · · · · · · · · · · ·	<del> </del>	-		
b	85% of line 2a			<del></del>	<u> </u>	
:	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
3	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-			<u> </u>		-
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
2	"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 sup- port from an exempt					
	organization (4) Gross investment income					
2	rt XV Supplementa	ry Information (	Complete this par	t only if the found	lation had \$5,000	or more in ass
	at any time d	uring the year - s	ee page 28 of the i	instructions.)	•	
	Information Regarding					
а	List any managers of t before the close of any	he foundation who tax year (but only if	have contributed mo they have contributed	ore than 2% of the tot d more than \$5,000) (\$	al contributions recei See section 507(d)(2)	ived by the foundati )
	DOUGLAS JAM	1ES				
b	List any managers of ownership of a partner	the foundation who ship or other entity)	own 10% or more of which the foundati	of the stock of a corp on has a 10% or greate	poration (or an equal er interest	ly large portion of t
	NOT APPLICA	ABLE				
	Information Regarding		nt, Gift, Loan, Scholar	ship, etc., Programs:		
	Check here ► if the unsolicited requests for	or funds If the fou	ndation makes gifts,	grants, etc (see pag	ritable organizations le 28 of the instructi	and does not acce ions) to individuals
		ner conditions, comp	nete items za, b, c, ai		be addressed.	
	The name, address, as		r of the person to wh	om applications should		
a	organizations under other other name, address, an ATTACHME	ENT 5				
	organizations under other name, address, an ATTACHME	ENT 5 ications should be s				
a b	The name, address, as ATTACHME	ENT 5 ications should be s ABLE				
a b	organizations under off The name, address, as ATTACHME The form in which appl NOT APPLICA Any submission deadlis NOT APPLICA	INT 5 Ications should be s ABLE nes ALBE	ubmitted and informa	ation and materials the	y should include	
a b	The name, address, as ATTACHME The form in which appl NOT APPLICA Any submission deading	INT 5 Ications should be s ABLE nes ALBE	ubmitted and informa	ation and materials the	y should include	institutions, or oth
a b	organizations under off The name, address, an ATTACHME The form in which appl NOT APPLICA Any submission deadlin NOT APPLICA Any restrictions or line	ENT 5 Ications should be s ABLE THES ALBE THISTITIST OF AWARD	ubmitted and informa	ation and materials the	y should include	institutions, or oth

Form 990-PF (2010)			14-1764010	Page 11
Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	if recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	711104111
a Paid during the year	)			}
_				
ATTACHMENT 6				
				1
		1		
		1		İ
-				
Total	<u> </u>	<del></del>		3,600.
<b>b</b> Approved for future payment				
		-		
		]		
Total	1	<u> </u>	L 2L	
Total		<u> </u>	▶ 3b	<del></del>

er gross amounts unless otherwise indicated	d Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related of exempt function income (See page 28 of the instructions)
•					tilo motrodiono y
)	_	<del></del>	<del>-  </del>		· · · · · · · · · · · · · · · · · · ·
				·	
·	· I				
Fees and contracts from government agence	res				
Membership dues and assessments					
nterest on savings and temporary cash investmen	t t		14	40.	
vividends and interest from securities					
let rental income or (loss) from real estate			•		
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal propert					
Other investment income					
ain or (loss) from sales of assets other than inve			18	-1,260.	
et income or (loss) from special events .					
cross profit or (loss) from sales of inventory					
ther revenue a					
	3				
ubtotal Add columns (b), (d), and (e)			, , · · · ·	-1,220.	-
otal. Add line 12, columns (b), (d), and (e)				13	-1,2
rt XVI-B Relationship of Activ					
rt XVI-B Relationship of Active  e No. Explain below how each a accomplishment of the found	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
e No. Explain below how each a accomplishment of the foun	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
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Relationship of Active No. Explain below how each a accomplishment of the found	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
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Explain below how each a accomplishment of the foundations.	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
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rt XVI-B Relationship of Active  e No. Explain below how each a accomplishment of the found	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
rt XVI-B Relationship of Active ne No. Explain below how each a accomplishment of the found	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	
accomplishment of the foun	ctivity for whic	h income is reported	l ın column (e	e) of Part XVI-A contrib	

1 bid the organization directly or inderectly angage in any of the following with any other organizations of misection \$517, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable owering organization of.  (1) Cash.  (2) Other issees.  b Other transactions.  (1) Sales of assets to a noncharitable exempt organization.  (2) Purchased of assets from a noncharitable exempt organization.  (3) Rental of facilities, equipment, or other assets.  (4) Remount unwernering arrangements.  (5) Loans or loan guarantees.  (6) Loans or loan guarantees.  (7) Sales of assets to any other assets.  (8) Performance of services or membership or fundrasing solicitations.  (9) Performance of services or membership or fundrasing solicitations.  (1) Sales of the service of the solicities of the above is "Fee," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement show in Column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements.  (a) Disconpise of transfers, transactions, and sharing arrangements.  (b) Type of organization  (c) Line rise  (d) Description of feataments, and to the best of my knowledge and described in section 501(c) of the Code (other than	Part XVII	Information Regarding Exempt Organizations	Transfers To and Transaction	s and Relationships With Noncharitable
(2) Other ransactions. (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (2) Purchases of deserts from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Sales of assets or loan guarantees (8) Performance of services or membership or fundrasing solicitations (9) Purchamence of services or membership or fundrasing solicitations (1) Sales of Sales (1) Sales (1	organiza	ion 501(c) of the Code (other thatitions?	n section 501(c)(3) organizations) or in	n section 527, relating to political
(2) Other assets 5  b Other transactions.  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of Scalities, equipment, or other assets.  (4) Reimbursement arrangements  (4) Reimbursement arrangements  (5) Loans or loan guiarnities  (5) Loans or loan guiarnities  (6) Performance of services or membership or fundraising solicitations  (7) Sales of the answer to any of the above 8 "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value or in any transaction or sharing arrangement, above 10 miles of the solicities of the spore 8 "Yes," complete the following schedule. Column (b) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, above 10 miles are proposed to the spore of the spore of transfers, transactions, and sharing arrangements  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?   2b If "Yes." (a) Name of organization (b) Description of transfers, transactions, and sharing arrangements  N/A  1 In the complete the following achebule (c) Name of noncharitable exempt organization (d) Description of relationship  (a) Name of organization of people (other than section 5217) in the section of people (other than section 5217) in the section of people (other than section 5217) in the section of people (other than section 5217) in the section of people (other than section 5217) in the section of people (other than section 5217) in the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of		, ,	· -	12(1) X
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Sign Here    Under regalities of prijury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, fills the correst and sometided Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Print/Type preparer's name	b_If "Yes,	<del></del>		
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Preparer         Image: Firm's name   December   Property   Property   Property   Property   Prim's name   December		Print/Type preparer's name	Preparer's signature	Date
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# 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

Name of the organization Employer identification number DOUGLAS C. JAMES CHARITABLE TRUST 14-1764010 Organization type (check one). Section: Filers of: 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % 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 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) 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)

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

JSA

(a)

No.

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

a noncash contribution)

Person Payroll Noncash (d)

Type of contribution

(Complete Part II if there is a noncash contribution)

of Part II

Name of organization DOUGLAS C. JAMES CHARITABLE TRUST

Page\_\_\_\_ of \_\_\_\_ or Employer identification number 14-1764010

Part II Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	74 SHARES OF TRANSOCEAN, INC		
		\$	04/21/2010
(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
ISA.			

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

14-1764010

DOUGLAS C. JAMES CHARITABLE TRUST
FORM 990-PF - PART IV

Kınd of F				cription		pr	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	Gain or (loss)	
xpenses of sale	allowable	basis			auj basis_	$\parallel$		<del> </del>
			TRANSOCEAN YPE: SECURI			P	VARIOUS	VARIOUS
5,148.		6,408.	III. BECOKI	1100		$\  \ $	-1,260.	
·								
TAL GAIN(L	oss)						-1,260.	
						,		
						$\  \ $		
		İ						

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	40.	40.
REVENUE AND EXPENSES PER BOOKS	40.	40.
		TOTAL
DESCRIPTION	SMITH BARNEY	

ATTACHMENT 1

14-1764010

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND DESCRIPTION

NYS FILING FEES

NY LAW JOURNAL

POSTAGE

25. 125. 72. EXPENSES PER BOOKS

222.

TOTALS

150.

25. 125.

CHARITABLE PURPOSES

ATTACHMENT 2

( ) [ ] [ ] [ ] [ ]

7 ( 7 ;

INVESTMENTS - LAND, BUILDINGS, EQUIPMENT

	ENDING	.009	.009
ACCUMULATED DEPRECIATION DETAIL	ADDITIONS DISPOSALS		; II
CUMULATED DEPRI			
ACC	BEGINNING	. 600	.009
			/
	ENDING DISPOSALS BALANCE	.009	600.
FIXED ASSET DETAIL	DISPOSALS		
FIXED AS	ADDITIONS		
	BEGINNING	600.	600.
	METHOD/ CLASS	MS	
	ASSET DESCRIPTION	COMPUTER	TOTALS

ATTACHMENT 3

4
TTACHMENT
K

COMPENSATION	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CO-TRUSTEE	CO-TRUSTEE	GRAND TOTALS
NAME AND ADDRESS	DOUGLAS C. JAMES P.O. BOX 32 WOODSTOCK, NY 12498	DAVID F. JAMES 5320 N CALLE ESTRELLA TUSCON, AZ 85749	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

AMOUNT	3,350.	100.	150.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE
	EXEMPT	EXEMPT	EXEMPT
RECIPIENT NAME AND ADDRESS	THE WOODSTOCK BYRDCLIFFE GUILD	SUNY NEW PALTZ FOUNDATION	MAVERICK CONCERTS '
	34 TINKER STREET	1 HAWK DRIVE	120 MAVERICK ROAD
	WOODSTOCK, NY 12498	NEW PALTZ, NY 12561	WOODSTOCK, NY 12498

TOTAL CONTRIBUTIONS PAID 3.600.

ATTACHMENT 6

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust Employer identification number 14-1764010 DOUGLAS C. JAMES CHARITABLE TRUST Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (f) Gain or (loss) for (b) Date acquired (c) Date sold (e) Cost or other basis (d) Sales pnce the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (b) Date acquired (c) Date sold (e) Cost or other basis (a) Description of property (d) Sales price the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b -1,260.6 b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions . . . 9 Gain from Form 4797, Part I 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, -1,260.column (3) on the back.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

Pag	е	2

14 Net long-term gain or (loss): a Total for year	Sched	ule D (Form 1041) 2010			Page 2
Table 1. Net short-term gain or (loss).  13. Net short-term gain or (loss).  14. Net long-term gain or (loss).  15. Total net gain or (loss).  16. Total net gain or (loss).  17. Total net gain or (loss).  18. Total for year.  19. Total net gain or (loss).  19. Total net gain or	Par			' '	(3) Total
Net tong-term gain or (loss):  a Total for year  b Unrecaptured section 1250 gain (see line 18 of the wrksht), 1449  c 28% rate gain.  149  140  1419  140  140  1419  140  1419  140  1419  141		Caution: Read the instructions before completing this part.	(see instr)	or trust's	
a Total for year	13,	Net short-term gain or (loss)			
b Uniceptipied section 1250 gain (see line 18 of the wrisht).  2 8% stet gain.  1 146.  1 7260.  Note: If the start occupied Part V films 15, column (3), as a net gains, go or and van does not compiler Part V films 15, column (3), as a net gains, go or and van does not compiler Part V films 15, column (3), as a net gains, go or and van does not compiler Part V films 15, column (3), as a net so gains, go or and van does not compiler Part V films 15, column (3), as a net so, good or and van does not compiler Part V films 15, column (3), as a net so, good or and van does not end net as a sile (18 so) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a must), the smaller of a The loss on line 15, column (3) or b \$3,000.  Note: If the loss on line 15, column (3) or b \$3,000.  Note: If the loss on line 15, column (3) or b \$3,000.  Note: If the loss on line 15, column (3), a more than 33,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss tearnower.  Form 1041 fillers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part III and there is an entry on Form 1041, line 20; and Form 1041, line 21; is more than zero.  Caution: Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, or (2) (2) in line 14c, or (2) is more than zero.  Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in mome in Part I of Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) is line 14c, or (2) is more than zero.  The filler taxable income from Form 1041, line 22 (or Form 990-T, line 34).  1 Enter the smaller of line 14 and 15 in column (2) line 14c, or 15c, or line 14c, or 15c, or line 14c, or 15c, or line 14c, or 15c, or line 14c, or 15c, or line 14c, or 15c, or lin	14	• •			1 260
c 28% rate gam Total net gain or (loss). Combine lines 13 and 14a  Note: If line 15, column (3), is a net gam, enter the gain on Form 1041, line 4 (in Form 390-7, Part I, line 40). If lines 14a and 15, column (2), are net gams, go or Part V, and do not complete Part V if line 15, column (3), is a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3), a net loss, complete Part W if line 15, column (3) or b \$3,000.  Note: If the loss on line 15, column (3), a more than \$3,000. or if Form 1041, paget, i line 4d, if a trust), the smaller of a Tax Computation Using Maximum Capital Gains Rates  Fart W Tax Computation Using Maximum Capital Gains Rates  Fart W Tax Computation Using Maximum Capital Gains Rates  Fart W Tax Complete the part only of both lines 14a and 15 in column (2) are gams, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 2b(2) are the marker bare of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.  Form 990-T trusts. Complete thus part only if both lines 14a and 15 are gams, or qualified dividends are included in income in Part I of Form 990-T, line 34, is more than zero.  Form 990-T trusts. Complete these part only if both lines 14a and 15 are gams, or qualified dividends are included in income in Part I of Form 990-T, line 34, is not than zero.  Form 990-T trusts. Complete these part only if both lines 14a and 15 are gams, or qualified dividends are included in income in Part I of Form 990-T, line 34, is not than zero.  Form 990-T trusts. Complete these part only if both lines 14a and 15 are gams, or qualified dividends are included in lines 14a and 15 are gams and complete the worksheet on page 8 o		10(4) 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:			-1,260.
Total net gain or (loss). Combine lines 13 and 14.  Total net gain or (loss). Combine lines 13 and 14.  Total net gain or (loss). (combine lines 13 and 14.  This 15, column (3), is a net gain, gain the the gain or form 1041, line 4 (or Form 990-7, Part I, line 40, K lines 145, column (2), are net gains, go or Part V, and the capital Loss Carryover Worksheed, as necessary  Part VI Capital Loss Limitation  Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-7, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000  Note: if the loss on line 15, column (3) is more than 3,000, or if Form 1041, page 1, line 2c (or Form 990-7, line 34), as a loss, complete the Capital Loss Carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 7 of the instructions to figure your capital loss carryover Worksheed on page 8 of the instructions of the column (2) and form 15 line 20(2) and form 1641, line 22 is more than zero  Caution: Skep this part and complete the worksheed on page 8 of the instructions of either line 14b, oc (2) of the 14c, oc (2) a more than 2 con 10 line 14 oc (2) continue the young the your capital c		omedaptared element 1200 game (element 1200 miles)			
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to Part V. and do not complete Part IV. If lime 15, column (3), as a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary    Tark   Part   P		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	T Dad I has do Him	- 140 and 15 column /	
Capital Loss Limitation   Capital Loss Limitation   Capital Loss (closs) on Form 1041, line 4 (or Form 990-T, Part), line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss converve Workhade on page 7 of the instructions to figure your capital loss correctly the loss on line 15, column (3) is more than \$1,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss converved to the instructions of the instructions of the capital Capital	Note to Pa	i: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990- rt V. and <b>do not</b> complete Part IV. If line 15. column (3), is a net loss, complete Part IV a	ו, Part ו, ווחפ 4a). זו ווחפ nd the <b>Capital Loss Ca</b> n	ryover Worksheet, as ne	z), are net gains, go ecessary
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Carpover Worksheet on page 7 of the instructions to figure your capital loss campover	Note	: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line	22 (or Form 990-T, III	ne 34), is a loss, compl	ete the Capital Loss
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Caution: Skip this part and complete the worksheet on page 8 of the instructions if  Either line 14b, col (2) or line 14c, col (2) is more than zero. or  Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero  Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.  Tenter taxable income from Form 1041, line 22 (or Form 990-T, line 34). 17  Enter the smaller of line 14a or 15 in column (2)  but not less than zero. 18  Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). 18  If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- 21  Subtract line 21 from line 20 if zero relss, enter -0- 22  Subtract line 21 from line 20 if zero relss, enter -0- 23  List the amount on line 23 equal to or more than the amount on line 24?  Vers. Skip lines 25 and 25, go to line 27 and check the "No" box  No. Enter the amount from line 26 (If line 26 is blank, enter -0-)  Both rate of the amount on line 27 and 25 the same?  Yes. Skip lines 27 fmu 30, gots lose 31  No. Enter the amount from line 27  Multiply line 28 by 15% (15)  No. Enter the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).  Add lines 30 and 31  Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).  33  Add lines 10 and 1 taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041. Schedule G, line 14 (or Form 990-T, line 36).	Forr	1 1041 filers. Complete this part only if both lines 14a and 15 in column (2	) are gains, or an am	nount is entered in P	art I or Part II and
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Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T, rushs. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.  18	• E	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	•		
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20 Add lines 18 and 19					
21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0.    22 Subtract line 21 from line 20 If zero or less, enter -0.    23 Subtract line 22 from line 17 If zero or less, enter -0.    24 Enter the smaller of the amount on line 17 or \$2,300    25 Is the amount on line 23 equal to or more than the amount on line 24?    26 Yes. Skip lines 25 and 26, go to line 27 and check the "No" box    No. Enter the amount from line 23    26 Subtract line 25 from line 24    27 Are the amounts on lines 22 and 26 the same?    28 Enter the amount from line 26 (If line 26 is blank, enter -0-)    29 Subtract line 28 from line 27    30 Multiply line 29 by 15% (15)    30 Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)    31 Add lines 30 and 31    32 Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)    33 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)    34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)    34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				5.	
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		G, line 1a (or Form 990-T, line 36)	<del> </del>		

Page 2 Schedule D-1 (Form 1041) 2010 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number 14-1764010 DOUGLAS C. JAMES CHARITABLE TRUST Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold acquired (mo, day, yr) (mo, day, yr) 6a 6,408. -1,260. 74 SHARES TRANSOCEAN INC **VARIOUS** 5,148. VARIOUS

JSA 0F1222 1 000 Schedule D-1 (Form 1041) 2010

2010

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Description of Property													
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated / depreciation	Ending Accumulated depreciation	Me- thod Conv	Lıfe	ACRS CRS class class	Current-year 179 expense	Current-year depreciation
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Assets Ketired JSA 0X9024 1 000

Form 8868 (R	ev 1-2011)			Page 2					
	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and chec	ck this box▶ X					
	complete Part II if you have already been gra								
	e filing for an Automatic 3-Month Extension,			·					
Part II	Additional (Not Automatic) 3-Month Ex			copies needed).					
Туре ог	Name of exempt organization			Employer identification number					
print	DOUGLAS C. JAMES CHARITABLE	14-1764010							
File by the	Number, street, and room or suite no If a P O bo	<del></del>							
extended due date for	P.O. BOY 32								
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
retum See instructions.	WOODSTOCK, NY 12498								
	eturn code for the return that this application	in for (file o	a concrete application for each return	04					
		is tol (life a							
Application	1	Return	Application	Return					
ls For		Code	Is For	Code					
Form 990		01							
Form 990-E	3L	02	Form 1041-A	08					
Form 990-E	Z	03	Form 4720	09					
Form 990-P	<b>PF</b>	04	Form 5227	10					
Form 990-1	「(sec 401(a) or 408(a) trust)	05	Form 6069	11					
	[ (trust other than above)	06	Form 8870	12					
STOP! Do i	not complete Part II if you were not already	granted ar	automatic 3-month extension on a	previously filed Form 8868.					
<ul> <li>The bool</li> </ul>	ks are in the care of ▶ BERDON LLP								
Telephor	ne No. ▶ 212 832-0400		FAX No ▶						
	ganization does not have an office or place of								
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEN)	lf this is					
for the who	le group, check this box ▶ 🔝 I	f it is for pa	art of the group, check this box	▶ and attach a					
list with the	names and EINs of all members the extension	n is for.							
4 I requ	est an additional 3-month extension of time u	ntil	11/15_,;	20_11_					
5 For ca	alendar year <u>2010</u> , or other tax year beginn	ing	, 20, and ending	, 20					
	e tax year entered in line 5 is for less than 12 months, check reason Initial return Final return  Change in accounting period								
	n detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER AND								
	ILE INFORMATION, INCLUDING IN								
	SSARY TO PREPARE AND FILE A CO			•					
8a If this	application is for Form 990-BL, 990-PF, 99	90-T. 4720	), or 6069, enter the tentative tax	less any					
	fundable credits. See instructions								
b If the	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	ated tax payments made Include any pr								
	nt paid previously with Form 8868	•	, ,	8b \$					
	nce Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS								
	tronic Federal Tax Payment System). See instru								
<del>-, '</del>			d Verification						
	es of perjury, I declare that I have examined this form, ct, and complete, and that I am authonzed to prepare this for	including acc	companying schedules and statements, and t	o the best of my knowledge and belief,					
13 11116, CUITE	or, and complete, and that I am admonzed to proper this to	/1 <b>1</b> (1	FOR BERDON LLP	NTC					
Signature	Glemis My Mc Gulle		CERTIFIED PUBLIC ACCOUNTA	Date > 8/10/11					
	7	_	NEW YORK, NY 10017	Form 8868 (Rev 1-2011)					

# Form 8868

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service			separate aj	pplication for each return.	ļ					
If you are	filing for an	Automatic 3-Month Extension, o	omplete o	nly Part I and check this box				<u> </u>		
				sion, complete only Part II (on page			• • • •	• • —		
				tomatic 3-month extension on a pre			n 8868.	•		
a corporation 8868 to reconstruction for 1985	n required quest an ex Transfers A	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona	nal (not aut forms liste I Benefit (	u need a 3-month automatic extensionatic) 3-month extension of time. d in Part I or Part II with the excel Contracts, which must be sent to	You can eption of Fo the IRS	electro orm 88 in pa	onically 870, In oper fo	file Form formation rmat (see		
				sit www.irs.gov/efile and click on e-f	ile for Chai	TUBS 6	. Nonp.	roms		
		Month Extension of Time. On								
		· -		atic 6-month extension - check this t		•				
Part I only	· · · · · · ·					• • •	• • • •	▶∟		
		•	ips, KEMIC	s, and trusts must use Form 7004 to	request an	exten	ISION QI	time		
to file income tax returns  Type or Name of exempt organization Empl							mployer identification number			
Type or print							14-1764010			
-	Number street, and room or suite no. If a P.O. box see instructions							<del>`                                    </del>		
tile by the due date for	e by the									
filing your		or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
return See instructions	1 -	OCK, NY 12498	<b>-</b>							
				· · · · · · · · · · · · · · · · · · ·						
Enter the Re	eturn code 1	or the return that this application i	is for (file a	separate application for each return	)			0 4		
		<u> </u>								
Application			Return	Application				Return		
ls For			Code	ls For				Code		
Form 990			01	Form 990-T (corporation)				07		
Form 990-B	L		02	Form 1041-A				08		
Form 990-E	Z		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		
Telephon	e No. ▶	care of ▶ BERDON LLP 212 832-0400		FAX No. ▶						
				the United States, check this box				. ▶ 🔛		
				oup Exemption Number (GEN)			If this			
				ort of the group, check this box	▶	aı	nd atta	ch		
		d EINs of all members the extensi								
until_ for the	organizatio	08/15 , 20 11 , to file the n's return for:		equired to file Form 990-T) extension ganization return for the organization		bove.	The ex	tension is		
		ear 20 <u>10</u> or	20	, and ending		20				
	lax year be	ginning	, 20	, and ending	<del>'</del>	<sup>20</sup> _	—.			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period										
3a If this	application	is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax	, less any					
nonref	iundable cre	dits. See instructions.				3a \$		503.		
b If this	applicatio	n is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cr	edits and					
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 503.									
c Baland	ce Due. Sub	tract line 3b from line 3a. Include	your paym	ent with this form, if required, by us	ing EFTPS					
(Electr	onic Federa	Tax Payment System) See instru	ctions			3c \$		0.		
Caution. If	you are go	ing to make an electronic fund v	withdrawal	with this Form 8868, see Form 8	3453-EO a	nd Fo	m 88	79-EO for		
payment ins		· <del>- · · · · · · · · · · · · · · · · · ·</del>								
For Paperwo	rk Reduction	Act Notice, see Instructions.				Form	8868 (	Rev 1-2011)		