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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

F	ог са	lendar year 2010, or tax year beginning	04/	<sup>7</sup> 21, <b>2010,</b> a	and ending	1	12/31, <b>20</b> 10
		ck all that apply X Initial return	Initial return	of a former pu	blic charity		Final return
	•	Amended return	Addres	ss change		Name change	
Na	ame o	of foundation				A Employer ident	ification number
D	a c k	HAM FOUNDATION LIMITED				27	7-2372725
_		r and street (or P O box number if mail is not delivere	d to atract address)	····	Room/suite		
IN	iiibei	and street (of P.O. box number if mail is not delivere	d to street address)		Roomsuite	B Telephone numb	er (see page 10 of the instructions)
3	862	O LIME KILN ROAD				, ,	١ _
_		town, state, and ZIP code				C If exemption appl	ication is
٠.	.,	town, state, and En code				pending check he	ere · · · · · · ·
т.	EES	BURG, VA 20175				D 1 Foreign organi	
_			(c)(3) exempt private f	ioundation		85% test, chec	zations meeting the k here and attach
ï	$\neg$	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		nn.	computation	
1			ounting method X C			I	tion status was terminated
•			ther (specify)		uai		7(b)(1)(A), check here . •
	-	▶\$ 29,190. (Part I,	column (d) must be on	cash basis )			is in a 60-month termination (b)(1)(B), check here
		Analysis of Revenue and Expenses (The			-		(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net inves income		(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts grants etc. received (attach schedule)	141,299.				(cash basis only)
	2	if the foundation is not required to				·	
	3	Interest on savings and temporary cash investments	13.		13.		ATCH 1
	4	Dividends and interest from securities					
	5 a	Gross rents					
		Net rental income or (loss)				=	•
e		Net gain or (loss) from sale of assets not on line 10					
enne	b	Gross sales price for all assets on line 6a					
Rev	7	Capital gain net income (from Part IV, line 2) .					•
_	8	Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·				<u> </u>
	9	Income modifications · · · · · · · · · · · · · · · · · · ·				<del></del>	-
	10 a	Gross sales less returns and allowances · · · ·					
		Less Cost of goods sold .					
		Gross profit or (loss) (attach schedule)				···	
		Other income (attach schedule)			13.		
_		Total Add lines 1 through 11	0.		13.		
		Compensation of officers, directors, trustees, etc					
Se	14	Other employee salaries and wages					
ŠU	15	Pension plans, employee benefits					
Expenses		Legal fees (attach schedule)				PECEI	VED 7
e	D	Other preferenced feet (attach schedule)				RECE	VED
Ě	4 7	Interest			<del></del>	-	, 3
stra	10	Tayon (ottach schoolule) (see a see 14 of the instructions)				ਨ <u>0011</u> 7	2011
Ë	10	Depreciation (attach schedule) and depletion					
퇹	-2-0	Occupancy				OGDEN	
ď.	. <u></u> ⊘1	Travel conferences and meetings			+-		1 <del>,   U                                   </del>
auc	22	Printing and publications				· · · · · · · · · · · · · · · · · · ·	
пg	23	Other expenses (attach schedule) ATCH 2	238.				
ati	24	Total operating and administrative expenses.					
per	ت	Add lines 13 through 23	238.	{			1
0	25	Contributions, gifts, grants paid	111,884.				111,884
	26	Total expenses and disbursements Add lines 24 and 25	112,122.				111,884
	27	Subtract line 26 from line 12					
	Ξa	Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) ATCH 2 Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	29,190.				
	<u>ي</u>	Net investment income (if negative, enter -0-)			13.		

JSA

Р	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	<del></del>
_		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		0.	29,190.	29,190.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		<del>-</del>	<del>-</del>
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			- <del></del>
		Less allowance for doubtful accounts ▶			
_	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges		"	<del></del>
Ass	-	Investments - U S and state government obligations (attach schedule)			<del></del>
		Investments - corporate stock (attach schedule)			
- 1			<del></del>		<del></del>
- 1	11	Investments - corporate bonds (attach schedule)			
		Investments - land, buildings, and equipment basis  Less accumulated depreciation			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
- }	13 14	Investments - other (attach schedule)  Land, buildings, and equipment basis			
	• •	equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item l)	0.	29,190.	29,190.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons .			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
ات	22	Other liabilities (describe )			
		***************************************			
	23	Total liabilities (add lines 17 through 22)		0.	
$\neg$		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	-			
Š	25	Unrestricted			
를	20	Temporarily restricted			
8	26	Permanently restricted		<del></del>	
Ē	25 26 27	Foundations that do not follow SFAS 117,			
۲		check here and complete lines 27 through 31. ▶ X			
S		Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	29,190.	
Asi	29	Retained earnings, accumulated income, endowment, or other funds		29,190.	
Net Assets	30	Total net assets or fund balances (see page 17 of the	_	20 100	
		instructions)	0.	29,190.	
	31	Total liabilities and net assets/fund balances (see page 17	_ [		
┙		of the instructions)	0.	29,190.	<del></del>
P	art II	Analysis of Changes in Net Assets or Fund E	Balances		
1		net assets or fund balances at beginning of year - Part I			
	end-	of-year figure reported on prior year's return)			0.
2	Ente	r amount from Part I, line 27a		2	29,190.
3	Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3			29,190.
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II, column (b).	<del></del>	29,190.
_				· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2010)

(a) List a	and Losses for Tax on Invariant describe the kind(s) of property sold brick warehouse, or common stock, 200	I (e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr
<u>1a</u>			ļ		<u> </u>
b `					
<u>C</u>	· · · · · · · · · · · · · · · · · · ·		ļ		<del> </del> -
<u>d</u>		· · · · · · · · · · · · · · · · · · ·		<u>.</u>	
<u>e</u>		T	<del> </del>		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	ļ	(h) Gain or (lo (e) plus (f) mini	
a					
_b			-		
<u>C</u>	<del>-</del>		<u> </u>	·	
_d					
<u>e</u>		1	<del> </del>		
Complete only for asse	ts showing gain in column (h) and own			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 (ı) over col (ı), ıf any	COI	(k), but not less t Losses (from co	
a					
b					
С					
<u>d</u>					
е			ļ		
Capital gain net income	or inet capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
Net short-term capital or	ا المانة المانة (loss) as defined in sections 1		-	•	<del></del>
	I, line 8, column (c) (see pages 13				
=	I, line 8		2		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investment I	ncome		· · · · · · · · · · · · · · · · · · ·
	or the section 4942 tax on the distri	T AVAILABLE FOR INITIAL ibutable amount of any year in the b			Yes N
	s not qualify under section 4940(e)				
	mount in each column for each yea	ar, see page 18 of the instructions b	efore mak		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col. (b) divided by	
2009					
2008					
2007					
2006				, <u>-</u>	
2005					
3 Average distribution rati	o for the 5-year base period - divid	de the total on line 2 by 5, or by the strain 5 years	3		
Enter the net value of no	oncharitable-use assets for 2010 fr	rom Part X, line 5	4		
Multiply line 4 by line 3			5		<del></del>
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)	······································	6	<del>-</del>	<del></del>
7 Add lines 5 and 6			7		-
If line 8 is equal to or g		ın Part VI, line 1b, and complete	8 that part	using a 1% tax	crate See tl

<u>Par</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ie inst	ructio	ns)
1 a	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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	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 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			
3	Add lines 1 and 2			
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-			
6	Credits/Payments			
-	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
	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			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11			0.
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	i l		
	(1) On the foundation ▶\$(2) On foundation managers ▶\$	i l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		$\frac{x}{x}$
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		$\frac{X}{X}$
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x	
_	conflict with the state law remain in the governing instrument?	7	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	- <del>'</del>		
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1	
	instructions) > VA,			
b	if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8 b		Х
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATTACHMENT 3	90		
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	9		Х
4.6	27)? If "Yes," complete Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ATTACHMENT 4	10	Х	
			0-PF (	2010)
	,		- • • (	

Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14				
	The books are in care of ▶ THE FOUNDATION  Located at ▶38620 LIME KILN ROAD LEESBURG, VA  ZIP+4 ▶ 20175			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			_
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2010?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010?			
	If "Yes," list the years ▶			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2 b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010 )	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b		X

	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	ired (continued)		
5 a	During the year did the foundation pay or incur any amou  (1) Carry on propaganda, or otherwise attempt to influer  (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or otherwise.	nce legislation (section (see section 4955), c	or to carry on,	Yes X No	,	
	(4) Provide a grant to an organization other than a chari	table, etc , organizatio	n described in			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	• •		. Yes X No	·	
	(5) Provide for any purpose other than religious, charital purposes, or for the prevention of cruelty to children of	•		Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans			· — —	'	
-	Regulations section 53 4945 or in a current notice regard		•		5b	
	Organizations relying on a current notice regarding disast		· · · · -	·		
С	If the answer is "Yes" to question 5a(4), does the foundation					
	because it maintained expenditure responsibility for the gi	ant?		Yes X No	,	
	If "Yes," attach the statement required by Regulations section					
6 a	Did the foundation, during the year, receive any funds, of	lirectly or indirectly, to	pay premiums			
	on a personal benefit contract?			Yes X No	,	
b	Did the foundation, during the year, pay premiums, direct			at?	6 b	X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	,	
b	If "Yes," did the foundation receive any proceeds or have					X
Par	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,	
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instru	uctions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expens	
		devoted to position	-0-)	employee benefit plans and deferred compensation	other all	bwances
ĀĪ	TACHMENT 5	devoted to position	0.	and deferred compensation	other all	0
ΑT		devoted to position	-0-)	and deferred compensation	other all	
	TACHMENT 5	devoted to position	-0-)	and deferred compensation	other all	
	TACHMENT 5	devoted to position	-0-)	and deferred compensation	other all	
	TACHMENT 5	devoted to position	0.	and deferred compensation  0.  e page 23 of the inst		
  2	TACHMENT 5  Compensation of five highest-paid employees (ot	devoted to position	0.	and deferred compensation  0.		0 e account,
  2	TACHMENT 5  Compensation of five highest-paid employees (ot find none, enter "NONE."	her than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
  2	TACHMENT 5  Compensation of five highest-paid employees (ot finone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
  2	TACHMENT 5  Compensation of five highest-paid employees (ot finone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
  2	TACHMENT 5  Compensation of five highest-paid employees (ot finone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,
2 (a	TACHMENT 5  Compensation of five highest-paid employees (ot finone, enter "NONE."  Name and address of each employee paid more than \$50,000	her than those inc  (b) Title, and average hours per week devoted to position	luded on line 1 - se	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0 e account,

Form **990-PF** (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	•
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	<del></del>
3	-
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 NONE	Amount
1 1010	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total Add lines 1 through 2	

Form **990-PF** (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part Foreign see page 24 of the instructions)	gn foundatio	ıns,
ī	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	0.
b	Average of monthly cash balances	1 b	11,503.
C	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1 c	0.
d	Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and	1 d	11,503.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	11,503.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	4	173.
5		5	11,330.
6	Minimum investment return. Enter 5% of line 5	6	396.
Pa	The price of the instructions (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ■ and do not complete this privation is the price of the instructions of the instructions (Section 4942(j)(3) and (j)(5) privation is the price of the instructions of the instructions (Section 4942(j)(3) and (j)(5) privation is the price of the instructions of the instructions (Section 4942(j)(3) and (j)(5) privation is the price of the instruction of the i		
1	Minimum investment return from Part X, line 6	1	396.
2 a	Tax on investment income for 2010 from Part VI, line 5		
b			
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	396.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	396.
6	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	396.
Pa	TT XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	111,884.
b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		_
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		_
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	111,884.
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 (see page 26 of the instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	111,884.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating whe	ether the foundation

Form **990-PF** (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instructio	ns)		
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7 `				396.
2	Undistributed income, if any, as of the end of 2010				
-	Enter amount for 2009 only				
	Total for pnor years 20 08 .20 07 ,20 06				
		<del>.</del>			
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
	From 2006				
С	From 2007				
d	From 2008				
е	From 2009				
	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$ 111,884.				
а	Applied to 2009, but not more than line 2a				
þ	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
					<del> </del>
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				396.
	Applied to 2010 distributable amount	111,488.		·	
	Remaining amount distributed out of corpus	111,400.			
5	Excess distributions carryover applied to 2010 (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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	111,488.			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	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				
_	· · · · · ·				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1. This amount must be				
_	distributed in 2011			<u> </u>	
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	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)				
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	111,488.			1
10					
а	1				
b					
c	Excess from 2008				
d					
	Excess from 2010 111, 488.				

Forn	n 990-PF (2010)			27-23	37 <u>27</u> 25	Page <b>10</b>
Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	e instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter the	at it is a private opera	ating	
	foundation, and the ruling	g is effective for 2010, e	nter the date of the ruling	· · ·	•	
b	Check box to indicate wh					)(3) or 4942(J)(5)
_		Тах уеаг	<u> </u>	Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment	(4,2010	(5) 2000	(0) 2000	(4)2551	
	return from Part X for each					
	year listed			+		
b	85% of line 2a					
С	Qualifying distributions from Part					
d	XII, line 4 for each year listed .  Amounts included in line 2c not		-	<del> </del>		<del></del>
u	used directly for active conduct					]
	of exempt activities			<del> </del>		
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
	2d from line 2c					<del></del>
3	Complete 3a, b, or c for the alternative test relied upon					
а	"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 invest- ment return shown in Part X,		,			
	line 6 for each year listed			<u></u>		
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					ļ
	(j)(3)(B)(iii)					
	port from an exempt					
	organization					
Pa		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
		during the year - se			,	
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	nave contributed mor	re than 2% of the tota	I contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ney have contributed	more than \$5,000) (Se	ee section 507(d)(2) )	
	N/A					
	List any managers of	the foundation who	own 10% or more o	of the stock of a corn	oration (or an equally	large portion of the
	ownership of a partner					large pertion of the
	,	<b>,</b> , -				
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ if t	he foundation only i	makee contributions	to preselected charit	table organizations a	nd does not accept
	unsolicited requests f					
	organizations under ot					,
	The name, address, a	nd telephone number	of the person to who	m applications should b	e addressed	
а	N/A	na telephone namber	of the person to who	in applications should b	e addressed	
	The form in which app	lications should be su	hmitted and informat	on and materials they	should include	<del></del>
IJ	тте тотт ін мінсп арр	noations should be 50	omitted and informat	on and materials mey	Should Moldac	
	N/A					
С	Any submission deadli	IICS				
	N/A					
	<del></del>		auch on his con-	anhoal areas should	ble fields lands = f	unotitutioneth
đ	Any restrictions or li factors	mitations on awards	such as by geogr	apnicai areas, charita	DIE TIEIOS, KINOS OF	institutions, or other
	N/A					

Form 990-PF (2010)			27-2372725	Page 11
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for F	uture Payment	
` Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid`during the year	or dapotaritial dorigination			
a v dia adimig wa you.				
ATTACHMENT 6				
		1		
		.		
		1		
		<u> </u>	<b>D</b> 20	111,884.
Total	· · · · · · · · · · · · · · · · · · ·	<del></del>		111,004.
<b>b</b> Approved for future payment		1		
				ļ
			ł	
Total				

Part XVI	-A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions)
٠,	i service revenue			+		the matadama /
						-
				-		
е —						
f						
g Fees	and contracts from government agencies		-			
2 Member	ship dues and assessments					
	on savings and temporary cash investments					
4 Dividend	ds and interest from securities			14	13.	
	al income or (loss) from real estate					
	-financed property			ļ		
b Not o	debt-financed property					
	I income or (loss) from personal property					
7 Other in	vestment income				···	
=	loss) from sales of assets other than inventory					_
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory	·		<u> </u>		
11 Other re	venue a					
	·				<del></del>	
d				<u> </u>	1	
e	Add columns (b), (d), and (e)			<u> </u>	13.	
	dd line 12, columns (b), (d), and (e) . heet in line 13 instructions on page 29  Relationship of Activities	to verify calc	ulations)			13.
Line No. ▼	Explain below how each activit accomplishment of the foundations instructions )					
		<del></del>				
			2			
-						
•						
			<del></del>			

	990-PF (20	•			27-23		41 11		age 13
<sup>2</sup> ar	t XVII	Exempt Orga	Regarding Transfers To nizations	and Transact	tions and R	elationships Wi	th Nonc	narıı	table
	Did the	organization directly	or indirectly engage in any	of the following	with any othe	r organization descri	bed	Yes	No
	in section	on 501(c) of the Co	ode (other than section 501(c	)(3) organizations)	or in section 5	527, relating to polit	lical		
	organizat	ions?							
а	Transfer	s from the reporting fo	oundation to a noncharitable exem	npt organization of					
	(1) Cash				<i></i>	. <b></b>	1a(1)		X
							<b>I</b>		X
b	Other tra				,				1
	(1) Sale	s of assets to a nonch	naritable exempt organization			. <i></i>	<u>1b(1)</u>		X
			a noncharitable exempt organization						X
			ent, or other assets						X
			ents						X
									X
	(6) Perfe	ormance of services o	r membership or fundraising solici	tations			1b(6)		X
С	Sharing	of facilities, equipmen	it, mailing lists, other assets, or pai	id employees			1c		X
d	If the a	inswer to any of t	the above is "Yes," complete	the following sch	nedule Column	(b) should always	show the	fair	marke
	value of	the goods, other	assets, or services given by	the reporting four	ndation If the	foundation received	less than	fair i	marke
	value in	any transaction or	sharing arrangement, show	ın column (d) the	value of the	goods, other assets,	or servic	es re	ceived
(a) L	ine no	(b) Amount involved	(c) Name of noncharitable exem	ipt organization	(d) Description of	f transfers, transactions, an	d shanng arra	ngeme	ents
		N/A			N/A				
					·				
		ı							

(b) Type of organization	(c) Description of relationship
	· · · · · · · · · · · · · · · · · · ·

20814

Here Signature of officer or trustee Date Print/Type preparer's name Date Preparer's signature Check **Paid** LAWRENCE P. Keins 10/6/11 Preparer Firm's name ▶ CBIZ MHM, LLC Fırm's EIN ▶

Firm's address ▶ 3 BETHESDA METRO CENTER, SUITE 600

300179370 self-employed

PTIN

Phone no 301-951-3636

Form **990-PF** (2010)

**Use Only** 

BETHESDA,

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

2010

Employer identification number Name of the organization RACKHAM FOUNDATION LIMITED 27-2372725 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule | X | 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)

	3 (Form 990, 990-EZ, or 990-PF) (2010)  rganization RACKHAM FOUNDATION LIMITED		Page of of Part
	gainzadon Machiari FOUNDATION BIRITED	•	27-2372725
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	NEIL RACKHAM 38620 LIME KILN ROAD	 \$141,299.	Person X Payroll Noncash
	LEESBURG, VA 20175		(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	a noncash contribution )  (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
	Name, audress, and Zir + 4	\$	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
	I		1

(Complete Part II if there is a noncash contribution)

Person Payroll Noncash

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

NET INVESTMENT INCOME	13.	13.
REVENUE AND EXPENSES PER BOOKS	13.	13.
		TOTAL
DESCRIPTION	INTEREST INCOME	

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

**EXPENSES** PER BOOKS 238.

DESCRIPTION BANK CHARGES

TOTALS

238.

FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

N/A

LINE 10 - NEW SUBSTANTIAL O
- NEW
· !!
10
LINE 10
, PART VII-A,
FORM 990PF,

DIRECT PUBLIC SUPPORT DATE NAME AND ADDRESS

141,299.

VARIOUS

TOTAL CONTRIBUTION AMOUNTS

NEIL RACKHAM 38620 LIME KILN ROAD LEESBURG, VA 20175

141,299.

ATTACHMENT 4

( ) [ ] F [

LOTE ELOUGH

ß

CONTRIBUTOR
SUBSTANTIAL
RELATIONSHIP TO :

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF PORTSMOUTH	NONE	EDUCATION RESEARCH & DISSEMINATION PRIZE AWARD	23,904.
WINSTON CHURCHILL AVENUE PO12UP	PUBLIC CHARITY		
PORTSMOUTH			
HAMPSHIRE			
UNITED KINGDOM			
UNIVERSITY SALES EDUCATION FOUNDATION	NONE	EDUCATION SALES RESEARCH GRANTS	15,000
3123 RESEARCH BLVD, SUITE 250	PUBLIC CHARITY		
DAYTON, OH 45420			
SEVEN STORIES	NONE	CHILDREN'S LITERATURE, TEACHING, AND RESEARCH	72,980
OUSEBURN VALLEY NEI 2PQ	PUBLIC CHARITY		
NEW CASTLE			

TOTAL CONTRIBUTIONS PAID 111,884.

UNITED KINGDOM

# Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu	e Service	► File a	separate ap	pplication for each return.			
<ul> <li>If you are</li> </ul>	filing for an	Automatic 3-Month Extension, c	omplete o	only Part I and check this box			<b>▶</b> X
<ul> <li>If you are</li> </ul>	filing for an	Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Part II (on page	≥ 2 of this	form)	
				tomatic 3-month extension on a pre			8
a corporatio 8868 to rec Return for instructions)	n required to quest an ext Transfers A For more of	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of th	nal (not aut forms liste I Benefit ( nis form, vis	u need a 3-month automatic extensionatic) 3-month extension of time of in Part I or Part II with the excell Contracts, which must be sent to sit www.irs.gov/efile.and.click.on.e-file.	You can ption of F the IRS	electronica form 8870, in paper 1	lly file Form Information format (see
		-Month Extension of Time. On					<del></del>
	•			atic 6-month extension - check this b		•	
Part I only .						<i>.</i>	▶ 🔝
All other cor	rporations (	including 1120-C filers), partnersh	ıps, REMIC	Ss, and trusts must use Form 7004 to	request a	n extension	of time
to file incom				<del></del>			
Type or Name of exempt organization						r identification	
print		M FOUNDATION LIMITED			27	-2372725	5 
File by the	1	reet, and room or suite no. If a P.O. box	k, see instruc	ctions			
due date for filing your	L	LIME KILN ROAD					
return See	1	or post office, state, and ZIP code For	a foreign add	dress, see instructions			
instructions	LEESBU	RG, VA 20175					
Enter the Re	eturn code f	for the return that this application i	is for (file a	a separate application for each return	)		. 04
Application			Return	Application		·	Return
ls For			Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-B	1		02	Form 1041-A			08
Form 990-E.			03	Form 4720			09
Form 990-P			04	Form 5227			10
		a) or 408(a) trust)	05	Form 6069			11
		than above)	06	Form 8870	··········		12
<ul> <li>If this is for for the whole a list with the</li> </ul>	e No  anization do or a Group f e group, ch e names an	nes not have an office or place of the Return enter the organization's for eck this box ▶ ☐ If the both of all members the extension of the extensio	ousiness in ur digit Gro f it is for pa on is for.	the United States, check this box oup Exemption Number (GEN)	>		► □
1 I reque				equired to file Form 990-T) extension			
until			exempt org	ganization return for the organization	named a	above The e	extension is
		n's return for					
<b>▶</b>   <u>^</u>		ear 20 <u>10</u> or					
▶∟_	tax year be	eginning	, 20	, and ending		. 20	
2 If the t	ax year ente	ered in line 1 is for less than 12 m ecounting period	onths, chec	k reason Initial return	Final retu	ırn	
			0-T, 4720	, or 6069, enter the tentative tax	, less an	у	
		dits See instructions				3a \$	
				6069, enter any refundable cr	edits and	d	
estima	ted tax payi	ments made. Include any prior yea	r overpayn	nent allowed as a credit		3Ь\$	
c Balanc	e Due. Sub	tract line 3b from line 3a. Include	your paym	ent with this form, if required, by us	ing EFTPS	S    , ,	10
		l Tax Payment System) See instru				3c 5 N	
Caution. If	you are go	ing to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	453-EO	and Form 8	879-EO for
payment ins	tructions						

Form 8868 (Re	ev 1-2011)				Page 2	
• If you are	e filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part II and che	ck this box	▶ X	
	complete Part II if you have already been gra					
	filing for an Automatic 3-Month Extension,	complete c	only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Ex	xtension o	of Time. Only file the original (no	copies needed)		
Type or	Name of exempt organization			Employer identification	number	
print.	RACKHAM FOUNDATION LIMITED			27-2372725		
File by the	Number, street, and room or suite no If a P.O bo	x, see instru	ctions.	<del></del>		
extended due date for	38620 LIME KILN ROAD					
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions			
return See instructions						
	eturn code for the return that this application	T		0)	01	
Application		Return	Application		Return	
ls For	· · · · · · · · · · · · · · · · · · ·	Code	Is For		Code	
Form 990		01			ļ	
Form 990-B	L	02	Form 1041-A		08	
Form 990-E	Z	03	Form 4720 ·		0.9	
Form 990-P		04	Form 5227		10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
	not complete Part II if you were not already	granted ar	automatic 3-month extension on	a previously filed Form	n 8868.	
<ul> <li>The book</li> </ul>	s are in the care of ▶					
Telephon			FAX No ▶	<del></del>		
	anization does not have an office or place of				▶ 🔲	
	for a Group Return, enter the organizat <u>ion'</u> s fo				is is	
	le group, check this box ▶ ☐ I		art of the group, check this box	▶ and atta	ach a	
	names and EINs of all members the extension					
•	est an additional 3-month extension of time u		11/15			
	ilendar year <u>2010</u> , or other tax year beginni		, 20, and ending	<u> </u>	20	
	tax year entered in line 5 is for less than 12 m Change in accounting period			Final return		
7 State	in detail why you need the extension ADDIT	CIONAL I	IME IS NEEDED IN ORDER	TO GATHER		
THE	INFORMATION NECESSARY TO PREPA	ARE A CC	MPLETE AND ACCURATE RET	URN.		
· -						
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			8a \$	<del></del>	
	application is for Form 990-PF, 990-T,		•			
estima	ated tax payments made. Include any pri	or year o	verpayment allowed as a credit	and any		
	nt paid previously with Form 8868.			8b \$		
c Baland	ce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if required, by us			
(Electi	ronic Federal Tax Payment System). See instru	ctions		8c \$ NO	NE.	
	Sign s of perjury I declare that I have examined this form, at, and complete, and that I am authorized to prepare this fo	including acc	d Verification companying schedules and statements and	to the best of my knowledg	ge and belief,	
Signature >	Q		Title > CPA	Date > 8/12	111	
				rom o o o o	(REV 1-2011)	