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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or Private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling ganizations as defined in section 512(bχ13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change SHIPPERS OF RECYCLED TEXTILES, 52-1595998 Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite ___initial return 2105 LAUREL BUSH ROAD 200 443-640-1050 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return BEL AIR, MD 21015 Number > Application pending H Check ► X if the organization is not Cash X Accrual Other (specify) Accounting Method: Website: ▶ WWW.SORTI.COM required to attach Schedule B Tax-exempt status (check only one) — _____ 501(c)(3) X 501(c) (6) ◀(insert no.) ____ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 43,421. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I \mathbf{x} Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 39,970. 2 2 Program service revenue including government fees and contracts 3,400. Membership dues and assessments 3 3 SEE SCHEDULE O 51. 4 Investment income 5a 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than SCANNED JUN 2 9 2011 6a \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 43,421 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 10 10 11 11 Benefits paid to or for members JUN 1 3 2011 Salaries, other compensation, and employee benefit 12 12 31,810. Professional fees and other payments to independent contractors 13 13 OGDEN. L 14 Occupancy, rent, utilities, and maintenance 14 15 46. 15 Printing, publications, postage, and shipping 1,682. SEE SCHEDULE O Other expenses (describe in Schedule 0) 16 16 33,538. 17 Total expenses Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,883. 18 **Net Assets** 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 31.089. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule 0) 40,972. 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

_	m 990-EZ (2010) SHIPPERS OF RECYCLED TEXT	TILES, INC.		<u>2-1</u>	<u> 5959</u>	98	Page 2
P	Balance Sheets. (see the instructions for Part II.)						[77]
	Check if the organization used Schedule O to respond to any question	in this Part II	(A) Paginging of year	T	/D\ E	nd of yea	<u> </u>
20	Cook courses and investments	-	(A) Beginning of year 28,304.	22	(B) L		
22		-	40,304.	23			<u>612.</u>
23 24		<u>, </u>	4,385.	24		1.1	380.
25	·	-	32,689.	-			992.
26		, F	1,600.				020.
27		-	31,089.		-		$\frac{020.}{972.}$
	art III Statement of Program Service Accomplishme		s for Part III)	121		penses	<u> </u>
<u></u>	Check if the organization used Schedule O to respond to any question	•	_	\mathbf{x}	(Required		n
Wh	at is the organization's primary exempt purpose? SEE SCHEDULE (501(c)(3)	and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt pu		oongica mannar, dagaribi		organizatii 4947(a)(1		
	services provided, the number of persons benefited, and other releva				for others.		
_	SEE SCHEDULE O	The strict of the sacrif	program title		\Box		
20	DEE DEMBDORE C			-			
	(Grants \$) If this amount includes foreign	grants check here	N	— ,	.8a		
29	Tarants \$\frac{1}{2} \taranta	grants, check here		 	-		
23				-			
		······································		-			
	(Grants \$) If this amount includes foreign	grants chack here	▶ [— ا	9a		
30	Toranta w / Il this amount includes foreign	grants, check here			34		
50				-	İ		
	(Grants \$) If this amount includes foreign	grants check here	b [— a	10a		
21	Other program services (describe in Schedule O)	grants, check here			- Jan		
01	(Grants \$) If this amount includes foreign	grants chack here	▶ [<u>-</u> ا ا	11a		
32	Total program service expenses (add lines 28a through 31a)	grants, check here			32		
	art IV List of Officers, Directors, Trustees, and Key I	Employees, List each	one even if not compensated. (se			or Part IV)	
نــنا	Check if the organization used Schedule O to respond to any question		one even where compensation (ee		0.1.001.01101	o, ,,	
	Shook in the diguinazatori dece contesta o to respond to any queen	(b) Title and average he	ours (c) Compensation	(d) Cor	ntributions	(e) E)	pense
	(a) Name and address	per week devoted to	1-7	to en	nployee t plans &	, , ,	nt and
	(a) Hamo and address	position	-0-)	def	erred	other all	owances
ER	RIC STUBIN, 2105 LAUREL BUSH ROAD,	PRESIDENT		compi	ensation	<u> </u>	
	L AIR, MD 21015	5.00	0.		0.]	0.
	BERT GOODE, 2105 LAUREL BUSH ROAD,	TREASURER					<u> </u>
	EL AIR, MD 21015	5.00	0.		0.		0.
	ARREN KAY, 21015 LAUREL BUSH ROAD,	VICE PRESI					
	EL AIR, MD 21015	5.00	0.		0.		0.
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	NNY KHATRA, 2105 LAUREL BUSH ROAD, LL AIR, MD 21015	DIRECTOR	0.		0.		0
	RIC WARSHAW, 2105 LAUREL BUSH ROAD,	3.00 DIRECTOR	U •		<u> </u>	-	0.
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	LL AIR, MD 21015 LLIAM SCHAPIRO, 2105 LAUREL BUSH	3.00 DIRECTOR					
RC	LL AIR, MD 21015 LLIAM SCHAPIRO, 2105 LAUREL BUSH DAD, BEL AIR, MD 21015	3.00 DIRECTOR 3.00	0.		0.		0.
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RC MU RC	CL AIR, MD 21015 CLLIAM SCHAPIRO, 2105 LAUREL BUSH DAD, BEL AIR, MD 21015 CHAMMED KAPPAYA, 2105 LAUREL BUSH DAD, BEL AIR, MD 21015	3.00 DIRECTOR 3.00 DIRECTOR 3.00					
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۰	Check of the erganization used Schedule O to respond to any question in this Part V			X
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	
20	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		. 03	
33		33		х
24	Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"		
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
30	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			
a	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	j	Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	-005		Ť.
36	complete applicable parts of Schedule N	36		X
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions.	_		<u> </u>
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.5		
30 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	- 000		
	Section 501(c)(7) organizations. Enter:	1	1	
39	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 a	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
U	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			}
	If "Yes," complete Schedule L, Part 1	40b	N/	A
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		<u> </u>
Ü	or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	► NT / N	ı		-
	organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
E	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed. NONE	100		
	The organization's books are in care of ► KING STRINGFELLOW GROUP, INC Telephone no. ► 443-64	0-1	050	,
72 a		2101		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
٠	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
·	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and onto the amount of the companies of			
			Yes	No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
774	Form 990-EZ	44a		x
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	"		1
O	of Form 990-EZ	44b		х
_	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	.,,,,		 -
a		44d		[
	ın Schedule O		100-E7	(2010)

	(2010) SHIPPERS OF RECYCLE	ED TEXTILES,	INC.		<u>52-1595</u>	<u>990</u>		age 4
							Yes	No
45 1 s any re	lated organization a controlled entity of the organization	on within the meaning o	of section 512(b)	(13)?		45_		Х
-	organization receive any payment from or engage in any	=			512(b)(13)?			
If "Yes," I	Form 990 and Schedule R may need to be completed in	stead of Form 990-EZ				45a_		X
	organization engage, directly or indirectly, in political car		of or in opposition	n to candidates for pu	iblic office?			
	complete Schedule C, Part I	. •	• • •	•		46_		X
Part VI	Section 501(c)(3) organizations and	section 4947(a)(1)	nonexempt	charitable tru	sts only. All	section	n 501(c	:)(3)
	organizations and section 4947(a)(1) nonexempt char		-					
	Check if the organization used Schedule O to respond			, ,				
					_		Yes	No
47 Did the d	organization engage in lobbying activities? If "Yes," co	molete Schedule C. Pa	1			47		
	ganization a school as described in section 170(b)(1)(A					48		
	organization make any transfers to an exempt non-chari					49a		
	was the related organization a section 527 organization					49b		
	e this table for the organization's five highest compensa-		officers directors	trustees and key en	nnlovees) who		ceived i	more
	00,000 of compensation from the organization. If there i		omoers, director.	s, trustees and key or	iipioyees) wiio	aon io	CCIVCUI	111010
lliali più	50,000 of compensation from the organization. If there i		nd average hours	(c) Compensation	(d) Contribution	s /	e) Expe	nca
	/-> North and address of such appellation and prove		ek devoted to	(c) Compensation	to employee	``	e) Expe	
	(a) Name and address of each employee paid more than \$100,000	· ·	osition		benefit plans & deferred		er allow	
	tnan \$100,000 N/A			· · · · · · · · · · · · · · · · · · ·	compensation	+		
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	mber of other employees paid over \$100,000 te this table for the organization's five highest compensa	ated independent contracto	ors who each rece	ved more than \$100,	000 of compen	sation f	rom the	-
51 Complet	mber of other employees paid over \$100,000 te this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract			ved more than \$100,			rom the	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet	the this table for the organization's five highest compensation. If there is none, enter "None." N/A						<u> </u>	
51 Complet organiza	te this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract	or paid more than \$100,00					<u> </u>	
51 Complet organiza	te this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract	or paid more than \$100,00	0	(b) Type of ser			<u> </u>	
d Total nu	te this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50	or paid more than \$100,00	0	(b) Type of ser		c) Con	npensat	tion
d Total nu 52 Did the c	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving corganization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A	or paid more than \$100,000 over \$100,000 1(c)(3) organizations and	0 4947(a)(1) nonexe	(b) Type of ser	vice	C) Con	es	tion
d Total nu 52 Did the c	te this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50	or paid more than \$100,000 over \$100,000 1(c)(3) organizations and	0 4947(a)(1) nonexe	(b) Type of ser	vice	C) Con	es	tion
d Total nu charitab	the this table for the organization's five highest compensation. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A Unider penalties of periody. Neglegy that I have examined this refuectoriest, and confider to be consistently prepared their than officer).	or paid more than \$100,000 over \$100,000 1(c)(3) organizations and	0 4947(a)(1) nonexe	(b) Type of ser	vice	C) Con	es	tion
d Total nu 52 Did the c charitab	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving corganization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A	or paid more than \$100,00 over \$100,000 1(c)(3) organizations and organization of w	0 4947(a)(1) nonexe	(b) Type of ser	vice	C) Con	es	tion
d Total nu 52 Did the c charitab	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50 le trusts must attach a completed Schedule A Under penalties of periody. Necestre that I have examined this retuctoriset, and complete Decision of preparer (other than officer) is significant.	or paid more than \$100,000 over \$100,000 1(c)(3) organizations and	0 4947(a)(1) nonexe	(b) Type of ser	vice	C) Con	es	tion
d Total nu 52 Did the c charitab	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A Under penalties of perilby. Accept that I have examined this refuencement, and complete Deoperation of preparer (either than officer). Signature of officer Type or print name and title	or paid more than \$100,00 over \$100,000 1(c)(3) organizations and organization of w	1947(a)(1) nonexe	(b) Type of ser	/ knowledge and b	C) Con	es	tion
d Total nu 52 Did the c charitab	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A Under penalties of perilby. Accept that I have examined this refuencement, and complete Deoperation of preparer (either than officer). Signature of officer Type or print name and title	or paid more than \$100,00 over \$100,000 1(c)(3) organizations and organization of w	0 4947(a)(1) nonexe	(b) Type of ser	vice / knowledge and to Qate If PTIN	C) Con	es	
d Total nu 52 Did the c charitab Sign Here	tion. If there is none, enter "None." N/A (a) Name and address of each independent contract mber of other independent contractors each receiving organization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A Under penalties of perilby. Accept that I have examined this refuencement, and complete Deoperation of preparer (either than officer). Signature of officer Type or print name and title	or paid more than \$100,00 over \$100,000 1(c)(3) organizations and organization of w	1947(a)(1) nonexe	(b) Type of ser	vice / knowledge and to Qate If PTIN	C) Con	es	tion
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d Total nu 52 Did the c charitab Sign Here	mber of other independent contractors each receiving corganization complete Schedule A? Note: All section 50 let trusts must attach a completed Schedule A Under penalties of periody. Necember 1 hat have examined this refusorect, and complete Deberation of preparer (either than officer). Signature of officer Type or print name and title Print/Type preparer's name Preparer Preparer Preparer Firm's name KAHN BERMAN SOLO Firm's address 9515 DEERECO RO	or paid more than \$100,00 over \$100,000 1(c)(3) organizations and organization of w Illustration of w Pris signature organizations orga	1947(a)(1) nonexements and statements preparer has any Date	cmpt Check self- emplo	vice / knowledge and b	elief, it is	es strue,	No
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SCHEDULE O

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(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHIPPERS OF RECYCLED TEXTILES, INC.

Employer identification number 52-1595998

SHIPPERS OF RECYCLED TEXTILES,	INC.	<u> 52-1</u>	595998
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME:		
DESCRIPTION OF PROPERTY:			AMOUNT:
INTEREST INCOME	·		51.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			· · · · · · · · · · · · · · · · · · ·
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
WEBSITE			1,618.
BAD DEBT			64.
TOTAL TO FORM 990-EZ, LINE 16	 		1,682.
			
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF		
ACCOUNTS RECEIVABLE	4	,385.	13,380.
PREPAID MGMT FEE		0.	1,000.
TOTAL TO FORM 990-EZ, LINE 24	4	,385.	14,380.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	::		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
DEFERRED DUES	1	,600.	4,020.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -			
NON-PROFIT SHIPPER'S TRADE ASSOCIATION DESIGNED	TO BENEF	IT MEME	BERS BY
PROVIDING REDUCED OCEAN FREIGHTS AND ADDITIONAL	SERVICES	FOR TH	IE
EFFICIENT TRANSPORTATION OF USED CLOTHING, WIPE	RS, TEXTI	LES, AN	m
TEXTILE WASTE PRODUCTS FOR SHIPMENT BY SEA AND	LAND. TH	E ORGAN	IIZATION
ALSO PROMOTES THE GENERAL WELFARE OF SHIPPER MELHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.			NG AND n 990 or 990-EZ) (2010)

SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

SHIPPERS OF RECYCLED TEXTILES, INC.

Employer identification number 52-1595998

PROMOTING A HIGH STANDARD OF BUSINESS ETHICS, PROVIDING A FORUM FOR THE
EXCHANGE OF IDEAS, COLLECTING AND DISTRIBUTING INFORMATION AND ECONMIC
DATA PERTAINING TO THE SHIPMENT AND DISTRIBUTION OF RECYCLED TEXTILES,
PROMOTING TECHNICAL RESEARCH AND DEVELOPMENT IN THE TRANSPORTATION OF
RECYCLED TEXTILES, AND ASSISTING LEGISLATIVE AND GOVERNMENTAL BODIES
AND AGENCIES BY PRESENTING THE VIEWS OF ITS MEMBERS TO SUCH ENTITIES
CONCERNING MATTERS AFFECTING THE WELFARE AND INTERESTS OF THE RECYCLED
TEXTILE SHIPPERS INDUSTRY.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH THE AGGREGATE VOLUME OF MEMBERSHIP, THE
ORGANIZATION NEGOTIATES EXCLUSIVE CONFIDENTIAL SERVICE
CONTRACTS WITH OCEAN CARRIERS & NVOCC'S FOR REDUCED RATES.
CONTRACTS COVER FULL CONTAINER LOADS FOR EXPORT OF USED CLOTHING,
WIPERS, TEXTILES AND TEXTILE WASTE IN VARIOUS TRADE LANES.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

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(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

ightharpoons X

Form 8868 (Rev 1-2011)

City, town or post office, state, and ZIP code For a foreign address, see instructions.	• If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of this	form).		
required to file Form 990-Ti, or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms fisted in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, wist twww via govidefie and click on e-file for Charites & Namprotits. Part I and Vutomatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns SHTPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES,	Do not	complete Part II unless you have already been granted a	n automa	tic 3-month extension on a previously fil	ed For	m 8868.	
of time to file any of the forms lated in Part 1 or Part II with the exception of Form \$870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, part I and the comparison of the paper governed and click on e-file for Charles's Alongrotitis. Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	months for a corpo	ration
of time to file any of the forms lated in Part 1 or Part II with the exception of Form \$870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, part I and the comparison of the paper governed and click on e-file for Charles's Alongrotitis. Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
Part I							
Part	Persona	Il Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on the	ne elec	tronic filing of this fo	orm,
Part	visit ww	w irs gov/efile and click on e-file for Chanties & Nonprofits.					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns				bmit original (no copies needed).			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns Type or or interest to the income tax returns SHIPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES. SHIPPERS OF R					plete		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization		· · · · · · · · · · · · · · · · · · ·				•	
Type or print SHIPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES, INC. Number, street, and room or suite no. If a P.O. box, see instructions. SHIPPERS OF RECYCLED TEXTILES, INC. Number, street, and room or suite no. If a P.O. box, see instructions. SHIPPERS OF RECYCLED TEXTILES, INC. STORY TO SHIPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES. SHIPPERS OF RECYCLED. SHIPPERS OF RECYCLED TEXTILES. SHIPPERS OF RECYCLED. S		•	ICs. and t	rusts must use Form 7004 to request an	exten	sion of time	
SHIPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES, INC.							
SHIPPERS OF RECYCLED TEXTILES, INC. SHIPPERS OF RECYCLED TEXTILES, INC. Number, street, and room or suite no if a P O. box, see instructions. 105 LAUREL BUSH ROAD, NO. 200 City, town or post office, state, and ZIP code For a foreign address, see instructions BEL AIR, MD 21015 Enter the Return code for the return that this application is for (file a separate application for each return) Application BFO	Type or	Name of exempt organization			Empl	over identification	number
SHIPPERS OF RECYCLED TEXTILES, INC. 52-1595998							
Number, street, and room or suite no. If a P O. box, see instructions. 2105 LAUREL BUSH ROAD, NO. 200	print	SHIPPERS OF RECYCLED TEXTI	ES.	INC.	5	2-1595998	
2105 LAUREL BUSH ROAD, NO. 200	File by the	Number street and reason arounts as If a D.O. hou as					
City, town or post office, state, and ZIP code For a foreign address, see instructions BEL ATR, MD 21015 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Code Form 990 O1 Form 990-T (corporation) O2 Form 990-EZ O3 Form 4720 O9 Form 990-EZ O3 Form 5227 O4 Form 5227 O5 Form 990-T (see 401(a) or 408(a) trust) O5 Form 990-T (see 401(a) or 408(a) trust) O5 Form 990-T (see 401(a) or 408(a) trust) O5 Form 890-T (see 401(a) or 408(a) trust) O5 Form 890-T (see 401(a) or 408(a) trust) O5 Form 890-T (see 401(a) or 408(a) trust) O5 Form 800-T (see 401(a) or 408(a) trust (see a see a se	filing your			none.			
BEL AIR, MD 21015	return See			ress see instructions			
Application Return Application Return Application Return Secondary Secondar			neigh add	7033, 300 mandations			
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Application Return Application Seror Code Is For Code Code Is For Code Is For Code Is For Code Is For Code Is	Enter th	e Peturo code for the return that this application is for (file	a sonara	te application for each return)			0 3
SFOR Code Is For Code Is For Code Is For Code Is For Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) KING STRINGFELLOW GROUP, INC. The books are in the care of ▶ 2105 LAUREL BUSH ROAD − BEL AIR, MD 21015 Telephone No. ▶ 443−640−1050 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 AUGUST 15, 2011 August of the organization's return for: X calendar year 2010 or Lax year beginning August of the organization is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Litter til	e neturn code for the return that this application is for the	a sopara	te application for each returny			
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Form 990		tion					
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If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			SH RO		12		
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	3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any	1		
nonrefundable credits. See instructions 3a \$ 0.					3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$ 0.					3b	\$	0.
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 3c \$			-		3c	s	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions							

LHA

For Paperwork Reduction Act Notice, see Instructions.