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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		t of the Treasury venue Service	N	ote The foun			ited as a Privat le to use a copy of this			rting requiremen	ts.	2010	J
For	caler	idar year 2010, or ta	x yea	r beginning				, and e	nding			·	
G (Check	all that apply:		Initial return Amended ret	urn		Initial return of a fo	•	charity	Name change	Fınal returr	1	
Na	me of	foundation								A Employer ide	entification	number	
							ATION, INC		T	20-02		<u>L</u>	
Nur	nber a	nd street (or PO box nu 2400 ME)			vered to street	t addre	ss)		Room/suite	B Telephone nu 561-2		131	
Cit	or to	own, state, and ZIP co	ode							C If exemption ap	plication is p	pending, check here	
L (hack	WEST PAI					401 private foundation			D 1. Foreign organ	ganization: inizations me	s, Check here eeting the 85% test, emputation	\vdash
	_ `	ction 4947(a)(1) non			· · · <u>· · · · · · · · · · · · · · · · </u>		r taxable private founda	ation				omputation itus was terminated	
		arket value of all asse		nd of year	J Account	ıng m	ethod: X Cash	Accr	ual	under section	1 507(b)(1)(A), check here	\Box
		Part II, col. (c), line		176			specify)	hooro l	<u> </u>			60-month termination	,
_	·\$ art I	Analysis of Reveni	ue and	d Expenses		T	d) must be on cash i			1)(B), check here (d) Disbursement	<u></u>
_	1	(The total of amounts in necessarily equal the a	n colur amount	nns (b), (c), and is in column (a)			(a) Revenue and expenses per books		vestment ome	(c) Adjuste	e	for charitable purpos (cash basis only)	ses
20%	1 2	Contributions, gifts,					4,600.			N/A			
ഒ	-	Interest on savings and cash investments			macii scii b	-	21,855.	2	1,855.			STATEMENT	1
8	4	Dividends and intere	est fro	m securities			14,136.		4,136.			STATEMENT	2
N0V	5a	Gross rents				<u> </u>							
	b	Net rental income or (los	ss)			ļ	20 552					<u> </u>	
SANNED Revenue	1	Net gain or (loss) from s Gross sales price for all			• 10 . 766 .	-	30,753.						
3 5	b 7	assets on line 6a Capital gain net income			700.			3	0,753.				
Ž.	8	Net short-term capit	•						0,133.				
) (2)	9	Income modification	15										
	10a	Gross sales less returns and allowances	,	RECE	VED								
		Less Cost of goods sol		·		ဗူပ္က	· -						
	C 11	Gross profit or (loss Other income	3	NOV 14	2011)SO-S					-		
	12	Total. Add lines 1 th		-		8	71,344.	6	6,744.				
	13	Compensation of officer			# ()T		0.		0.		-	 	0.
	14	Other employee sata			, .								
S	15	Pension plans, empl	loyee l	benefits									
Operating and Administrative Expenses	ı	Legal fees Accounting fees		C TTN	T 3		2,660.		0.				0.
χğ	ı	Other professional fe	ees	DIF	11 5		2,000.		<u> </u>				<u> </u>
ķ	17	Interest											
trati	18	Taxes		STM	IT 4		354.		0.				0.
inis	19	Depreciation and dep	pletior	n		-		-		<u> </u>			
퉏	20 21	Occupancy Travel, conferences,	and n	montingo								 	_
þ	22	Printing and publica		neenings									
g a	23	Other expenses		STN	I T 5		17,161.		0.				0.
rati	24	Total operating and						_				[
Ope		expenses. Add lines		-		<u> </u>	20,175.		0.				0.
	25	Contributions, gifts, Total expenses and					52,871.	-				52,8	71.
	"	Add lines 24 and 25					73,046.		0.			52,8	71.
-	27	Subtract line 26 from		12:								3=,0	
	1	Excess of revenue over	-				<1,702.	>					
	l	Net investment inco						6	6,744.	37/3	<u>-</u>		/
0235		Adjusted net incom LHA For Paperwo				the in	etructione			N/A	- 1	Form 990-PF (2010)

P	art IV Capital Gains and	Losses for Tax on In	vestment	Income					
	(a) List and describe th 2-story brick warehou	e kınd(s) of property sold (e.g. se; or common stock, 200 shs	., real estate, s. MLC Co.)		(b) 	How acquired - Purchase - Donation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b	SEE ATTACHED ST	'ATEMENTS		<u> </u>					
C									
d				 					
е		(O.D	(-) 000				(b) Co	un or (loos	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				in or (loss (f) minus	
<u>a</u>									
<u> </u>							 .		
c d									
e e	357,766.			327,01	3.				30,753.
<u> </u>	Complete only for assets showing gair	in column (h) and owned by	the foundation				I) Gains (Ci	ol. (h) gain	minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any		co	il. (k), but n	ot less tha from col. (n -0-) or
a									
b									
C								· · · ·	
<u>d</u>									20 752
<u>e</u>			l						30,753.
2	Capital gain net income or (net capital l	oss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $			}	2			30,753.
	Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colum		ıd (6):		}			37 / 3	
	If (loss), enter -0- in Part I, line 8 art V Qualification Unde	r Section 4940(e) for	Reduced	Tax on Net	Inv	estment In	come	N/A	<u> </u>
							001110		
(10	r optional use by domestic private foun	dations subject to the section a	4940(a) lax uli	i ilet ilivestillelit il	ICUIII	e. <i>)</i>			
lf s	ection 4940(d)(2) applies, leave this pa	rt blank.							
Wa	s the foundation liable for the section 4	942 tax on the distributable an	nount of any ve	ear in the base pe	rıod?				Yes X No
	Yes," the foundation does not qualify un			=					
	Enter the appropriate amount in each of				es.				
	(a) Base period years	(b)			(c)			Distri	(d) bution ratio
(Calendar year (or tax year beginning in)	Adjusted qualifying dis		Net value of no	ncha	ritable-use asset			vided by col. (c))
	2009		2,650.			952,53			.023779
	2008		0,964.			266,32			.078715
	2007	1	3,124.			90,02			.145788
_	2006		6,981.			86,75			.080471
	2005		4,268.	<u> </u>		72,18	3.		.059127
	Total of line 1, column (d)						2		.387880
	Average distribution ratio for the 5-yea the foundation has been in existence if		on line 2 by 5,	or by the number	of ye	ears	3		.077576
4	Enter the net value of noncharitable-us	e assets for 2010 from Part X,	line 5				4		880,922.
5	Multiply line 4 by line 3						5		68,338.
6	Enter 1% of net investment income (19	% of Part I, line 27b)					6		667.
7	Add lines 5 and 6						7		69,005.
8	Enter qualifying distributions from Part	XII, line 4					8		52,871.
	If line 8 is equal to or greater than line	7, check the box in Part VI, line	e 1b, and comp	plete that part usi	ng a 1	i% tax rate.			

	990-PF (2010) JOYCE JAY RAYMOND FOUNDATION, INC 20-027			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1,3	<u>35.</u>
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		1,3	<u>35.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,3	<u>35.</u>
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,000.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		1,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			2.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8 9		3	37.
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 ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities	,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$		- 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
_	If "Yes," attach a detailed description of the activities		j	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, formulation, discolution, or substitution during the user?	4b		-
Ü	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
Ü	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?		x	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	$\hat{\mathbf{x}}$	
•	If "Yes," complete Part II, col. (c), and Part XV		^	
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE			
70	TIONI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
•	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 9	86		x
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)? If "Yes," complete Part XIV	9		<u>x</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		m 990	-PF (

Form 990-PF (2010) JOYCE JAY RAYMOND FOUNDATE Part VII-B Statements Regarding Activities for Which		Required (control	20-02793	84 Page 6
5a. During the year did the foundation pay or incur any amount to:	Tom 4720 May Be	riequirea (contin	lueu)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?		es X No	
(2) Influence the outcome of any specific public election (see section 4955);				
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizati	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instr	•		N/A!	5b
Organizations relying on a current notice regarding disaster assistance check	here		▶∟	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined		
expenditure responsibility for the grant?	ľ	I/A ∐ Yo	es No	
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1 1
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	Sb X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es 🗶 No 📙	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	anagers, Highly	y	
Paid Employees, and Contractors		-		
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evpança
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOYCE J RAYMOND	PRESIDENT			
2400 MEDINA WAY				
WEST PALM BEACH, FL 33401	0.00	0.	0.	0.
LYDIA W ADELFIO	_VICE PRESIDEN	1/I		
222 LAKEVIEW AVENUE SUITE 40				
WEST PALM BEACH, FL 33401	0.00	0.	0.	0.
PATRICIA M HAYES	SECRETARY			
222 LAKEVIEW AVENUE SUITE 40				
WEST PALM BEACH, FL 33401	0.00	0.	0.	<u> </u>
JOHN J. RAYMOND, JR.	DIRECTOR			
2400 MEDINA WAY				
WEST PALM BEACH, FL 33401	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	1-1 France
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			-	
	4			
				
	4			
	-			
Total number of other employees paid over \$50,000	<u> </u>			
- Case			Form 9	990-PF (2010)
				` '/

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Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)	n Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	ınformation such as the d, etc.	Expenses
THE FOUNDATION IS A NONOPERATING (DISTRIBUTING	S) EXEMPT	
FOUNDATION. ITS SOLE ACTIVITY IS MAKING CONTRI		
SECTION 501(C)(3) ORGANIZATIONS.		0.
2		
B		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
Fatal Add lines 1 through 0		

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· <u>-</u> -
-	Average monthly fair market value of securities	1a	832,766.
b		1b	61,571.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	894,337.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
•	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	894,337.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,415.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	880,922.
6	Minimum investment return. Enter 5% of line 5	6	44,046.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	44,046.
2a	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.)		
C	Add lines 2a and 2b	2c	1,335.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,711.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	42,711.
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	42,711.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	52,871.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	, (3a	
b	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	52,871.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	i	•
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,871.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				42,711.
line 7				44,/11.
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:		<u> </u>		
a From 2005				
b From 2006 1,220.				
c From 2007 9,630.				
d From 2008 7,750.				
e From 2009				
f Total of lines 3a through e	18,600.			
4 Qualifying distributions for 2010 from	20,0001			· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ►\$ 52,871.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				42,711.
e Remaining amount distributed out of corpus	10,160.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	28,760.			
b Prior years' undistributed income. Subtract	20,700.			
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.	00 760			
Subtract lines 7 and 8 from line 6a	28,760.			
10 Analysis of line 9:				
a Excess from 2006 1,220. b Excess from 2007 9,630.				
b Excess from 2007 9,630. c Excess from 2008 7,750.				
d Excess from 2009				
e Excess from 2010 10,160.				
C 2,00033 II OIII 20 IO 1				Form 990-PF (2010)

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	AY RAYMOND		INC		179384 Page 10
Part XIV Private Operating F			A, question 9)	<u> N/A</u>	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for	•	=	· ▶└─	14040440	0.404.4453
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2000	Prior 3 years	(4) 2007	(a) Tatal
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					ļ
 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		 	<u> </u>		
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		·			
(3) Largest amount of support from					
an exempt organization					<u></u>
(4) Gross investment income	L				<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	ne year-see the	instructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			ributions received by th	e foundation before the clo	ose of any tax
year (but only if they have contributed of	nore than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh			or an equally large port	tion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	SI.			
NONE		=			
2 Information Regarding Contribut			_		
Check here ► X if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions, o	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should t	e submitted and informa	ition and materials they sl	nould include:		
				· · · · · · · · · · · · · · · · · · ·	
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	r other factors:	
023801 12-07-10					Form 990-PF (2010)

023611 12-07-10

Form **990-PF** (2010)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SEE STATEMENT 12 52,871. **▶** 3a Total **b** Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Fatar angle amounts upless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	Code		COGE	-	
ab	-				
c	-		 		
d	1 1	 - · · ·	1		
e		·	 		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	i i				
3 Interest on savings and temporary cash					
investments			14	21,855.	
4 Dividends and interest from securities			14	21,855. 14,136.	
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					30,753.
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	<u> </u>		·
11 Other revenue:					
a					
b		. <u> </u>			
c	_				
d			 		
e	_		 		
12 Subtotal. Add columns (b), (d), and (e)		0.		35,991.	30,753. 66,744.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.				13	66,744.
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in	column (e) of Part XVI-A		<u>.</u>	olishment of
8 SALE OF MARKETABLE SE			CHAR	ITABLE CONTE	RIBUTIONS.
					
	·				
		<u> </u>			
		 		 	
02362 1 12-07-10					Form 990-PF (2010)

	<u> </u>	Exompt Organi	Lationio					. , , , ,		
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No	
		•			?7, relating to political organ	ızatıons?				
a		from the reporting founda	ation to a nonchari	table exempt or	ganization of:					
	(1) Cash							1a(1)		X
	(2) Other	r assets						1a(2)		<u>X</u>
þ	Other tran									
		s of assets to a noncharitat						1b(1)		<u>X</u>
	` '	hases of assets from a nor	•	t organization				1b(2)		X
	• •	al of facilities, equipment, o						1b(3)		X
	• •	bursement arrangements						1b(4)		X
	• •	s or loan guarantees						1b(5)		X
		ormance of services or mei	•	•				1b(6)		X
	•	of facilities, equipment, mai	•	• •	• •			1c		X
d				=	dule. Column (b) should alv	-	-		ets,	
					ed less than fair market valu	e in any transaction	or sharing arrangei	ment, show in		
		d) the value of the goods, o				-T				
a)L	ine no	(b) Amount involved	(c) Name		e exempt organization	(0) Description	of transfers, transaction	ns, and sharing arr	angeme	nts
		-		N/A						
						_				
										
						+				
						<u> </u>			•	
								•		
							-			
2a	Is the fou	ndation directly or indirect	tly affiliated with, o	r related to, one	or more tax-exempt organi	zations described				
	in section	501(c) of the Code (other	r than section 501((c)(3)) or in sect	tion 527?			Yes	X] No
b	If "Yes," c	omplete the following sche	edule.							
		(a) Name of org	anization		(b) Type of organization	(c) Description of re	lationship		
		N/A						,		
_		 								
		 								
	115-4	or sonalton of normini delicalana	a that I have	this cotum in alice	ing accompanying schedules and	d statements and to ""	hoot of multi-scale d	and bolist it is to	:	
c:	and				ased on all information of which i			and belief, it is tru	ie, corre	Ct,
H	gn 🖺	Vii.e. V	· Koma	- 0	1 11 1.1	/,, , (tres			
•••		Signature of officer or tru	ictor.	in	Date	'''	ıtle			
		Print/Type preparer's na	ame	Preparer's s				PTIN		
		. Time 13 ho higherer a lie		The state of the s	201		self- employed			
Pa	iid	ANTHONY C.	CARIICO	(end	Bluis	09/28/11	on pioyou	P00277	036	
	eparer	Firm's name ► CAR		COMPANY		U 9 / 4 0 / I I	Firm's EIN ▶ 6			
	e Only		CDA AUD		y IR, CIR		Tamacin P 0.	5 02200	J 0	
_ •		Firm's address ▶ 62	9 E. HTT.	LSBORO	BLVD.					
		1	ERFIELD		FL 33441		Phone no. 9	54-571-	202	0
							. ر ۱۱۵۰۰ ۱۱۵۰۰ ۱۱۵۰	Form 990		
									(/

023622 04-26-11

Part IV Capital Gains and Los									
(a) List and	describe the kind(s) of property solick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)					
1a COOPER INDS PLO	C SHS		P	05/12/1007/01/10					
b TRANSOCEAN LTD	ZU NAMEN		P	10/13/0904/29/10					
c AGILENT TECHNO	LOGIES INC		P	10/13/0911/12/10					
d ALLIANT TECHSY	rems inc		P	10/13/0901/28/10					
e CBS CORP			P	10/13/0911/05/10					
f CATERPILLAR INC	C		P	07/09/1011/04/10					
g CONVERGYS CORP			P	10/13/0911/09/10					
h CYTEC INDS INC			P	10/13/0904/09/10					
DEERE & CO			P	10/13/0901/11/10					
DOW CHEM CO			P	10/13/0905/25/10					
k ENTERGY CORP			P	10/13/0907/01/10					
+ ENTERGY MISSIS:	SIPPI INC		P	10/13/0905/14/10					
m EXELON GENERAT			P	10/13/0909/17/10					
n HEALTH MANAGEM	ENT ASSOCIATES I	P	02/11/1003/22/10						
o ILLINOIS TOOL V	WORKS INC		P	10/13/0904/26/10					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		ı) Gain or (loss) plus (f) minus (g)					
a 10,947.		12,488.		<1,541.>					
b 6,959.		7,700.		<741. >					
c 10,545.		8,012.		2,533.					
d 8,555.		7,990.		565.					
e 49,250.		44,175.		5,075.					
f 15,495.		11,954.		3,541.					
g 9,086.		8,025.		1,061.					
h 11,630.		8,021.		3,609.					
11,200.		8,003.		3,197.					
10,585.		12,161.		<1,576.>					
k 10,228.		11,367.		<u> </u>					
1 43,050.		44,065.		<u> </u>					
m 16,428.		15,986.		442.					
n 9,933.		7,697.		2,236.					
0 13,448.		11,409.		2,039.					
Complete only for assets showin	g gain in column (h) and owned by t			sses (from col. (h))					
(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		of col. (h) gain over col. (k), not less than "-0-")					
<u>a</u>				<u> <1,541.</u> >					
b				<u> </u>					
C				2,533.					
d				565.					
<u>e</u>				5,075.					
f				3,541.					
9				1,061.					
h				3,609.					
<u> </u>				3,197.					
				<u><1,576.</u> >					
<u>k</u>				<u><1,139.</u> >					
<u> </u>				<u><1,015.</u> >					
<u>m</u>				442.					
n				2,236.					
0			- 	2,039.					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter *-0	ın Part I, line 7 -" ın Part I, line 7	2						
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		d (6):	3						

JOYCE JAY RAYMOND FOUNDATION, 20-0279384 **PAGE** INC Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a JP MORGAN CHASE & CO 10/13/0901/27/10 P P 10/13/0910/27/10 b KIMBERLY CLARK CORP <u> 10/13/0901/14/10</u> c NETSUITE INC P P d PACKAGING CORP AMER 10/13/0904/23/10 e PFIZER INC P <u> 10/13/09|04/01/10</u> P f PFIZER INC 10/13/09|07/01/10 g PINNACLE WEST CAP CORP P 10/13/0910/15/10 h REGENERON PHARMCEUITICALS P 10/13/09|01/05/10 I SIMON PPTY GROUP P 10/13/0909/17/10 UNITED TECHNOLOGIES CORP P |05/12/10|05/25/10 10/13/0904/30/10 k WASTE MANAGEMENT INC P -1 m п 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 9,461 <1,949.> 11,410 12,181. 11,442. 739. b 9,142. 8,001. 1,141. C 14.084. 11,427. 2,657. d 748. 2,861. 2,113. е f 10,388. 9,321 1,067. 14,345. 2,898. 11,447. g 12,005. 3,992. 8,013. h 11,378. 453. 10,925. 10,884. 12,441 <1,557.> 13,698. k 11,420 2,278. 1 m 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) (j) Adjusted basis Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any <1,949.> а 739. b C 1,141. 2,657. d 748. е 1,067. f 2,898. g h 3,992. **453.** <1,557.> 2,278. 1 m n

Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

0

2

<u>30,753.</u>

N/A

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	SH IN	IVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BB&T BANK PERSHING					21,8	14. 41.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			21,8	55.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
PERSHING		14,136.	-	. 0.	14,1	36.
TOTAL TO FM 990-PF, PART I, L	N 4	14,136. 0.		0.	14,136.	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2,660.		0.		 •	0.
TO FORM 990-PF, PG 1, LN 16B	2,660.		0.			0.
FORM 990-PF	TAX	ES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
FEDERAL EXCISE TAX	354.		0.			0.
TO FORM 990-PF, PG 1, LN 18	354.		0.			0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK AND BROKERAGE CHARGES EVENT FEES ADVISORY FEES	20. 8,295. 8,846.		0. 0. 0.			0.
TO FORM 990-PF, PG 1, LN 23	17,161.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	Т
CORPORATE STOCK				584,453.	641,4	90.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B			584,453.	641,4	90.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
CORPORATE BONDS				145,811.	146,9	10.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C			145,811.	146,9	10.
FORM 990-PF INT	TEREST AND P	ENALTIES			STATEMENT	8
TAX DUE FROM FORM 990-PF, PAUNDERPAYMENT PENALTY LATE PAYMENT INTEREST LATE PAYMENT PENALTY TOTAL AMOUNT DUE	ART VI					35. 2. 7. 10.

FORM 990-PF	EXPLANATION	CONCERNING	PART '	VII-A,	LINE	8B	STATEMENT	9

EXPLANATION

THE STATE OF FLORIDA DOES NOT REQUIRE THE FILING OF FORM 990-PF. THE ONLY REQUIREMENT IS THE FILING OF AN ANNUAL CORPORATE REPORT.

FORM 990-PF	LATE 1	LATE PAYMENT PENALTY			STATEMENT		
DESCRIPTION	DATE	AMOUNT	BALAN	CE M	ONTHS	PENAL	TY
TAX DUE DATE FILED	05/15/11 11/15/11	3	35.	335. 335.	6		10.
TOTAL LATE PAYMENT PENALT	Ĭ.						10.
FORM 990-PF	LATE	PAYMENT IN	TEREST		STAT	EMENT	11
-		PAYMENT IN	TEREST BALANCE	RATE	STAT	EMENT	
DESCRIPTION DATE TAX DUE 05/2				RATE .0400	DAYS		

STATEMENT 12

FORM 990-PF

			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CHARITY OF WEST PALM BEACH P.O. BOX 2529 PALM BEACH, FL 33480	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	250.
FRIENDS OF HOLLY HILL 236 JERUSALEM ROAD COHASSET, MA 02025	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	5,000.
OPPORTUNITY, INC. 1713 QUAIL DRIVE WEST PALM BEACH, FL 33409	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	125.
ST. PATRICK SENIOR CENTER 58 PARSONS STREET DETROIT, MI 48201	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	1,500.
ST. VINCENT MISSION P.O. BOX 232 DAVID, KY 41616	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	1,000.
DUNN FAMILY FOUNDATION 8150 OLD THIRTEEN MILE RD #110 WARREN, MI 48093	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	20,996.
RENEE KESSLER 263 VALENCIA ROAD WEST PALM BEACH, FL 33401	NONE FURTHER EDUCATIONAL PURPOSES	SCHOLARSHI RECIPIENT	1,500.
MERCY EDUCATION PROJECT 1450 HOWARD STREET DETROIT, MI 48216	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	2,000.

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

JOYCE JAY RAYMOND FOUNDATION,	INC	:	20-0279384
ST. DOMINIC OUTREACH 4835 LINCOLN DETROIT, MI 48208	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	3,000.
SIDWELL FRIENDS SCHOOL 3825 WISCONSIN AVENUE NW WASHINGTON, DC 20016	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	2,000.
KILDONAN SCHOOL 425 MORSE HILL ROAD AMENIA, NY 12501	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	1,000.
ROTARY CLUB OF SWAMPSCOTT P.O. BOX 36 SWAMPSCOTT, MA 01907	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	14,000.
HOLY NAME CHURCH 630 HARMON STREET BIRMINGHAM, MI 48009	NONE FURTHER EDUCATIONAL PURPOSES	NONPROFIT 501(C)(3)	500.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		52,871.

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

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box		•	▶ LXJ
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of th	ıs form).		
Do not c	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously	filed Fo	rm 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time	to file (6 months for a co	rporation
equired	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file	Form 8	868 to request ar	extension
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tr	ansfers .	Associated With	Certain
^p ersonal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details or	the elec	ctronic filing of the	s form,
visit www	virs gov/efile and click on e-file for Charities & Nonprofits	3				
Part I	Automatic 3-Month Extension of Time	∋. Only su	bmit original (no copies needed).			
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and co	mplete		
art I on	ly .					▶ □
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request	an exter	nsion of time	
Type or	Name of exempt organization	Employer identification		on number		
print File by the	JOYCE JAY RAYMOND FOUNDATION		NC	2	0-027938	1
due date for filing your return See	Number, street, and room or suite no. If a P O. box, s 2400 MEDINA WAY	ee instruc	tions.			
instructions	City, town or post office, state, and ZIP code. For a few WEST PALM BEACH, FL 33401	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			. 04
Applicat	ion	Return	Application		· · · · · · · · · · · · · · · · · · ·	Return
ls For		Code	Is For			Code
Form 990	0	01	Form 990-T (corporation)			07
Form 990	0-BL	02	Form 1041-A			80
Form 990	0-EZ	03	Form 4720			09
Form 990	0-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99(0-T (trust other than above)	06	Form 8870			12
Telep	JOYCE JAY RAYMO ooks are in the care of ► 2400 MEDINA WAY hone No. ► (561) 274-4431 organization does not have an office or place of busines	Y, WES	FAX No.	33	401	→ □
	is for a Group Return, enter the organization's four digit			this is fo	r the whole arour	check this
box 🕨	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation	required t		ntıl		
is f	for the organization's return for:	t Organiza	tion retains for the organization named	above.	THE EXTERISION	
	X calendar year 2010 or					
	tax year beginning	20	d anding			
	Lax year beginning	' all			<u> </u>	
2 If t	he tax year entered in line 1 is for less than 12 months, one of the control of t	heck reas	on 🔲 Initial return 🔲 Fi	nal retur	'n	
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nrefundable credits See instructions.			3a	\$	<u> </u>
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	retundable credits and		1	
es'						_
	timated tax payments made. Include any prior year overp			3b	\$	0.
c Ba		yment wit	h this form, if required,	3b 3c	\$	0.

LHA For Paperwork Reduction Act Notice, see Instructions.

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				8868.	
• If you are filing for an Automatic 3-Month Extension, complet					
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the original (no c	opies i	needed).	
Name of exempt organization			Emp	loyer identification	number
Type or THE IRVIN L. SIEGEL FAMILY B	COUND	ATION,			
inc.			6	<u>5-0720851</u>	
File by the extended Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.			
due date for filing your 11430 STRAND DRIVE, NO. 415					
return See City, town or post office, state, and ZIP code. For a fo	oreign add	fress, see instructions.			
ROCKVILLE, MD 20852					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	Return	Application			Return
Is 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			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
STOP! Do not complete Part II if you were not already granted					
CARUSO AND COME	PANY,	C.P.A., P.A 629	EAS	T HILLSBOR	0
• The books are in the care of ▶ BOULEVARD, DEER	RFIEL	D BEACH, FL - 33441			
Telephone No. ► <u>954-571-2020</u>		FAX No. ▶			
• If the organization does not have an office or place of business	s in the Ur	nited States, check this box		•	
• If this is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) If the	ıs ıs fo	r the whole group, ch	eck this
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.
4 I request an additional 3-month extension of time until	10VEM	BER 15, 2011.			
5 For calendar year 2010 , or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	etum	
Change in accounting period					
7 State in detail why you need the extension					
INFORMATION NEEDED TO PREPARE	A CO	MPLETE AND ACCURATE	RET	URN HAS NO	<u>r</u>
BEEN RECEIVED.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			_
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.
		d Verification			
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 accom	panying schedules and statements, and to th	e best o	of my knowledge and be	lief,
			_		
Signature Title			Date	<u> </u>	

Form 8868 (Rev. 1-2011)