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

2010

Department of the Treasury
Internal Revenue Service

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

For calendar year 2010, or tax year beginning

, 2010, and ending

Check all that apply Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

Name of foundation

ZAUQI CHARITABLE & EDUCATIONAL TRUST

Number and street (or P O box number if mail is not delivered to street address)

6458 32ND STREET NW

City or town

WASHINGTON

State ZIP code

DC 20015-2306

Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

Fair market value of all assets at end of year (from Part II, column (c), line 16) Accounting method: Cash Accrual
 Other (specify)
 ► \$ 232,383. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	52,640.			
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	3.	3.		
	4 Dividends and interest from securities	4,048.	4,048.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain		0.		
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	56,691.	4,051.	0.		
ADMINISTRATIVE OPERATING AND EXPENSES	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch)	1,000.	500.	500.	
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule) See Line 18 Stmt	370.	70.		
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	1,853.	1,853.		
	24 Total operating and administrative expenses. Add lines 13 through 23	3,223.	2,423.	500.	
25 Contributions, gifts, grants paid	47,338.		47,338.		
26 Total expenses and disbursements. Add lines 24 and 25	50,561.	2,423.	47,838.		
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	6,130.				
b Net investment income (if negative, enter -0-)		1,628.			
c Adjusted net income (if negative, enter -0-)			0.		

Part II Balance SheetsAttached schedules and amounts in the description column should be for end-of-year amounts only
(See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
A S S E T S	1 Cash – non-interest-bearing	46,295.	50,244.	50,644.
	2 Savings and temporary cash investments	6,935.	0.	0.
	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 disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)	148,020.	159,002.	181,739.
	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)			
	15 Other assets (describe)			
	16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	201,250.	209,246.	232,383.
L I A B I L I T E S	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<input type="checkbox"/>		
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	<input checked="" type="checkbox"/>		
	27 Capital stock, trust principal, or current funds	100,000.	100,000.	
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	101,250.	109,246.	
	30 Total net assets or fund balances (see the instructions)	201,250.	209,246.	
	31 Total liabilities and net assets/fund balances (see the instructions)	201,250.	209,246.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	201,250.
2 Enter amount from Part I, line 27a	2	6,130.
3 Other increases not included in line 2 (itemize) ► <u>Prior period adjustment</u>	3	2,609.
4 Add lines 1, 2, and 3	4	209,989.
5 Decreases not included in line 2 (itemize) ► <u>Capital loss on investments</u>	5	743.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	209,246.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a OAKMARK FUND I		P	various	02/22/10
b ISHARES TR MSCI EAFE INDEX FD		P	various	12/28/10
c ISHARES TR RUSSELL 1000 VALUE INDEX FD		P	various	02/22/10
d JENSEN PORTFOLIO CLASS J		P	various	02/22/10
e See Columns (a) thru (d)				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 11,135.		12,127.	-992.	
b 9,530.		11,652.	-2,122.	
c 3,866.		5,144.	-1,278.	
d 5,428.		5,344.	84.	
e See Columns (e) thru (h)		41,647.	-743.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))	
a			-992.	
b			-2,122.	
c			-1,278.	
d 0.	0.	0.	84.	
e See Columns (i) thru (l)		0.	-743.	
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	-5,051.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009	7,931.	174,018.	0.045576
2008	38,639.	210,874.	0.183233
2007	30,471.	233,703.	0.130383
2006	16,736.	195,843.	0.085456
2005	18,693.	175,456.	0.106540

2 Total of line 1, column (d) 2 0.551188

3 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 3 0.110238

4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 211,568.

5 Multiply line 4 by line 3 5 23,323.

6 Enter 1% of net investment income (1% of Part I, line 27b) 6 16.

7 Add lines 5 and 6 7 23,339.

8 Enter qualifying distributions from Part XII, line 4 8 47,838.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter 'N/A' on line 1	
Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.)	
1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1 16.
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-)	2 0.
3 Add lines 1 and 2	3 16.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4 0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5 16.
6 Credits/Payments:	
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	6a 331.
b Exempt foreign organizations – tax withheld at source	6b
c Tax paid with application for extension of time to file (Form 8868)	6c 16.
d Backup withholding erroneously withheld	6d
7 Total credits and payments Add lines 6a through 6d	7 347.
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 331.
11 Enter the amount of line 10 to be Credited to 2011 estimated tax ► 318. Refunded	11 13.

Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b	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		
1c Did the foundation file Form 1120-POL for this year?	1c	X
1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____		
1e 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? If 'Yes,' attach a detailed description of the activities	2	X
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
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T	5	X
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
8a Enter the states to which the foundation reports or with which it is registered (see the instructions) ► DC – District of Columbia	8a	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	X

Part 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	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X
14	The books are in care of ► <u>AZIZALI MOHAMMED</u> Telephone no ► <u>(202) 686-0312</u> Located at ► <u>6458 32ND STREET NW WASHINGTON DC ZIP + 4 20015</u>		
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 ► <u>15</u>		
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►	16	Yes X

Part 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)? Organizations relying on a current notice regarding disaster assistance check here ►	1b	
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?	1c	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)).		
a	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 ► <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► <u>20__ , 20__ , 20__ , 20__</u>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

 Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

 Yes No
 Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

 Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes Nob If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here ►

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

 Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(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 account, other allowances
AZIZALI MOHAMMED 6458 32ND STREET NW WASHINGTON DC 20015	MANAGING DIRECTOR 5.00	0.	0.	0.
SAKINA MOHAMMED 6458 32ND STREET NW WASHINGTON DC 20015	MANAGING DIRECTOR 1.00	0.	0.	0.
AFROZE MOHAMMED APARTMENT 858, QUEBEC HOUSE NORTH WASHINGTON DC 20006	TRUSTEE 1.00	0.	0.	0.
See Information about Officers, Directors, Trustees, Etc		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

►

None

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

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
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 beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	<hr/> <hr/>
2	<hr/> <hr/>

All other program-related investments See instructions

total. Add lines 1 through 3 ►

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 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 170,650.
b Average of monthly cash balances	1b 44,140.
c Fair market value of all other assets (see instructions)	1c 0.
d Total (add lines 1a, b, and c)	1d 214,790.
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	2
3 Subtract line 2 from line 1d	3 214,790.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 3,222.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5 211,568.
6 Minimum investment return. Enter 5% of line 5	6 10,578.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this part.)

1 Minimum investment return from Part X, line 6	1 10,578.
2a Tax on investment income for 2010 from Part VI, line 5	2a 16.
b Income tax for 2010 (This does not include the tax from Part VI)	2b
c Add lines 2a and 2b	2c 16.
3 Distributable amount before adjustments Subtract line 2c from line 1	3 10,562.
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	5 10,562.
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 10,562.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a 47,838.
b Program-related investments – total from Part IX-B	1b
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 a Suitability test (prior IRS approval required)	3a 0.
b Cash distribution test (attach the required schedule)	3b 0.
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 47,838.
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 16.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 47,822.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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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, line 7				10,562.
2 Undistributed income, if any, as of the end of 2010			0.	
a Enter amount for 2009 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010				
a From 2005 10,196.				
b From 2006 7,436.				
c From 2007 18,961.				
d From 2008 28,216.				
e From 2009 737.				
f Total of lines 3a through e 65,546.				
4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ 47,838.				
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 2,130.				
e Remaining amount distributed out of corpus 45,708.				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).) 8,432.				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 102,822.				
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 amount – see instructions 0.				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount – see instructions 0.				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 0.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions) 1,764.				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 101,058.				
10 Analysis of line 9				
a Excess from 2006 7,436.				
b Excess from 2007 18,961.				
c Excess from 2008 28,216.				
d Excess from 2009 737.				
e Excess from 2010 45,708.				

Part XV: Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MEHNAZ FATIMA EDUCATION AND WELFARE ORGANIZATION JUTIAL, GILGIT-BALTISTAN, NORTHERN AREAS PAKISTAN		EXEMPT	CONSTRUCTION OF SCHOOL FOR HANDICAPPED CHILDREN	35,000.
COMMUNITY INTERVENTION FOR CHILDREN WITH DISABILITIES GILGIT, GILGIT-BALTISTAN PAKISTAN 15100		EXEMPT	FIELD SUPPORT FOR FAMILIES WITH HANDICAPPED CHILDREN	9,500.
ISNA DEVELOPMENT FOUNDATION P.O. BOX 808 PLAINFIELD IN 46168		EXEMPT	AMERICAN MUSLIM & HUMANITARIAN WORKS ORPHAN SUPPORT	350.
PLAN USA 155 PLAN WAY WARWICK RI 02886		EXEMPT	SURGERY FOR CHILDREN WITH CLEFT PALATES	348.
WASHINGTON DC 20090 PROJECT HOPE P.O. BOX 96430		EXEMPT	GENERAL CHARITY SUPPORT	250.
WASHINGTON DC 20090 DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE		EXEMPT	GENERAL CHARITY SUPPORT	250.
NEW YORK NY 10001 OXFAM 226 CAUSEWAY STREET 5TH FLOOR		EXEMPT	GENERAL CHARITY SUPPORT	250.
BOSTON MA 02114 COMMUNITY CONNECTIONS WORLD BANK GROUP		EXEMPT	EARTHQUAKE RELIEF	250.
WASHINGTON DC 20433 See Line 3a statement		EXEMPT		250.
				890.
Total			► 3a	47,338.
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	3.	
4 Dividends and interest from securities			14	4,048.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				4,051.	
13 Total Add line 12, columns (b), (d), and (e)					4,051.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash

- (2) Other assets
 - o Other transactions
 - (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
1a (1)		X
1a (2)		X
1b (1)		X
1b (2)		X
1b (3)		X
1b (4)		X
1b (5)		X
1b (6)		X
1c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign
Here

A. F. Mohammed

10

1

Signature of officer or trustee		Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> if self-employed
	MICHAEL J. RINALDI, II	► MICHAEL RINALDI & CO. LLP	09/08/11	PTIN
	Firm's name	Firm's EIN ►		
Firm's address	5028 WISCONSIN AVE, NW, SUITE 302		Phone no (202) 363-8500	
	WASHINGTON		DC 20016-4118	

BAA

Form 990-PF (2010)

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service

OMB No. 1545 0047

Schedule of Contributors

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

2010

Name of the organization

ZAUQI CHARITABLE & EDUCATIONAL TRUST

Employer identification number

52-1833177

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(____) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year

► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their 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)**BAA** 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)

Name of organization

Employer identification number

ZAUQI CHARITABLE & EDUCATIONAL TRUST

52-1833177

Part I **Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DR. AZIZALI MOHAMMED 6458 32ND STREET NW WASHINGTON DC 20015	\$ 7,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DR. ZEBA RASMUSSEN & STEPHEN F. RASMUSSEN 6440 BROOKES LANE BETHESDA MD 20816	\$ 23,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
990-PF TAXES	300.			
FOREIGN TAXES	70.	70.		
Total	<u>370.</u>	<u>70.</u>		

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses.	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
INVESTMENT FEES	1,800.	1,800.		
MISCELLANEOUS	53.	53.		
Total	<u>1,853.</u>	<u>1,853.</u>		

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
THIRD AVENUE SMALL CAP VALUE INSTL CL	P	various	02/22/10
FIDELITY A/C CAP GAIN MUTUAL FUND DIV	P	various	12/31/10
OAKMARK FUND I	P	12/17/09	02/22/10
ISHARES TR MSCI EAFE INDEX FD	P	06/29/10	12/31/10
ISHARES TR RUSSELL 1000 VALUE INDEX FD	P	12/29/09	02/25/10
JENSEN PORTFOLIO CLASS J	P	12/29/09	02/25/10
THIRD AVENUE SMALL CAP VALUE INSTL CL	P	12/29/09	02/22/10
VANGUARD SHORT TERM GOVT INVEST	P	01/01/10	08/30/10

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13,137.		15,402.	-2,265.
998.		0.	998.
71.		77.	-6.
254.		225.	29.
109.		92.	17.
72.		71.	1.
100.		117.	-17.
26,163.		25,663.	500.
Total		<u>41,647.</u>	<u>-743.</u>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Columns (i) thru (D)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (column (h) gain minus column (k), but not less than -0-)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	or losses (from column (h))
0.	0.	0.	-2,265.
			998.
			-6.
			29.
			17.
			1.
			-17.
			500.
Total	0.	0.	-743.

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

(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 account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>				
ARSHAD MOHAMMED	TRUSTEE	0.	0.	0.
4227 37TH STREET NW	1.00			
WASHINGTON DC 20006				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TREASURER/TRUSTEE	0.	0.	0.
Zeba Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/>	TRUSTEE	0.	0.	0.
Stephen F. Rasmussen	1.00			
6440 BROOKES LANE				
Bethesda MD 20816				
Person <input checked="" type				

Total

0. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
<u>SAVE THE CHILDREN</u> 54 WILTON RD. WESTPORT CT 06880		EXEMPT	<u>ORPHAN SUPPORT</u> (2 CHILDREN)	Person or Business <input checked="" type="checkbox"/> 240.
<u>BETHLEHEM HOUSE INC.</u> 1401 LAWRENCE ST. NE WASHINGTON DC 20017		EXEMPT	<u>GROUP HOME FOR</u> <u>MENTALLY HANDICAPPED</u>	Person or Business <input checked="" type="checkbox"/> 200.
<u>CATHOLIC CHARITIES</u> 924 G St. NW WASHINGTON DC 20001		EXEMPT	<u>GENERAL CHARITY SUPPORT</u>	Person or Business <input checked="" type="checkbox"/> 100.
<u>L'ARCHE</u> 1130 SW Morrison Street PORTLAND OR 97205		EXEMPT	<u>GROUP HOME FOR</u> <u>MENTALLY HANDICAPPED</u> <u>CHILDREN</u>	Person or Business <input checked="" type="checkbox"/> 100.
<u>RELIEF FOR THE BLIND AND DYSLEXIC</u> 20 ROSZEL RD. PRINCETON NJ 08540		EXEMPT	<u>HELP FOR DISABLED</u> <u>CHILDREN AND ADULTS</u>	Person or Business <input checked="" type="checkbox"/> 100.
<u>CARE OF CREATION</u> P.O. BOX 44582 MADISON WI 53744		EXEMPT	<u>ENVIRONMENTAL SUPPORT</u>	Person or Business <input checked="" type="checkbox"/> 100.
<u>SPECIAL OLYMPICS</u> 513 Progress Drive LINTHICUM MD 21090		EXEMPT	<u>SUPPORT HANDICAPPED</u>	Person or Business <input checked="" type="checkbox"/> 50.

Total

890.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box X
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization ZAUQI CHARITABLE & EDUCATIONAL TRUST	Employer identification number 52-1833177
	File by the extended due date for filing the return. See instructions. 6458 32ND STREET NW	
	Number, street, and room or suite number. If a P.O. box, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON DC 20015	

Enter the Return code for the return that this application is for (file a separate application for each return). **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **THE ORGANIZATION**
Telephone No. **(301) 656-4594** 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 the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **Nov 15 2011**.

5 For calendar year **2010**, or other tax year beginning , 20 , and ending , 20 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension...
WAITING FOR INFO FROM THIRD PARTIES TO FILE A COMPLETE RETURN

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.	8a \$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .	8b \$ 0.
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.	8c \$ 0.

Signature and Verification

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 ►

Title ► CPA

Date ► 08/13/11

BAA

FIFZ0502 11/15/10

Form 8868 (Rev 1-2011)