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Form 990-PF

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

OMB No 1545-0052

2010

| * Departme | ent of the Treasury Revenue Service | | Treated as a Priva | 2010 | | |
|--|--|---|--|-----------------------------------|--|--|
| | Revenue Service lendar year 2010, or | | nay be able to use a copy of th 12/22 .2010 | | porting requirements 2/31 . 2010 | |
| | eck all that apply | | tial Return of a former p | <u> </u> | | Final return |
| G 01 | con an inclupe, | Amended return | Address | · — | . ـــــ me change | That rotally |
| | | · · · · · · · · · · · · · · · · · · · | | | A Employer identification | number |
| | | FOUNDATION, INC | 2. | | 35-2400531 | |
| | RCON WAY LAND PARK, N | J 07424 | | | B Telephone number (see 973-256-212 | |
| | | | | | | n is pending, check here |
| | | | | | D 1 Foreign organizations, | · · · · · · · · · · · · · · · · · · · |
| H Ç | heck type of organiz | | 1(c)(3) exempt private | | 2 Foreign organizations needs and attach compu | neeting the 85% test, check |
| | Section 4947(a)(1 air market value of all ass |) nonexempt charitable | trust Other taxable counting method X C | private foundation ash Accrual | E If private foundation st | atus was terminated |
| (1 | from Part II, column (c), li | ne 16) | Other (specify) | JACCIDAI | under section 507(b)(1 |)(A), check here 60-month termination |
| ► \$ | | | , column (d) must be o | n cash basıs.) | under section 507(b)(1 | |
| Part | | | (a) Revenue and | (b) Net investme | | |
| | columns (b), (c), | e total of amounts in and (d) may not neces- | expenses per books | income | income | for charitable purposes |
| | sarily equal the a (see the instruct | amounts in column (a) | | | | (cash basis only) |
| | _ | s, grants, etc, received (att sch) | | | | |
| | | foundn is not req to att Sch B | | | | |
| | 3 Interest on sa cash investme | avings and temporary ents | | | | |
| | | terest from securities | | | | |
| | 5a Gross rents b Net rental income | | | | | |
| R | or (loss) | m sale of assets not on line 10 | | | | |
| E | b Gross sales price assets on line 6a | | | | | |
| | 7 Capital gain net in | ncome (from Part IV, line 2) | | <u> </u> | | |
| E N U | 8 Net short-terr 9 Income modif | | | | | |
| E (ක | 10 a Gross sales less | | | | | |
| SCANNED | b Less Cost of | | | | | |
| 2 | goods sold c Gross profit/(los | (att sch) | | | | |
| Z | | (attach schedule) | | | | |
| Ö | 10 Total Add to | 1 through 11 | 0 | <u> </u> | 0 | |
| <u>z </u> | 12 Total. Add Im | officers, directors, trustees, etc | 0. | | 0. | 0. |
| NON | 14 Other employee s | alaries and wages | | - | | |
| % | | s, employee benefits | | | | |
| A A | 16a Legal fees (attack b Accounting fees (| • | | | | |
| 2011 | c Other prof fees (| at lach sch) | <u> </u> | | | |
| P N | 17 Interest | RECEIVE | D | | | |
| P STRATI | 18 Taxes (attach schedule 19 Depreciation | | 1 080 1 88 | | | |
| 7 7 | 19 Depreciation sch) and dep | NOV 1 5 20 | 11 9 | | | |
| N V G E | 20 Occupancy | | <u> </u> | | | |
| _ | 21 Travel, confer | rences, and meetings | F | | - | |
| A E N X D P | 23 Other expens | es (attach schedule) | | | | |
| A N D E N S E S | 24 Total appreti | ng and administrative | | | | |
| E S | expenses. Ac | td lines 13 through 23 | | | | |
| | 25 Contributions, gif | | | | | |
| | 26 Total expens Add lines 24 | es and disbursements. and 25 | 0. | | 0. | 0. |
| | 27 Subtract line | 26 from line 12: | | | | |
| | a Excess of rev | enue over expenses ments | 0. | | | |
| | b Net investment in | come (if negative, enter -0-) | | | 0. | |
| DAA * | | ome (if negative, enter -0-) | ington of a | <u> </u> | |). Form 000 PE (2010) |
| DAA I | · vi raperwork kedu | ction Act Notice, see the | = 1115UUCUQII5. | | TEEA0504L 07/23/10 | Form 990-PF (2010) |

| Dark | 11 | Balance Sheets Attached schedules and column should be for er | amounts in the description d-of-year amounts only | Beginning of year | End o | of year |
|-------------------|-----------|--|---|----------------------------|----------------|-----------------------|
| rart | | (See instructions) | u-or-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash — non-interest-bearing | | | | |
| | 2 | Savings and temporary cash investment | nts | | ···· | |
| | 3 | Accounts receivable | - | | | |
| | | Less: allowance for doubtful accounts I | • | | | |
| | 4 | Pledges receivable . | • | | | |
| | | Less allowance for doubtful accounts | - | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, disqualified persons (attach schedule) (see the in | and other structions) | | | |
| | 7 | Other notes and loans receivable (attach sch) | · | | | |
| S | | Less allowance for doubtful accounts to | • | | <u>.</u> | |
| A S E T | 8 | Inventories for sale or use | | | | |
| | 9 | Prepaid expenses and deferred charge | s | | <u> </u> | |
| S | 10 a | Investments – US and state governments obligations (attach schedule). | ent . | | | |
| | b | Investments — corporate stock (attach schedule) | | | | |
| | C | : Investments — corporate bonds (attach schedule) | | | | - |
| | 11 | Investments — land, buildings, and equipment basis | · | | | |
| | | Less accumulated depreciation (attach schedule) | · | | | |
| | 12 | Investments - mortgage loans. | | | | |
| | 13 | Investments - other (attach schedule) | | | | |
| | 14 | Land, buildings, and equipment basis | - | | | |
| | | Less. accumulated depreciation (attach schedule) | • | | | |
| | | Other assets (describe Total assets (to be completed by all fil see instructions. Also, see page 1, iter |) ers – n I) | 0. | 0. | 0. |
| Ļ | 17 | Accounts payable and accrued expens | es | | | |
| Ä | 18 | Grants payable | | | | |
| В | 19 | Deferred revenue | | | | |
| L | 20 | Loans from officers, directors, trustees, & other of | isqualified persons | | | |
| Ţ | 21 | Mortgages and other notes payable (attach schede | ıle) | | | |
| T | 22 | Other liabilities (describe |) | | | |
| E S | 23 | Total liabilities (add lines 17 through 2 | 2) | 0. | 0. | |
| <u> </u> | | Foundations that follow SFAS 117, ch and complete lines 24 through 26 and | eck here | | | |
| NF | 24 | Unrestricted | | | | |
| N F E U T N | 25 | Temporarily restricted | | | | |
| ם | 26 | Permanently restricted | | | | |
| A B S A L A | | Foundations that do not follow SFAS and complete lines 27 through 31. | I17, check here ► | | | |
| E L | 27 | Capital stock, trust principal, or current | funds | | | |
| SN | 28 | Paid-in or capital surplus, or land, building, and | quipment fund | | | |
| C O E | 29 | Retained earnings, accumulated income, endowment | ent, or other funds | | | |
| RS | 30 | Total net assets or fund balances (see | the instructions) | 0. | 0. | |
| | 31 | Total liabilities and net assets/fund ba (see the instructions) | lances | 0. | 0. | |
| Par | 111 | Analysis of Changes in Net Ass | ets or Fund Balanc | | | L |
| | | | | | <u> </u> | |
| 1 | Total | I net assets or fund balances at beginnii of-year figure reported on prior year's re | ıg of year – Part ΙΙ, colι turn) | umn (a), line 30 (must a | gree with 1 | 0. |
| 2 | | r amount from Part I, line 27a | 200717 | | 2 | 0. |
| 3 | | increases not included in line 2 (itemize) | • | | 3 | |
| 4 | | lines 1, 2, and 3 | | | 4 | 0. |
| | | ases not included in line 2 (itemize) | • | | 5 | |
| | | I net assets or fund balances at end of y | ear (line 4 minus line 5) |) – Part II, column (b), I | ine 30 6 | 0. |
| DAA | | | 777.40200 | | | Form 900 PF (2010) |

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2009 2008 2007 2006 2005 Total of line 1, column (d) 2

- Average distribution ratio for the 5-year base period divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- Enter the net value of noncharitable-use assets for 2010 from Part X, line 5
- Multiply line 4 by line 3
- Enter 1% of net investment income (1% of Part I, line 27b)
- Add lines 5 and 6
- 8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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|------|--|---------|-----------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruc | ctions) | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here | | |
| | Date of ruling or determination letter (attach copy of letter if necessary — see instr.) | | - |
| ь | Domestic foundations that meet the section 4940(e) requirements in Part V, | | 0. |
| | check here ▶ and enter 1% 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, column (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | |
| _ | foundations only Others enter -0-). | | 0. |
| 3 | Add lines 1 and 2 | | 0. |
| 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- | | 0. |
| 6 | Credits/Payments. | | |
| а | 2010 estimated tax pmts and 2009 overpayment credited to 2010 | | 1 |
| Ŀ | Exempt foreign organizations – tax withheld at source | | |
| c | : Tax paid with application for extension of time to file (Form 8868) . 6c | | |
| c | 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 If Form 2220 is attached | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 0. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . | | |
| _11 | Enter the amount of line 10 to be. Credited to 2011 estimated tax | | |
| Par | t VII-A Statements Regarding Activities | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | Yes No |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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? | 1c | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | |
| | (1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ |] | |
| € | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers S O. | | |
| 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 incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | 3 | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X |
| t | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 4b | N/A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | X |
| | If 'Yes,' attach the statement required by General Instruction T | 1 | |
| 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 state law remain in the governing instrument? | 6 | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | 7 | X |
| 88 | Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A | | |
| ŀ | If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i> | 8b | N/A |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | 9 | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | 10 | X |
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| Par | t 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 instructions) | 11 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | - | X | |
| | Website address. ► N/A | | | |
| 14 | | <u>73-256-2</u> | 124 | |
| | Located at ► 8 ZIRCON WAY WOODLAND PARK NJ ZIP + 4 ► 07424 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here | N/A | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | - | N/A |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority overbank, securities, or other financial account in a foreign country? | r a 16 | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country. | | | |
| Par | t 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 |
| 1 a | a 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? | No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | No | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1 | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | No | | |
| | (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) Yes | No | | |
| ŧ | 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 the instructions)? | 1 b | N | /A |
| | 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, | | | 1 |
| | that were not corrected before the first day of the tax year beginning in 2010? | 1c | | Х |
| 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)) | | ĺ | |
| ā | | No | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 | | | |
| ŀ | 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 the instructions.) | 2b | N/ | 'A |
| • | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ► 20 , 20 , 20 , 20 | 1 | | |
| 3 8 | 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 | | |
| ŀ | 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) | 3b | N/ | A |
| 48 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u> </u> |
| ŧ | b 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? | 4b | | <u>X</u> |
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|--|--|---|--|------------------------|-----------------------|
| Part VII-B Statements Regarding Activiti | es for Which Form | <u>1 4720 May Be Req</u> | uired (continued) | | |
| 5a Quring the year did the foundation pay or incu | r any amount to: | | | . | |
| (1) Carry on propaganda, or otherwise attempt | ot to influence legislation | on (section 4945(e))? | Yes X | No | |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ation drive? | n 4955); or to carry | Yes X | No | |
| (3) Provide a grant to an individual for travel, | | • | Yes X | No | |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section | | | Yes X | No | |
| (5) Provide for any purpose other than religio educational purposes, or for the preventio | | | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)? | the transactions fail to a current notice regard | qualify under the excep ding disaster assistance | tions - | . 5b | N/A |
| Organizations relying on a current notice rega | rding disaster assistani | ce check here | ▶ _ |] | |
| c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon- | the foundation claim ex sibility for the grant? | emption from the | N/A Yes |] No | |
| If 'Yes,' attach the statement required by Regi | ulations section 53 494. | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive ar on a personal benefit contract? | | | ∐Yes X |]No | |
| b Did the foundation, during the year, pay premi | iums, directly or indirec | ctly, on a personal bene | fit contract? | 6b | X |
| If 'Yes' to 6b, file Form 8870 | | | Dv. 🔽 | 1 | |
| 7a At any time during the tax year, was the found | | | | No | |
| Part VIII Information About Officers, D | | | | N/A 7b | |
| and Contractors | ircciois, riusiccs, | i oundation manag | gers, riiginiy r ala L | imployees | , |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see inst | ructions). | - | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | e account, owances |
| SOPHIE TENYO | PRESIDENT | 0. | 0. | | 0. |
| 8 ZIRCON WAY | 0 | | | | |
| WOODLAND PARK, NJ 07424 | | | | | <u> </u> |
| MARY MAIER | VICE PRESIDE | 0. | 0. | | 0. |
| 811 ARBOR ROAD | 0 | | | | |
| PARAMUS, NJ 07652 | | | | | |
| PATRICIA ANNE MAIER | SECRETARY | 0. | 0. | | 0. |
| 811 ARBOR ROAD PARAMUS, NJ 07652 | 0 | | | | |
| PARAMUS, NJ 07652 | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employee | es (other than those inc | luded on line 1— see ir | ıstructions). If none, e | nter 'NONE.' | |
| (a) Name and address of each employee | (b) Title and average | (c) Compensation | (d) Contributions to | (e) Expense | |
| paid more than \$50,000 | hours per week devoted to position | | employee benefit plans and deferred compensation | other allo | wances |
| NONE | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total number of other employees paid over \$50,000 |) TEFA03061 (| 07/23/10 | <u> </u> | Form 990 | 0 -PF (2010) |

| | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) | Employees, |
|-------------------|--|---------------------------|
| 3 | Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.' | |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NON | | (c) compensation |
| | | |
| | | |
| | | |
| | | |
| Tota | number of others receiving over \$50,000 for professional services | 0 |
| | t IX-A Summary of Direct Charitable Activities | |
| List th organi | e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1 | <u>N/A</u> | _ |
| 2 | | - |
| • | | - |
| 3 | | - - |
| 4 | | _ |
| | | _ |
| Pär | TIX-B Summary of Program-Related Investments (see instructions) | |
| Desc | cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 | <u>N/A</u> | - |
| 2 | | - |
| | | - |
| | other program-related investments. See instructions | |
| 3 | | - |
| Total | I. Add lines 1 through 3 | 0. |
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|--------|---|-------------------|--------|
| Par | Minimum Investment Return (All domestic foundations must complete this part. F see instructions.) | oreign foundati | ons, |
| 1 a | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities | 1a | |
| t | Average of monthly cash balances . | 1 b | |
| c | Fair market value of all other assets (see instructions) | 1c | |
| c | i Total (add lines 1a, b, and c) | 1 d | 0. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| | (attach detailed explanation) 1e | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 7 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | _ |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 0.137 | ⁸ 6 | 0. |
| Par | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope | rating foundation | ons |
| | and certain foreign organizations check here ► and do not complete this p | art.) | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2 a | Tax on investment income for 2010 from Part VI, line 5 | <u></u> | |
| b | Income tax for 2010 (This does not include the tax from Part VI) | 3 | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 0. |
| Par | TXII Qualifying Distributions (see instructions) | | |
| 1 a | Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes. Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 | 1 a | |
| t | Program-related investments – total from Part IX-B | 1 b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) | 3a | |
| t | 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 | 0. |
| 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 instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 0. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years | er the foundation | |

TEEA0308L 07/06/09

Form **990-PF** (2010)

BAA

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|----------------------|----------------------------|--------------------|--------------------|
| 1 Distributable amount for 2010 from Part XI, | | | | |
| 2 Undistributed income, if any, as of the end of 2010 | | | | 0. |
| a Enter amount for 2009 only. | | | 0. | |
| b Total for prior years 20 , 20 , 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | i | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from Part | | | | |
| XII, line 4. ► \$ | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| | | | | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required – see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 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)) | | | | |
| same amount must be shown in column (a) y | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract | - | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency | | | | |
| has been issued, or on which the section | | | | |
| 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | 0. | | |
| amount — see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount — see instructions | | | 0. | |
| IIIle Za. Taxable allibuilt — See Ilistructions | | | | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be | | + | | |
| distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) | | | | |
| (see instructions) | 0. | | | <u> </u> |
| 8 Excess distributions carryover from 2005 not | • | | | |
| applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |

| Form 990-PF (2010) THE TENYO FAMILY | FOUNDATION, | INC. | | 35-2400531 | L Page 10 |
|---|--|---|--|-----------------------|--------------------------|
| Part XIV Private Operating Foundation | ons (see instruc | tions and Part \ | VII-A, question 9 |) | N/A |
| 1a If the foundation has received a ruling or on its effective for 2010, enter the date of the | ruling | | | `_ ` - | |
| b Check box to indicate whether the foundate | | erating foundation d | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| 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 | | <u> </u> | | - | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of | | | | | |
| minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter: | | | | | |
| Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (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 Information assets at any time during the Information Regarding Foundation Managers of the foundation who close of any tax year (but only if they have | e year — see in gers: have contributed m | ore than 2% of the | total contributions re | | N/A |
| b List any managers of the foundation who a partnership or other entity) of which the | | | | ally large portion of | the ownership of |
| 2 Information Regarding Contribution, Gran Check here Information only requests for funds. If the foundation make complete items 2a, b, c, and d. | makes contributions es gifts, grants, etc, | to preselected cha (see instructions) to | ritable organizations o individuals or orga | inizations under oth | |
| a The name, address, and telephone number | er of the person to v | whom applications s | should be addressed | I. | |
| b The form in which applications should be | submitted and infor | mation and materia | ls they should includ | de | |
| c Any submission deadlines | | - | | | |
| d Any restrictions or limitations on awards, | such as by geograp | hical areas, charital | ble fields, kinds of in | nstitutions, or other | factors |
| BAA | <u></u> | EA0310L 02/16/11 | · | F | orm 990-PF (2010) |

| 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 | | |
| | substantial contributor | recipient | | | | |
| Name and address (home or business) a Paid during the year | substantial contributor | recipient | CONTIDUCT | | | |
| Total | | | ► 3a | | | |
| b Approved for future payment | | | <u>►</u> 3a | | | |
| Total | | | ► 3b | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gros | s amounts unless otherwise indicated | Unrelated | business income | Excluded | 1 by section 512, 513, or 514 | (2) |
|--|---|-------------------------|----------------------|--|-------------------------------|--|
| · | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income (see the instructions) |
| • | ram service revenue | | | code | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| f | | | | ļ | | |
| - | and contracts from government agencies | | | <u> </u> | | |
| | bership dues and assessments | | | | | |
| | st on savings and temporary cash investments lends and interest from securities | | | | | |
| | rental income or (loss) from real estate: | | | | | |
| | -financed property | | | 1 | | |
| | debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| | r investment income | | | - | | |
| | or (loss) from sales of assets other than inventory | | | - | | |
| | ncome or (loss) from special events | - | | | | <u></u> |
| | s profit or (loss) from sales of inventory revenue: | | | | | |
| | r revenue. | | | | | |
| | | | • | | | |
| | | | | | | |
| | | | - | | | |
| e | | | | | | |
| | | | | | | |
| | otal. Add columns (b), (d), and (e) | | | | | |
| 13 Tota | I. Add line 12, columns (b), (d), and (e) | one) | | | 13 | 0. |
| 13 Tota (See work | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. | | | ^ | | 0. |
| 13 Tota (See work | I. Add line 12, columns (b), (d), and (e) | | shment of Exem | pt Purpe | | 0. |
| 13 Tota (See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. | Accomplis | | | oses | |
| 13 Tota (See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | |
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| 13 Tota (See work: Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. -B Relationship of Activities to the | Accomplis | | | oses | ly to the he instructions) |

Form 990-PF (2010) THE TENYO FAMILY FOUNDATION, INC. | Part XVII | | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| • | | | _ | | | | | |
|----------------------|---|---|--|----------------------------------|---|--|--|--------------------|
| describe relating | organization directly of d in section 501(c) of to political organizati | f the Code (oth ons? | er than section 501 | (c)(3) organiz | zations) or in s | ganization section 527, | | Yes No |
| a Transfer | s from the reporting | foundation to a | ı noncharıtable exer | mpt organizat | ion of. | | | 10 to 14 |
| (1) Cash | h | | | | | | 1 a (1) | X |
| (2) Othe | er assets | | | | | • | 1a (2) | X |
| b Other tra | ansactions | | | | | | | |
| (1) Sale | s of assets to a nonc | charitable exem | npt organization | | | | 1b <u>(1)</u> | X |
| (2) Purd | chases of assets from | n a noncharitab | le exempt organiza | tion | | | 1 b (2) | X |
| (3) Rent | tal of facilities, equip | ment, or other | assets | | | | 1 b (3) | X |
| (4) Rein | nbursement arrangen | nents | | | | | 1 b (4) | X |
| (5) Loar | ns or loan guarantees | | | | | | 1 b (5) | X |
| (6) Perf | ormance of services | or membership | or fundraising soli | citations | | | 1 b (6) | X |
| c Sharing | of facilities, equipme | nt, mailing list | s, other assets, or p | oaid employee | es. | | 1c | X |
| the good | swer to any of the ables, other assets, or so saction or sharing are | ervices aiven b | v the reportina four | idation. If the | foundation re | eceived less than | n fair market value in | ue of |
| (a) Line no | (b) Amount involved | | noncharitable exempt org | | | | nsactions, and sharing arrai | ngements |
| N/A | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> |
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| 1 | | | | | | | | |
| describe | undation directly or it d in section 501(c) of complete the following | f the Code (oth | ed with, or related er than section 501 | to, one or mo (c)(3)) or in s | re tax-exempt section 527? | t organizations | Yes | XNo |
| | Name of organization | - | (b) Type of c | organization | | (c) Descri | ption of relationship | |
| N/A | , g | | (-) -) | . \ \$ | | (0) = 000 | paret, or relationship | |
| | | | | | 0.6 | | | |
| | | | - | | | | | |
| | | | | 7 | 10 | | | |
| | | | | | | | | |
| Under p correct, | enalties of perjury, I declare and complete Declaration of | that I have examinor preparer (other th | ed this return, including an taxpayer or fiduciary) is | s based on all info | dules and statement rmation of which p | nts, and to the best or preparer has any know | f my knowledge and belief, i wledge | i is true, |
| lere | Ano | hu I | myo | * | 11/8 | / II ► PR | ESIDENT | |
| | nature of officer or trustee | | • | | Date | Title | | |
| • | Print/Type preparer's nam | е | Preparer's signatu | ıre | Date | Chec | kıf X ıf PTIN | |
| Paid | WILLIAM J. LOFF | REDO, CPA | WILLIAM J. | LOFFREDO, | CPA ///7 | 7/3/ | employed P001133 | 67 |
| Preparer | | FFREDO & AS | | | | | × ► 22-3703425 | |
| Jse Only | 15 | 0 RIVER RD | | | | | W - W - W | |
| | | NTVILLE, NJ | | | | Phone no | (973) 331-080 | 0 |
| BAA | | | | | | • | | 0-PF (2010) |
| | | | | | | | | |

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

| If you are | e filing for an Automatic 3-Month Extension, co | mplete only | Part I and check this box | | ► X | | |
|---|---|---|---|---------------------------|--------------------------------|--|--|
| • | e filing for an Additional (Not Automatic) 3-Mon | | | | _ | | |
| Do not comp | plete Part II unless you have already been grante | ed an auton | natic 3-month extension on a previously | filed Forn | n 8868 | | |
| corporation request an e Associated V | ling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click | t automatic Part I or P lust be sen |) 3-month extension of time You can elear til with the exception of Form 8870, lit to the IRS in paper format (see instruct | ectronicali nformation | ly file Form 8868 to | | |
| Part I A | utomatic 3-Month Extension of Time. (| Only subn | nit original (no copies needed). | | | | |
| | n required to file Form 990-T and requesting an | | | complete | Part I only ► | | |
| All other corp | porations (including 1120-C filers), partnerships, eturns. | REMICS, a | and trusts must use Form 7004 to reques | t an exter | nsion of time to file | | |
| | Name of exempt organization | organization | | | Employer identification number | | |
| Type or | | | | | | | |
| print | THE TENYO FAMILY FOUNDATION, | INC. | 35-2400531 | | | | |
| File by the due date for | Number, street, and room or suite number. If a P O. box, see instructions | | | | | | |
| filing your return See | 8 ZIRCON WAY | | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | |
| | WOODLAND PARK, NJ 07424 | | | | | | |
| | | | | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | | | | | | | |
| Application Is For | | Return Code | Application Is For | - | Return Code | | |
| | | | | | 07 | | |
| Form 990 | | 01 | Form 990-T (corporation) | | | | |
| Form 990-BL | | 02 | Form 1041-A | | | | |
| Form 990-EZ | | 03 | Form 4720 | | | | |
| Form 990-PF | | 04 | Form 5227 | | | | |
| Form 990-T (section 401(a) or 408(a) trust) | | 05 | Form 6069 | | | | |
| Form 990-1 | (trust other than above) | 06 | Form 8870 | | 12 | | |
| Telephone If the org If this is to | s are in the care of SOPHIE TENYO No. 973-256-2124 anization does not have an office or place of bus for a Group Return, enter the organization's four s box [In the companion of the group, check asion is for.] | digit Group | e United States, check this box . Exemption Number (GEN) . If | this is for | | | |
| | st an automatic 3-month (6 months for a corpora | tion require | and to file Form 990 T) extension of time | | | | |
| until _ The ext | 8/15, 20 11 , to file the exempt org tension is for the organization's return for: | anization re | eturn for the organization named above. | | | | |
| X | calendar year 20 or tax year beginning12/22 , 2010 | , and endin | g <u>12/31</u> , 20 <u>10</u> . | | | | |
| | ax year entered in line 1 is for less than 12 month ange in accounting period | hs, check re | eason: X Initial return Fina | al return | | | |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | | | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | | | |
| | c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | | | | | | |
| Caution. If yo | ou are going to make an electronic fund withdraw ructions. | al with this | Form 8868, see Form 8453-EO and Form | n 8879-E0 | O for | | |

BAA For Paperwork Reduction Act Notice, see Instructions.

| Form 8868 | 3 (Rev 1-2011) | | | | Page 2 | | | |
|--|--|--|--|---|--------------|--|--|--|
| • If you | are filing for an Additional (Not Automatic) 3-Mont | th Extensio | n, complete only Part II and check | this box | ▶ | | | |
| Note. Only | complete Part II if you have already been granted | l an automa | atic 3-month extension on a previou | ısly filed Form 8868. | | | | |
| • If you | are filing for an Automatic 3-Month Extension, con | nplete only | Part I (on page 1). | _ | | | | |
| Partill | Additional (Not Automatic) 3-Month Exte | ension of | Time. Only file the original (| no copies needed). | | | | |
| | Name of exempt organization Employer identification numb | | | | | | | |
| Type or print | THE TENYO FAMILY FOUNDATION, IN | NC. | | 35-2400531 | | | | |
| | umber, street, and room or suite number. If a P.O. box, see instructions. | | | | | | | |
| File by the extended due date for filing the | LOFFREDO & ASSOC., LLC 150 RIVER RD STE 01A | | | | | | | |
| return See instructions | City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | | | |
| | MONTVILLE, NJ 07045-8920 | | | | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Return Code Return Code Return Code | | | | | | | | |
| Form 990 | | 01 | | | | | | |
| Form 990-BL | | 02 | Form 1041-A | | 08 | | | |
| Form 990-EZ | | 03 | Form 4720 | | 09 | | | |
| Form 990- | | 04 | Form 5227 | | 10 | | | |
| Form 990-T (section 401(a) or 408(a) trust) | | 05 | Form 6069 | | 11 | | | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | 12 | | | |
| | not complete Part II if you were not already grante | | | ously filed Form 8868 | · '5 | | | |
| Teleph If the complete of the | prganization does not have an office or place of bus is for a Group Return, enter the organization's four up, check this box. If it is for part of the group the extension is for. The extension is for it is for part of the group the extension of time until it is for part of the extension of time until it is for part of the extension is for less than 12 months of the extension is for less than 12 months or it is for part of the extension is for less than 12 months or it is for part of the extension is for less than 12 months or it is for part of the extension is for part of the group that | digit Group oup, check to 11/15 12/22 hs, check re AYER RES | e United States, check this box Exemption Number (GEN) nis box. | . If this th the names and EINs of the second EI | 1 <u>0</u> . | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | | | | | | | | |
| | b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | | | | | | | |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | | | | | | | | |
| | | | Verification | | 0. | | | |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form | | | | | | | | |
| Signature > | ignature PRESIDENT Date Date | | | | | | | |
| BAA | AA FIFZ0502L 11/15/10 Form 8868 (Rev 1-2011) | | | | | | | |