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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2010

OMB No 1545-0052

For (calen	idar year 2010, or tax year beginnin	g			, and e	ending					
G C	Check	all that apply Initial retu	ırn		Initial return of a fo	rmer public	· · ·	Final return	1			
_		Amended	return		Address chang	ge		Name change				
Nar	ne of	foundation						A Employer identification number				
<u> </u>		PAPINEAU FAMIL						20-8115584				
Nun	nber a	and street (or P O box number if mail is not					Room/suite	B Telephone number				
_		4661 BLACK STU	MP I	ROAD				757-496-07				
City	or to	own, state, and ZIP code	. .					C If exemption application is p				
L		WEEMS, VA 225						D 1 Foreign organizations	s, check here			
H_C	_	-· -			kempt private foundation			Foreign organizations me check here and attach co	emputation			
느		ction 4947(a)(1) nonexempt charitab			Other taxable private founda			E If private foundation sta				
		arket value of all assets at end of year	JA	_	ng method: X Cash	Acc	rual	under section 507(b)(1)	(A), check here			
		Part II, col (c), line 16)	/Pari		ther (specify) mn (d) must be on cash b	hacie I		F If the foundation is in a				
Do	ırt I			i, coiu				under section 507(b)(1)	1			
ГС	11 L I	(The total of amounts in columns (b), (c), a necessarily equal the amounts in column	and (d) m	ay not	(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes			
					oxponese per seeme			N/A	(cash basis only)			
	1	Contributions, gifts, grants, etc., rec		Sch B				II/A				
ينيو	3	Interest on savings and temporary	o to attablil i	oen D	17,764.	1	7,764.		STATEMENT 1			
2011	4	cash investments Dividends and interest from securiting	00		19,137.	<u>_</u> 1	19,137.		STATEMENT 2			
ري در	1	Gross rents	53		17,137.		<u> </u>		DIALEMENT Z			
		Net rental income or (loss)			1							
	۱.	Net gain or (loss) from sale of assets not or	n line 10		3,420.	4. 3 3	98					
DCANNED WILL V	h	Gross sales price for all assets on line 6a	ir iiire 10		3/1201	773 .						
	7	Capital gain net income (from Part IV line)	2)				3,420.	44	7, 1			
T,	8	Net short-term capital gain	-,		*		3,1200	383				
Z	9	Income modifications			***	8	ert at 20 more					
$\frac{1}{2}$	10a	Gross sales less returns and allowances				N 879)* * ; (
Ž	Ι.	Less Cost of goods sold										
13	ı	Gross profit or (loss)				+,						
	11	<u>.</u>					· · · · · · · · · · · · · · · · · · ·					
	12	Total Add lines 1 through 11			40,321.	4	10,321.					
	13	Compensation of officers, directors, truste	es, etc		0.		0.		0.			
	14	Other employee salaries and wages						RE				
	15	Pension plans, employee benefits							000			
enses	16a	Legal fees						NOV 01	2011 9			
en	b	Accounting fees S'	\mathbf{TMT}	3	1,300.		0.	10 10 0 -	8 0.			
Exp	C	Other professional fees						L L	LIT			
Νe	17	Interest						OGDEN	01			
and Administrative	18		TMT	4	1,085.		0.	,	0.			
nis	19	Depreciation and depletion										
퍨	20	Occupancy										
Ă	21	Travel, conferences, and meetings										
aŭ	22	Printing and publications										
Ing	23	Other expenses										
rat	24	Total operating and administrative					_					
Operating		expenses. Add lines 13 through 23			2,385. 189,370.		0.		0.			
_	25	Contributions, gifts, grants paid			189,370.				189,370.			
	26	Total expenses and disbursements	3		101 755		^		100 370			
-	-	Add lines 24 and 25			191,755.		0.		189,370.			
	l	Subtract line 26 from line 12			151 424							
	Ι.	Excess of revenue over expenses and dist		nts	<151,434.		10 221					
	l	Net investment income (if negative, e					10,321.	NT / 7				
	<u>, c</u>	Adjusted net income (if negative, ente	r -U-)					N/A	I			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,601,010.
2	Enter amount from Part I, line 27a	2	<151,434.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,449,576.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,449,576.

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				(b) I	How ac - Purcl - Dona	quired (hase ition (c) Date a (mo , da	acquired ay, yr)	(d) Date sold (mo., day, yr.)
12 GOLDMAN SACHS										
b										
C										
d					-					
_e		. "			 					<u> </u>
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	(g)
<u>a</u>	 		ļ							3,42
<u> </u>			ļ		-	_				
<u>C</u>										
<u>d</u>							<u> </u>			
Complete only for assets show	no oain in	column (h) and owned by	the foundation	on 12/31/60			/IX /	Coupe (C	al (b) gain	minue
Complete drily for assets shown	7								ol. (h) gain ot less tha	
(i) F.M V as of 12/31/69	'	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		col. (k), but not less than -0-) or Losses (from col. (h))				
				(,,,						3,42
<u>а</u> b										3,42
C				,,						
d										
e									-	
		C 16 anni alan anta	n on David Lines	7	<u> </u>					
2 Capital gain net income or (net c	anital loss	If gain, also ente If (loss), enter -0	r in Part I, line	/ 7	- }	2				3,42
, ,		`		,	7			_		3,12
Net short-term capital gain or (Ic If gain, also enter in Part I, line 8			na (6):		ור					
If (loss), enter -0- in Part I, line 8		٥).			- P	3			N/A	
		ection 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me		
Was the foundation liable for the se	alify under	section 4940(e). Do not co	omplete this pa	rt.						Yes X
1 Enter the appropriate amount in	each colui		uctions before	making any entri				1		(d)
(a) Base period years	,	(b) Adjusted qualifying dis	etributions	Net value of no	(c)		uca accate		Distril	(d) outlon ratio
Calendar year (or tax year beginn	ing in)			Net value of the					(cor (b) an	vided by col (c))
2009			57,264. 34,277.				6,837.	1		.0422
2008			5,667.				4,005. 2,650.			.0684
2007			0.				0,000.			.0004
2005			0.			, , ,	0,000.	•		.0000
2000							*	†		
2 Total of line 1, column (d)								2		.2481
3 Average distribution ratio for the	5-vear has	se period - divide the total	on line 2 by 5	or by the number	r of ve	ears				.2401
the foundation has been in exist	•	•	on mic 2 by 0,	or by the number	0, 90	Juis		3		.0620
the restriction has been in exist	01100 11 1000	than o youro								
4 Enter the net value of noncharita	ıble-use as	sets for 2010 from Part X,	line 5					4		1,461,12
5 Multiply line 4 by line 3								5		90,63
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		40
7 Add lines 5 and 6								7		91,03
8 Enter qualifying distributions fro	m Part XII,	line 4						8		189,37
If line 8 is equal to or greater tha See the Part VI instructions.	ın lıne 7, ch	neck the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 1	% tax i	rate.			

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·Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ii	ารtru	ction	າຮ <u>)</u>
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			4	03.
	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-)	2				0.
3	Add lines 1 and 2	3			4	03.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			4	03.
6	Credits/Payments					
а	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
d	1 Backup withholding erroneously withheld 6d		İ			
7		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8	9	<u> </u>		4	03.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11						
,	art VII-A Statements Regarding Activities	1	L			
<u> </u>	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	ne in			Yes	No
	any political campaign?	,,,,,		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	2		1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis			,		₹ ₹,
	distributed by the foundation in connection with the activities	ned or				
c	Did the foundation file Form 1120-POL for this year?			1c		x
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
).		10.5	1/4	*
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				,	
·	managers > \$ 0.					>.**
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
-	If "Yes," attach a detailed description of the activities					
3		n or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	., 0.		3		x
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
			,	5		X
	If "Yes," attach the statement required by General Instruction T			-	٠	32
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	tate law			٠	
	remain in the governing instrument?			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col. (c), and Part XV					
82	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
~ "	VA					
ь	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for 0	alendar		UD	- 23	
J	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	, aio i iuai		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	9	10	X	 ^^ -
	1 res, attach a scriedule ilsting their harries and addresses	_ ~^^				

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)		
• 5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,			
any voter registration drive?	Ye	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			Ī
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru	· ·		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53 494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	' '				
a personal benefit contract?	paj promisino on	∏ v₄	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		1	6b	x
If "Yes" to 6b, file Form 8870	ordenar bonom doma dot			-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16		7b	_
Information About Officers Discotors Tweet		magers Highly		10	
Part VIII Paid Employees, and Contractors	ees, i oundation wa	magers, riiging	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				-
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accc all	ount, other owances
JAMES C. PAPINEAU	PRESIDENT/DIR	,	compensation	411	
2813 OCEAN MIST COURT					
VIRGINIA BEACH, VA 23454	0.25	0.	0.		0.
	SECRETARY/DIR				
2813 OCEAN MIST COURT					
VIRGINIA BEACH, VA 23454	0.25	0.	0.		0.
	DIRECTOR	•	•		
2813 OCEAN MIST COURT	DIRECTOR				
VIRGINIA BEACH, VA 23454	0.25	0.	0.		0.
VINGINIA DEACH, VA 25454	0.23	 	·		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	I	I	
	(b) Title, and average		(d) Contributions to	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	l acco	ount, other owances
NONE	devoted to position	<u> </u>	compensation	u.i	<u> </u>
110112					
					
		 			
				 	.
Total number of other employees paid over \$50,000	l			L	0

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		8115584Page /
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	T	
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 stati		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	ouced, etc.	,
1 <u>N/A</u>		
2		
3	·	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

Ρ	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,334,312.
b	Average of monthly cash balances	1b	1,334,312. 149,065.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,483,377.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,483,377.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22,251.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,461,126.
6	Minimum investment return Enter 5% of line 5	6	73,056.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	73,056.
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	403.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	403. 72,653.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	72,653.
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	72,653.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	. 22	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	189,370.
b	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:	1KŠ	
a	Suitability test (prior IRS approval required)	3a	<u> </u>
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	189,370.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	403.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	188,967.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies (for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·			(1)	
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	·	·		
line 7				72,653.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years'				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005		•		
b From 2006				
c From 2007 27, 168.				
d From 2008 150,663.				
e From 2009	455 004			
f Total of lines 3a through e	177,831.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 189,370.		44.0	0.	
a Applied to 2009, but not more than line 2a		***	U •	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>	<u> </u>	
c Treated as distributions out of corpus	0.	· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions) d Applied to 2010 distributable amount	<u>_</u>		<i>A</i>	72,653.
e Remaining amount distributed out of corpus	116,717.	*	2	72,033.
5 Excess distributions carryover applied to 2010	0.		***************************************	0.
(If an amount appears in column (d), the same amount				*
must be shown in column (a)) 6 Enter the net total of each column as	· 🥻 🕯	***	***	
indicated below:	``	*	× **	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	294,548.	**** ***		
b Prior years' undistributed income. Subtract	.74		*,'.	
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		4,77, , ,,		
4a from line 2a. Taxable amount - see instr.		λ	0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must	·			0.
be distributed in 2011		<u> </u>	-	· ·
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a	294,548.			
10 Analysis of line 9:	251/510:			
a Excess from 2006				
b Excess from 2007 27,168.				
c Excess from 2008 150,663.	-		-	
d Excess from 2009				
e Excess from 2010 116,717.				
				Form 000-PF (2010)

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Part XIV Private Operating F	N/A				
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating		-	
foundation, and the ruling is effective fo	r 2010, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ig foundation described i	n section	4942(J)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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				-	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				<u> </u>	
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			Ì		
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during		instructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed i	11016 than \$5,000). (566 S	ection 507(u)(2).)			
JAMES C. PAPINEAU					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a pa	rtnership or
	is a 1076 of greater liftere.	J.,			
NONE					
2 Information Regarding Contribut					
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	asts for funds. If
				Uniplete items za, b, c, and	<u> </u>
a The name, address, and telephone num	iber of the person to who	m applications should be	addressed:		
b The form in which applications should l	 oe submitted and informa	tion and materials they st	nould include		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors	

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year	or šubstantial contributor	recipient						
SEE STATEMENT 12			<u> </u>	100 270				
Total b Approved for future payment			▶ 3a	189,370.				
NONE								
Total			▶ 3h	0.				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded t	py section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Autount	Tanodon moonio
a b			-		· · ·
C	1				
d	1 1				
e	l i				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash				17 764	
Investments			14	17,764. 19,137.	
4 Dividends and interest from securities			14	19,13/.	· · · · · · · · · · · · · · · · · · ·
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			14	3,420.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				<u> </u>
b	_				
C					
d	_		 		
e	_	0.		40,321.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>	0.	<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)	١			13	40,521.
Part XVI-B Relationship of Activities	s to the Accor	nplishment of E	xempt P	urposes	
Line No Explain below how each activity for which in			A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing fund	ls for such purposes).			
					
					
					

01111 990-			EWO LWMII						113364		ige 13
Part X	VII			nsters to a	and Transactions	and	Relations	ships With Non	charitable	е	
		Exempt Organ								N 1	NI.
	-	·			ng with any other organiza			ction 501(c) of		Yes	NO
	•				27, relating to political org	janizatio	ons?				
		rom the reporting founda	ation to a noncharite	able exempt or	ganization of.						37
	Cash								1a(1)		X
		assets							1a(2)	 	X
-		eactions:									37
٠,		of assets to a noncharital							1b(1)		X
٠,		ases of assets from a noi	·	organization					1b(2)	 	X
		of facilities, equipment,							1b(3)		X
		ursement arrangements							1b(4)		X
		or loan guarantees		1 1.1.					1b(5)		X
٠,		mance of services or me	•	-					1b(6)		X
	-	facilities, equipment, ma			•				<u>1c</u>		_X_
					edule. Column (b) should					seis,	
					ed less than fair market v	alue in	any transaction	on or snaring arrangen	nent, snow in		
		the value of the goods, (b) Amount involved	, 				(d) p				
a) Line no	+-'	(b) Amount involved	(c) Name o		e exempt organization		(u) Description	on of transfers, transaction	is, and snaring a	rangeme	ints
				N/A							
	1									·	
	 						· · · · · ·	· · · · · · · · · · · · · · · · · · ·			
						_					
	+										
	 	******								-	
	╁				·						
	+										
	-	· ·	-								
	-		-								
	+	,									
	-										
2a le th	e foun	dation directly or indirect	tly affiliated with or	related to one	or more tax-exempt orga	anızatıc	ns described				
		501(c) of the Code (other	-			umzum	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X	No
		mplete the following sch	•	0)(0)) 0 000							
	00, 00	(a) Name of org			(b) Type of organizatio	п		(c) Description of rel	ationship		
		N/A	·		, , , , , , , , , , , , , , , , , , ,			` i · · ·	·		
									•		
					ling accompanying schedules				and belief, it is t	rue, corre	ect,
Sign	and c	omplete Declaration of prepa	irer (other than taxpaye	er or fiduciary) is b	based on all information of whi	ich prepa	arer has any kno	wledge			
Here	1	7 Harres			ot	24. 2	201/ N F	RESIDENT			
		Signature of officer or tru	ıstee		Date			Title			
		Print/Type preparer's na	ame	Preparer's s	apnature	Da	te /	Check ıf	PTIN	•	-
				$\perp \Delta /$			x/(2/	self- employed			
Paid		BARBARA S	MITH	1/			11 116				
Prepa	rer	Firm's name ► CHE		AÉRT &	HOLLAND, L.	L.F	•	Firm's EIN ▶			
Use C	nly		<u>-</u>								
		Firm's address > 2.2	2 CENTRA	I. PARK	AVENUE SUIT	TTE	1400				

VIRGINIA BEACH, VA 23462

Phone no.

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

20-8115584 PAPINEAU FAMILY FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of or	ganization	Emplo	yer identification number
PAPIN	EAU FAMILY FOUNDATION	2	0-8115584
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JIM PAPINEAU		Person X Payroll
	2813 OCEAN MIST COURT VIRGINIA BEACH, VA 23454	\$	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there
			is a noncash contribution

of Part II

Name of organization

Employer identification number

PAPINEAU FAMILY FOUNDATION

20-8115584

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
art i			
		\$	
(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	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	990, 990-EZ, or 990-PF)

Schedule B (For	rm 990, 990-EZ, or 990-PF) (2010)		Page of of Part III				
Name of orga	anization		Employer identification number				
PAPINE Part III	more than \$1,000 for the year. Complete	columns (a) through (e) and the	20-8115584 n 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing				
	Part III, enter the total of exclusively religion \$1,000 or less for the year (Enter this info						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee 3 manie, address, at	MZIF T T	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

9

NAME OF CONTRIBUTOR

JAMES C. PAPINEAU

ADDRESS

2813 OCEAN MIST COURT VIRGINIA BEACH, VA 23454

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
GOLDMAN SACHS CORE FIXED INC A	COST		
MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL	COST	376,580.	392,649.
FUND CLASS A	COST	47,404.	47,623.
GOLDMAN SACHS STRATEGIC GROWTH	COST		2.,020
CLASS A		215,269.	203,409.
GOLDMAN SACHS LARGE CAP VALUE CLASS A	COST	219,505.	188,944.
GS STRUCTURED SMALL CAP EQUITY	COST	219,303.	100,944.
CLASS A		38,769.	42,698.
GOLDMAN SACHS REAL ESTATE CLASS A	COST	24,003.	19,527.
GS STRUCTURED INTL EQUITY CLASS A	COST	140,670.	107,701.
GOLDMAN SACHS EMERGING MARKETS	COST		
EQUITY CLASS A		36,719.	30,337.
GOLDMAN SACHS INTL REAL ESTATE SECS	COST		
FUND CL A		25,281.	16,664.
ADJUSTMENT	COST	<134,480.>	0.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	989,720.	1,049,552.
	=		

FORM 990-PF INTEREST ON SAVI	NGS AI	ND TEM	PORARY CA	ASH IN	TVESTMENTS	STATEMENT	
SOURCE						AMOUNT	
INVESTMENT ACCOUNTS					•	17,7	64.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A		:	17,7	64.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE		GROSS	TNUOMA		TAL GAINS	COLUMN (A AMOUNT)
RAYMOND JAMES	_	,	19,137.		0.	19,1	37.
TOTAL TO FM 990-PF, PART I, L	,N 4 =	-:	19,137.		0.	19,1	37.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,300.		0.			0.
TO FORM 990-PF, PG 1, LN 16B		1,300.		0.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE		(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
UNITED STATES TREASURY		1,085.	 	0.			0.
TO FORM 990-PF, PG 1, LN 18		1,085.		0.			0.

FORM 990-PF U.S. AND STATE/C	CITY GOVE	RNMENT	OBLIGATIONS	STATEMENT 5
DESCRIPTION		OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U. S. GOVERNMENT DEBT SECURITIES	X		60,106.	62,871.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	60,106.	62,871.
TOTAL STATE AND MUNICIPAL GOVERNMEN	T OBLIGA	TIONS -		,
TOTAL TO FORM 990-PF, PART II, LINE	E 10A	=	60,106.	62,871.
FORM 990-PF COR	RPORATE B	ONDS	·····	STATEMENT 6
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CMAT 99C1 A3 BANK OF AMERICA CORPORATION NOTES WAL-MART STORES IN C DEBENTURE MAND AMERICAN INTERNATIONAL GROUP INC. M			1,848. 10,008. 2,001.	1,750. 10,016. 1,997.
NOTE VERIZON GLOBAL FUNDING CORP. NOTES BANK OF NY MELLON CORP FISERV, INC NOTES			10,020. 10,295. 6,114. 4,037.	10,282. 11,041. 6,438. 4,326.
AT&T INC NOTES GENERAL ELECTRIC COMPANY NOTES MEDTRONIC, INC. NOTES			6,007. 9,940. 10,586.	6,431. 10,690. 12,176.
CAROLINA POWER AND LIGHT FIRST MORT VIRGINIA ELECTRIC AND POWER COMPANY APACHE CORPORATION ELI LILLY AND COMPANY NOTES			10,796. 6,917. 10,085. 9,996.	12,333. 7,872. 11,405. 11,084.
PRUDENTIAL FINANCIAL INCORPORATED M NOTE UNITED TECHNOLOGIES CORPORATION NOT		R M	7,030. 10,979.	7,771. 12,440.
DUKE ENERGY CAROLINAS, LLC UNION PACIFIC CORPORATION NOTES CWALT 0215CB B1 JPMCC 02C3			3,006. 6,982. 14,414. 13,902.	3,295. 7,857. 6,363. 14,794.
WBCMT 07C31 HONEYWELL INTERNATIONAL			17,085. 3,402.	17,104. 6,417.
TOTAL TO FORM 990-PF, PART II, LINE	10C	_	185,450.	193,882.

STATEMENT 12

FORM 990-PF

BEACH, VA 23453

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
CAMPUS CRUSADE FOR CHRIST, INC. 100 LAKE HART DR ORLANDO, FL 32832		RELIGIOUS ORGANIZATI	,
FORKIDS, INC. PO BOX 6044 NORFOLK, VA 23508	NONE TO PROVIDE FAMILIES WITH HOUSING AND COMPREHENSIVE S	PUBLIC CHARITY	
HUMANITARIAN INTERNATIONAL SERVICES GROUP (HISG) 373 INVERNESS PKWY STE 201 ENGLEWOOD, CO 80112	NONE TO PROVIDE ASSISTANCE TO IMPOVERISHED AND DISTRESSED	PUBLIC CHARITY	
OPERATION SMILE, INC. 6435 TIDEWATER DRIVE NORFOLK, VA 23509	NONE TO REPAIR CHILDHOOD FACIAL DEFORMITIES	PUBLIC CHARITY	2,500.
PARTNERS IN HEALTH A NONPROFIT CORPORATION 641 HUNTINGTON AVE, 1ST FLOOR BOSTON, MA 02115	NONE TO PROVIDE HEALTH CARE FOR THE POOR.	PUBLIC CHARITY	
S E A L - NAVAL SPECIAL WARFARE FOUNDATION PO BOX 5965 VIRGINIA BEACH, VA 23471	TO PROVIDE EDUCATIONAL	PUBLIC CHARITY	10,000.
SPECIAL OPERATIONS FUND 901 N STUART STREET ARLINGTON, VA 22203	NONE TO PROVIDE BENEFITS FOR FAMILY MEMBERS OF THOSE WHO	PUBLIC CHARITY	
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA	NONE TO PROMOTE A HUMANE	PUBLIC CHARITY	10,870.

COMMUNITY AND PREVENT

CRUELTY TO

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

PAPINEAU FAMILY FOUNDATION		2	20-8115584
WAVE CHURCH 1000 N. GREAT NECK ROAD VIRGINIA BEACH, VA 23454	NONE TO SUPPORT THE MISSIONS OF THE CHURCH	CHURCH	150,000.
NATIONAL ASSOCIATION OF EVANGICALS CHAPLAINS COMMISSION PO BOX 23269 WASHINGTON, DC 20026	TO SUPPORT THE	RELIGIOUS ORGANIZATI	4,000.
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	NONE TO SUPPORT PROJECTS THAT ENHANCE THE EDUCATION, WELFARE AND MORALE OF ALL CO	PUBLIC CHARITY	5,000.
	NONE TO PROVIDE ASSISTANCE TO IMPOVERISHED AND DISTRESSED	PUBLIC CHARITY	7,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		189,370.

Form **8868**

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		▶	X
-	re filing for an Additional (Not Automatic) 3-Month Ext			form)		
	emplete Part II unless you have already been granted a				m 8868.	
	c filing (e-file). You can electronically file Form 8868 if y					oration
	o file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	irs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	Only su	bmit ongınal (no copies needed).			
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and com	plete		
Part I only	· ,, , ,				>	
	orporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	number
print	DADINGAN GAMIN GONDAGION			,	0-8115584	
File by the	PAPINEAU FAMILY FOUNDATION				0-0113304	
due date for filing your	Number, street, and room or suite no. If a P.O. box, so 2813 OCEAN MIST COURT	ee instruct	nons.			
return. See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	VIRGINIA BEACH, VA 23454		·			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicati	on '	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			08
Form 990	-EZ	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	·T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
• The bo	JAMES C. PAPING books are in the care of 2813 OCEAN MIS		RT - VIRGINIA BEACH,	VA	23454	
Teleph	one No. ► 757-496-0708		FAX No. 🕨			
	organization does not have an office or place of business				. ▶	• 🔲
• If this i	s for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box				ers the extension is	for
1 I re	quest an automatic 3-month (6 months for a corporation					
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove	The extension	
	or the organization's return for:					
▶į	X calendar year 2010 or					
►l	tax year beginning	, an	id ending		- •	
				_14	_	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	neck reas	on: Initial return Fin	al retur	n	
L_	☐ Change in accounting period					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax, less any	T		
	refundable credits. See instructions.			3a	\$	0.
_	ns application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	mated tax payments made. Include any prior year over			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
	If you are going to make an electronic fund withdrawal			9970	EO for payment use	trustions

Form 886	8 (Rev. 1-2011)					Page 2
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this be		>	X
	ly complete Part II if you have already been granted an a				8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II				opies r	needed).	
Type or	Name of exempt organization				loyer identification	number
print	 PAPINEAU FAMILY FOUNDATION	2	0-8115584			
File by the extended	Number, street, and room or suite no. If a P.O. box, s		0 011001			
due date for	2813 OCEAN MIST COURT					
filing your return See	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions.			
instructions,	VIRGINIA BEACH, VA 23454	J				
Enter the	Return code for the return that this application is for (file	e a separa				04
Application	on	Return	Application			Return
Is For		Code	is For			Code
Form 990		01			· · · · · · · · · · · · · · · · · · ·	
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227		~~~	10
	T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870			12
Teleph If the o If this is box ▶ 4		s in the Ur Group Exe and atta NOVEM	FAX No. inited States, check this box importion Number (GEN) If the left a list with the names and EINs of all BER 15, 2011, and ending Initial return	is is fo memb	r the whole group, c ers the extension is	
non b If th	us application is for Form 990-BL, 990-PF, 990-T, 4720, or irefundable credits. See instructions. iis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	8a	\$	0.
	payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid		_	^
	viously with Form 8868	wanne with	h thus form of required by	8b	\$	0.
	ance due, Subtract line 8b from line 8a. Include your pa PS (Electronic Federal Tax Payment System). See instr		n uns rorm, ii required, by using			0.
			d Verification	8c	\$	<u> </u>
Under pena It is true, co	allies of perjury, I declare that I have examined this form, includ prrect, and complete, and that I am authorized to prepare this fo	ling accomp		e best o		
Signature		er (1):		Date	8-15	7-11
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