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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

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

, 2010, and ending For calendar year 2010, or tax year beginning Initial Return of a former public charity Final return G Check all that apply Initial return Address change Amended return Name change Employer identification number THE BELAY FOUNDATION 77-0537819 P.O. BOX 6559 Telephone number (see the instructions) KETCHUM, ID 83340 (208) 578-2249 If exemption application is pending, check here 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Н Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination 438,731 (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in for charitable expenses per books income ıncome columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) 53,000 Contributions, gifts, grants, etc, received (att sch) Ck If the foundn is not req to att Sch B Interest on savings and temporary N/A 2 cash investments 9.013 Dividends and interest from securities 9.013 5a Gross rents. b Net rental income or (loss) REVENU 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term RECORIVED Income modification 10 a Gross sales less returns and allowances Cost goods sold c Gross projet/(loss 11 Other income a land Enequied T 12 Total. Add lines 1 through 11 62,015 9,015 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) INISTRAT c Other prof fees (attach sch) OPERA DIEG 17 Interest Taxes (attach schedule)(see instr.) Depreciation (attach sch) and depletion Occupancy Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV 38,000 38,000. Total expenses and disbursements. 38,000 Add lines 24 and 25. 0 38,000. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 24,015 9,015 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

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CES O R 30 Total net assets or fund balances (see the instructions) Total liabilities and net assets/fund balances (see the instructions) Part III Analysis of Changes in Net Assets or Fund Balances

405,370 429,385 429,385 405,370 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 405,370. 2

6

end-of-year figure reported on prior year's return) 24,015. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 429,385. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

429,385.

2. story brick warehouse or common stock 200 shares Mt C Company) P - Pi			(b) How acquired P — Purchase D — Donation		(C) Date acquired (month, day year)	(d) Date sold (month day, year)
1a N/A			D Donas			
b						
						<del></del>
<u>d</u> 						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale	is e		(h) Gain or (e) plus (f) m	
a						
b						
c	<del></del>					
d	<del></del>					
Complete only for assets show	Ving gain in column (h) and owned by	the foundation on 12/31/69			(I) Carpa (Colu	ıma (b)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		g: tha	(1) Gains (Colu ain minus column (k an -0-) or Losses (fro	), but not less
a						
b						
c						
d	<del>                                     </del>					
2 Capital gain net income or (ne	et capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)		ļ		
ın Part I, line 8	e 8, column (c) (see the instructions)			3		
	er Section 4940(e) for Reduced to the section 4					<del></del>
If 'Yes,' the foundation does not qual 1 Enter the appropriate amount	ction 4942 tax on the distributable am alify under section 4940(e) Do not cor in each column for each year, see the	mplete this part e instructions before making	·	es	Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ets	(colu	<b>(d)</b> Distribution amn (b) divided l	
2009	40,342.		,520.			0.133795
2008	30,000.		,813.			0.086253
2007	27,500.		, 936.			0.073151
2006 2005	30,000.		,635.			0.092697 0.095231
2005	23,009.	202	, 014.		<del></del>	0.093231
2 Total of line 1, column (d)			}-	2		0.481127
3 Average distribution ratio for t number of years the foundation	he 5-year base period — divide the to in has been in existence if less than 5	tal on line 2 by 5, or by the years.		3		0.096225
4 Enter the net value of noncha	ritable-use assets for 2010 from Part	X, line 5	-	4		391,712.
5 Multiply line 4 by line 3			-	5		37,692.
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		-	6		90.
7 Add lines 5 and 6				7		37,782.
8 Enter qualifying distributions to	·		L	8		38,000.
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that p	art using a	a 1%	tax rate See th	ne
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Form	1990-PF (2010) THE BELAY FOUNDATION //-	023/81	)	P	age 4'
Par	t:VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	the instru	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary — see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			90.
	check here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	^		Õ.
3	Add lines 1 and 2	3			90.
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			90.
6	Credits/Payments				
	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 606.				
	Exempt foreign organizations – tax withheld at source 6b			-	
	Tax paid with application for extension of time to file (Form 8868)  6c				-
	Backup withholding erroneously withheld  6d		,		
	Total credits and payments Add lines 6a through 6d	7   ***			506.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  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			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			16.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax	11			0.
	tVII-A: Statements Regarding Activities				<u> </u>
			T	Yes	No
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	163	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials pure	hlished		47.52	· .
	or distributed by the foundation in connection with the activities	Justieu		3,4	n Ke
С	Did the foundation file Form 1120-POL for this year?		1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		35	1, 1,8	84°, 3°,
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0.		\$ \\ \frac{2}{3}	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of	חכ			, <sub>14</sub>
2	foundation managers   \$ 0.		2		-: <u>-</u> -
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. 13	, -,	<u>X</u>
	If 'Yes,' attach a detailed description of the activities		1. S. S.		, '~.,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	,	'0 *	المستعددا	
4-	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a 4b	M	
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		5	14	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		3	- (	<u>*</u> ,
c	If 'Yes,' attach the statement required by General Instruction T		-' -'	*()	
О	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or			<i>'</i>	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument?</li> </ul>	inflict	6	X	·
	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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)				
	I_D				
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 <sup>2</sup> 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 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete	4942(j)(5) ≥ Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nand addresses  SEE STATEMENT	ames	10	Х	

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	n 990-PF (2010) THE BELAY FOUNDATION	77-	-053781	9	F	age 5
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)			17		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.  Website address  N/A	applica	ation?	13	Х	
14	The books are in care of • ROBERT W. RENIERS, JR. Telephone		208-5	78-2	249	
15	Located at > 315 S. GOLDEN EAGLE, HAILEY ID ZIP + 4 >	_833	333	 N7 / 70		<u></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	►L	15	N/.A 		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other aut bank, securities, or other financial account in a foreign country?	hority (	over 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 foreign country.	ne of th	he			,
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 :	During the year did the foundation (either directly or indirectly)	_				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No	,	,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	٠,		7
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No		3	,
	(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)?	Yes	XNo			,
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	] <b>Ye</b> s	X No	- (N)	7	, ,
i	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 instruction	s) <sup>7</sup>			N	· · ·
	Organizations relying on a current notice regarding disaster assistance check here	<b>&gt;</b>		. :	٠. ا	
(	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?			ـــــــــــــــــــــــــــــــــــــ		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 $4942(j)(5)$ )			* * * * * * * * * * * * * * * * * * *		· ( , : .
i	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?	Yes	XNo	, co		`.' `.
	If 'Yes,' list the years ► 20, 20, 20	-	_	1	` ; ;]	• • •
i	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)	)(2) (2) to			ا د ددده،	مرابع سست
	all years listed, answer 'No' and attach statement — see the instructions )			2 b	N	<u>/A</u>
•	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	re			·	ž.
	► 20, 20, 20			,	إ	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No	,	3400 41	· ,
I	of 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					دُ. هــا
	determine if the foundation had excess business holdings in 2010.)			3ь	N	/A

 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?
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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Part VII-B   Statements Regarding Activit	ies_for_Which_Forr	<u>n 4720 May Be Req</u>	uired (continued)	
5a During the year did the foundation pay or inci	ur any amount to			
(1) Carry on propaganda, or otherwise attem	pt to influence legislation	on (section 4945(e))?	∐ Yes X	No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	olic election (see sectio ation drive?	n 4955), or to carry	Yes X	No
(3) Provide a grant to an individual for travel	, study, or other sımılar	purposes?	Yes X	No 7
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o n 4940(d)(2)? (see instr	organization described fuctions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifion of cruelty to children	c, literary, or or animals?	Yes X	No .
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or ii (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	ardıng disaster assistan	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim exisibility for the grant?	kemption from the	N/A Yes	No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		
6a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or inc	directly, to pay premium:	S Yes X	No
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
7a At any time during the tax year, was the found	dation a party to a proh	nibited tax shelter transa	ction? Yes X	No
<b>b</b> If yes, did the foundation receive any proceed				N/A 7b
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,
and Contractors				
1 List all officers, directors, trustees, foundation				<del></del>
(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
R.W. & ELIZABETH RENIERS, JR.	TRUSTEE	0.	0.	0.
P.O. BOX 6559	2.00			
KETCHUM, ID 83340				
MARIE MAITLAND-LEWIS	TRUSTEE	0.	0.	0.
611 N. COMSTOCK PLACE	2.00			
VISALIA, CA 93292				
MARGARET B. RENIERS	TRUSTEE	0.	0.	0.
710 N. SILVERVALE	1.00			
VISALIA, CA 93291				
ROBERT W. RENIERS, III	TRUSTEE	0.	0.	0.
2640 IVANHOE DRIVE	1.00			
LOS ANGELES, CA 90039				
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see in	structions). If none, e	nter '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			compensation	
Total number of other employees paid over \$50,000	) ,	-		
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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		
	ļ	
	- 1	
	}	
	[	
	-	
	- 1	
Total number of others receiving over \$50,000 for professional services	<b>P</b>	0
Part X-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 N/A		
		•
	~-	
2		
3		
4		
RartiX: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	$\overline{}$	Amount
1 N/A		7 11100111
2		
All other program-related investments. See instructions		
3		
<del> </del>		
Total. Add lines 1 through 3	<u> </u>	0.
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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 <u>396,277</u>. a Average monthly fair market value of securities 1 a 1 b 1,400. b Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) 397,677. 1 d d Total (add lines la. b. and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e 0 (attach detailed explanation) 2 0. Acquisition indebtedness applicable to line 1 assets 397 ,677. 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 4 5,965 (for greater amount, see instructions) 5 391,712. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 19,586 Minimum investment return. Enter 5% of line 5 6 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 19,586. Minimum investment return from Part X, line 6 2a 90 2a Tax on investment income for 2010 from Part VI, line 5 2b b Income tax for 2010 (This does not include the tax from Part VI) 90. c Add lines 2a and 2b 2 c 19,496. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 4 Recoveries of amounts treated as qualifying distributions 5 19,496. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 19,496. |PartXII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 38,000. 1 a 1 b b Program-related investments - total from Part IX-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) 3 a 3b b Cash distribution test (attach the required schedule) 4 38,000. Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 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 90

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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Part XIII Undistributed Income (see instructions)

•	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
Distributable amount for 2010 from Part XI, line 7				19,496.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005 9, 415.				
<b>b</b> From 2006 30,000.				
c From 2007 27, 500.				
<b>d</b> From 2008 30,000.				
<b>e</b> From 2009 40, 426.				
f Total of lines 3a through e	137,341.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$ 38,000.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	38,000.	,		
d Applied to 2010 distributable amount	30,000.			0.
e Remaining amount distributed out of corpus	0.	*		
5 Excess distributions carryover applied to 2010	19,496.			19,496.
(If an amount appears in column (d), the	23/1001			, , , , , , , , , , , , , , , , , , , ,
same amount must be shown in column (a) )	3	,		,
			'	
6 Enter the net total of each column as indicated below:		,		,
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	155,845.			٠,
•	······································			,
b Prior years' undistributed income Subtract line 4b from line 2b		0.	•	· ·
c Enter the amount of prior years' undistribut-	,		ŕ	
ed income for which a notice of deficiency has been issued, or on which the section	•		55	
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	•		0.	
line 2a Taxable amount — see instructions.			<u> </u>	
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)	0.	•		
(see instructions)				
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	155,845.			
10 Analysis of line 9				
<b>a</b> Excess from 2006 19, 919.		1		
<b>b</b> Excess from 2007 27,500.			]	
c Excess from 2008 30,000.	1	1		
<b>d</b> Excess from 2009 40, 426.	1			
e Excess from 2010 38,000.	1			
				Form 990-PF (2010)

Form 990-PF (2010) THE BELAY FOUNDA	TION			77-053781	9 Page <b>10</b>
Part XIV Private Operating Foundation	ons-(see-instru	ctions and Part	VII-A, question	9)	N/A
la If the foundation has received a ruling or is effective for 2010, enter the date of the	ruling			_	<del>_</del>
<b>b</b> Check box to indicate whether the founda		erating foundation o	~~~~	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#1.0000	Prior 3 years		
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a			ļ <u>.</u>		
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					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
,,,,,,,					
(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		<u> </u>		1.000	<del></del>
Part XV Supplementary Information assets at any time during th			organization na	a \$5,000 or mor	e in
<del></del>		istructions.)			
1 Information Regarding Foundation Managa List any managers of the foundation who is		ore than 2% of the	total contributions re	eceived by the found	dation before the
close of any tax year (but only if they have	contributed more	than \$5,000) (See	section 507(d)(2))		
R.W. & ELIZABETH RENIERS,	JR.				
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a corp 0% or greater intere	poration (or an equa est	ally large portion of	the ownership of
	··				
2 Information Regarding Contribution, Gran Check here  if the foundation only n requests for funds. If the foundation make	nakes contributions	to preselected cha	ritable organizations		
complete items 2a, b, c, and d	- gmo, grants, etc,	(555555515) (			
<b>a</b> The name, address, and telephone number	r of the person to	whom applications s	should be addressed	1	
SEE STATEMENT 2					
<b>b</b> The form in which applications should be s	submitted and infor	rmation and materia	ils they should inclu	de	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors
SEE STATEMENT FOR LINE 2A					
BAA	TE	EA0310L 02/16/11		F	orm <b>990-PF</b> (2010)

Part-XV - Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation status of Recipient Purpose of grant or contribution Amount recipient Name and address (home or business) a Paid during the year SEE STATEMENT 3 3 a 38,000. Total **b** Approved for future payment

Total

► 3b

Par	t.XVI-A	Analysis of	Income-F	Producina	<b>Activities</b>

inter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
Program service revenue     a     b			code		
С					
d					
e			-		
g Fees and contracts from government agencies	<del>                                     </del>				
2 Membership dues and assessments				<del> </del>	
3 Interest on savings and temporary cash investments			14	2.	
4 Dividends and interest from securities			14	9,013.	
5 Net rental income or (loss) from real estate			4		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property 7 Other investment income	-		<del>                                     </del>		
8 Gain or (loss) from sales of assets other than inventory			<del>  -   -   -   -   -   -   -   -   -   -</del>		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					,
a				· <del></del>	
b					
C	-		<del>                                     </del>		
de			<del>                                     </del>		
2 Subtotal Add columns (b), (d), and (e)			1	9,015.	<del></del>
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	9,015
ee worksheet in line 13 instructions to verify calculat	ions )				
		ment of Every	nt Purnose	ic .	
art:XVI4B Relationship of Activities to th	e Accomplish	iment of Exemp	ot i dipose	.3	
	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Line No. Explain below how each activity for which	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions)
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions)
Explain below how each activity for which accomplishment of the foundation's exemption	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions)
▼ accomplishment of the foundation's exemp	income is reporte	ed in column (e) of	Part XVI-A co	ontributed important	ly to the he instructions )

Yes No

# Form 990-PF (2010) THE BELAY FOUNDATION 77-0537819 Part XVII Information-Regarding-Transfers-To-and-Transactions and Relationships With Noncharitable Exempt Organizations

							[	Yes	NO
describe	organization directly ed in section 501(c) o to political organizat	of the Code (ot	ngage in any of the hei than section 50	following wi 11(c)(3) organ	h any other org sizations) or in s	anization section 527,			
	s from the reporting		a noncharitable exe	empt organiz	ation of				
(1) Cas				, -			1a (1)		Х
(2) Oth	er assets						1a (2)		Χ
	ansactions								
(1) Sale	s of assets to a non	charitable exer	mpt organization				1b (1)	- 1	X_
• •	chases of assets from		, ,	ation			1b(2)		X
<b>(3)</b> Ren	tal of facilities, equip	ment, or other	assets				1 b (3)		X
• •	nbursement arranger	ŕ					1 b (4)		X
<b>(5)</b> Loar	ns or loan guarantee	S					1b (5)		X
• •	ormance of services		p or fundraising sol	icitations			1b (6)		X
	of facilities, equipme				ees		1c		X
_									
the good	ls, other assets, or s	ervices aiven b	ov the reporting fou	indation If th	e foundation red	ould always show the fail ceived less than fair mar assets, or services receiv	ket value in	ue of	
(a) Line no	(b) Amount involved	T	noncharitable exempt or			on of transfers, transactions, an		nement	s .
N/A	(=) / missailt involved	(C) manie or			(2) - sec. ipti.			3-11.0/11	
			<del></del>						
			······································						
						·-			
						· -· · · · · · · · · · · · · · · · · ·			
						<del></del>			
						·			
describe	undation directly or i d in section 501(c) o complete the followin	of the Code (oth	ted with, or related ner than section 50	to, one or m 1(c)(3)) or in	ore tax-exempt section 527?	organizations	Yes	X	No
	Name of organization	on	(b) Type of	organization		(c) Description of re	elationship		
N/A									
								-	
				<del></del>	<del></del>	<del></del>			
					<del></del>				
Sign Here	enalties of perjury, I declare and complete Declaration of the period of	e that I have examin of preparer (other th	ned this return, including a nan taxpayer or fiduciary)	accompanying sch is based on all in	redules and statemer formation of which produced by the state of the s	nts, and to the best of my knowledge  Title	dge and belief, i	t is true	
	Print/Type preparers nam		Retail 's side	M SALA	Date	Check if	PTIN		<del></del>
No. 1 of		AGUE, CPA		SPRACIII	CPA III	self-employed	N/A		
Paid			RAGUE, GROEN	& NEESE		Firm's EIN N/A	[14/ A		
Preparer	· •				ACTU 2	rimsein - N/A	<del></del>		
Jse Only	Firm's address -		<u>ENTER AVENUE</u> A 93291-6014	<u> </u>		Phone no (55	9) 625-	სვაი	
200	V.	TOWNTH, C	n 73271-0U14			Phone no (55			2010
BAA							Form <b>99</b>	U-PT (	(2010)

Schedule B		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF)	Schedule of Contributors————	0010
Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF	2010
Name of the organization		Employer identification number
THE BELAY FOUNDATI	ON	77-0537819
Organization type (check one	e)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pr 527 political organization	ivate foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private 501(c)(3) taxable private foundation	e foundation
Check if your organization is <b>Note.</b> Only a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> '), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule      For an organization filing contributor (Complete Pa	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in ints I and II)	money or property) from any one
509(a)(1) and $170(b)(1)(A$	ganization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the re (v)(vi), and received from any one contributor during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and	ne greater of (1) \$5,000 or

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

THE BE	ELAY FOUNDATION	<u> 77-0</u>	537819
Partil	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT W. RENIERS, JR. P.O. BOX 6559  KETCHUM, ID 83340	\$50,000.	Person X Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll 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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
BAA	TEEA0702L 10/26/10	Schedule <b>B</b> (Form 990	), 990-EZ, or 990-PF) (2010)

Page 1 of 1
Employer identification number

of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)
Name of organization

	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page		1 of Part II
Name of organ				<del> </del>	ntification number
	LAY FOUNDATION			77-053	7819
Part 1	Noncash Property (see instructions)				
(a) No. from Part I	(b) Description of noncash property given		( FMV (or (see inst	c) estimate) ructions)	(d) Date received
	N/A				
		-			
		  \$			
		'─			
(a) No. from Part I	(b) Description of noncash property given		( FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\$			
		-	··-	·	
(a) No. from Part I	(b) Description of noncash property given	!	(FMV (or (see inst	c) estimate) ructions)	(d) Date received
		,			
		\$_			
(a) No. from Part I	(b) Description of noncash property given		(FMV (or (see inst	c) estimate) ructions)	(d) Date received
		\$			
		~−			
(a) No. from Part I	(b) Description of noncash property given		(FMV (or (see inst	c) estimate) ructions)	(d) Date received
		1			
		┨			
		\$_			
		1'_			
(a) No. from Part I	(b)  Description of noncash property given		) FMV (or (see inst	c) estimate) ructions)	(d) Date received
		-			
		+			
		\$			
		1_			
BAA	Sche	dule	B (Form	990, 990-E	Z, or 990-PF) (2010)

THE BEI	LAY FOUNDATION			77-0537819	
Part III	Exclusively religious, charitable, e organizations aggregating more th	etc, individual contribution nan \$1,000 for the year.Cor	ns to section inplete cols (a)	n 501(c)(7), (8), or (10) through (e) and the following line entry	
(2)	For organizations completing Part III, enter contributions of \$1,000 or less for the year		aritable, etc, ee instructions	) ►\$ N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relatio	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
RΔΔ				le B (Form 990, 990-FZ, or 990-PF) (2010)	

Page 1

of Part III

Schedule **B**\*(Form 990, 990-EZ, or 990-PF) (2010)

2	በ	-1	-	N

#### GENERAL ELECTIONS

PAGE 1

CLIENT 900

THE BELAY FOUNDATION

77-0537819

9/01/11

04 54PM

#### SECTION 4942(H)(2) ELECTION AS TO THE TREATMENT OF QUALIFYING DISTRIBUTIONS

PURSUANT TO IRC SECTION 4942(H)(2) AND REGULATION 53.4942(A)-3(D)(2), THE FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

SIGNED:

Rufflum, truster

2010-

#### FEDERAL STATEMENTS

PAGE 1

**CLIENT 900** 

#### THE BELAY FOUNDATION

77-0537819 11 46AM

11/04/11

STATEMENT 1 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

ROBERT W. RENIERS, JR.

315 S. GOLDEN EAGLE HAILEY, ID 83333

#### STATEMENT 2 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

ROBERT W. RENIERS, JR.

CARE OF:

P.O. BOX 6559

STREET ADDRESS: CITY, STATE, ZIP CODE:

KETCHUM, ID 83340

TELEPHONE:

FORM AND CONTENT:

NO SPECIFIC REQUIREMENTS

SUBMISSION DEADLINES:

NOVEMBER 15

RESTRICTIONS ON AWARDS:

EDUCATION AND ORGANIZATIONS THAT PROVIDE PERSONAL

DEVELOPMENT ASSISTANCE

### **STATEMENT 3** FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
KIPP FOUNDATION 135 MAIN ST, STE 1700 SAN FRANCISCO, CA 94105		(C) 3	SUPPORT OPERATIONS	\$ 5,000.
PROJECT H DESIGNS P.O. BOX 1231 WINDSOR, NC 27983		(C) 3	SUPPORT OPERATIONS	5,000.
WOMEN'S COMMUNITY CLINIC 2166 HAYES STREET STE 104 SAN FRANCISCO, CA 94117		(C) 3	SUPPORT OPERATIONS	2,500.
BUGS P.O. BOX 833 BOISE, ID 83701		(C) 3	SUPPORT OPERATIONS	2,000.
SF EARN 235 MONTGOMERY STREET, SUITE 470 SAN FRANCISCO, CA 94104		(C) 3	SUPPORT OPERATIONS	7,000.

2010	FEDERAL STA	TEMENT	S	PAGE
CLIENT 900	THE BELAY FO	JNDATION		77-053781
STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YE	EAR			11 46A
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
GREENSPEED 1910 UNIVERSITY DR BOISE, ID 83725		(C) 3	SUPPORT OPERATIONS	\$ 2,000
ADVOCATES VENTURES INTERNATIONAL 1960 JEANIE LANE GILROY, CA 95020				7,000
CENTRAL ASIA INSTITUTE P.O. BOX 7209 BOZEMAN, MT 59771				5,000
SEVA FOUNDATION 1786 FIFTH ST BERKELEY, CA 94710				2,500
			TOT	TAL \$ 38,000

# plication\_for\_Extension\_of <u>Time . . File an</u>

(Rev January 201	1)	Exempt Organization Return				OMB No 1545-1709		
Department of the Internal Revenue	ritment of the Treasury nal Revenue Service ► File a separate application for each return.							
• If you are	filing for an a	Automatic 3-Month Extension, con	nplete only	Part I and check this box			► X	
• If you are	filing for an a	Additional (Not Automatic) 3-Montl	h Extensioi	n, complete only Part II (on page 2 of this	s forn	n).	ب	
Do not comp	olete Part II un	nless you have already been grante	d an autom	natic 3-month extension on a previously fi	led F	orm 8868		
corporation r	equired to file xtension of tin	Form 990-T), or an additional (not ne to file any of the forms listed in	automatic) Part I or Pa	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, Into the IRS in paper format (see instruction of Forms & Nonprofits.)	ctroni forma	ically file Fo Ition Return	rm 8868 to for Transfers	
Partil A	utomatic 3-	Month Extension of Time. C	nly subm	nit original (no copies needed).		<del></del>		
A corporation	required to f	ile Form 990-T and requesting an a	automatic 6	-month extension - check this box and c	ompl	ete Part I o	nly 🕨	
All other corp		luding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to request	an e	xtension of	time to file	
	Name of exempt	organization	-		Emplo	yer identificati	on number	
Type or print	רטר פרוא	Y FOUNDATION			77_	.0527010		
File by the		and room or suite number. If a P.O. box, see in	structions			7-0537819		
due date for filing your	P.O. BOX	6559						
return See instructions		t office, state, and ZIP code. For a foreign addr	ess, see instru	ctions				
	KETCHUM,	ID 83340						
Enter the Re	turn code for	the return that this application is fo	r (file a sep	parate application for each return)			04	
Application Is For			Return Code	Application Is For			Return Code	
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL			02	Form 1041-A			08	
Form 990-EZ		=	03	Form 4720			09	
Form 990-PF			04	Form 5227		<del></del>	10	
		) or 408(a) trust)	05	Form 6069	_		11	
Form 990-1 (	(trust other tha	an above)	06	Form 8870			12	
Telephone If the org If this is check thin the external the content of the conten	e No. ► 208- anization does for a Group Re s box ► ☐ seion is for		FAX No siness in the digit Group of this box	e United States, check this box  Exemption Number (GEN) If  If and attach a list with the names an		s for the wh Ns of all me		
until _ The exi ► X ►	8/15_ tension is for to calendar year tax year begin	, 20 $\underline{11}$ , to file the exempt org the organization's return for. r 20 $\underline{10}$ or nning , 20 d in line 1 is for less than 12 month	anization re	_ ~	al retu	nu		
nonrefu	indable credits	or Form 990-BL, 990-PF, 990-T, 47 s. See instructions			3a	\$	180.	
<b>b</b> If this a paymer	pplication is f its made. Incl	or Form 990-PF, 990-T, 4720, or 60 ude any prior year overpayment all	069, enter a owed as a	iny refundable credits and estimated tax credit	3 b	\$	606.	

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

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

0.

Form 886	8 (Rev 1-2011)				Page 2		
	are filing for an Additional (Not Automatic) 3-M				<b>►</b> X		
	ly complete Part II if you have already been gran		-	ly filed Form 8868			
	are filing for an Automatic 3-Month Extension,			<del></del>			
Rangus.	Additional (Not Automatic) 3-Month E	xtension of					
	Name of exempt organization			Employer identification number	7		
Type or							
print	Number, street, and room or suite number If a PO box, see	f a P.O. box, see instructions					
File by the extended	the						
due date for	MORRIS, SPRAGUE, GROEN & NEES 822 WEST CENTER AVENUE	SE CPA S					
return See	City, town or post office, state, and ZIP code For a foreign at	ddress, see instruct	ions				
matructions	VISALIA, CA 93291-6014						
	112012211, 01. 30231 0011		——————————————————————————————————————				
Enter the	Return code for the return that this application is	s for (file a se	parate application for each return)		04		
		•	,		لبنيا		
Application	on	Return	Application		Return		
Is For		Code	Is For		Code		
Form 990		01			<b>松文出版</b>		
Form 990		02	Form 1041-A		08		
Form 990		03	Form 4720		09		
Form 990		04	Form 5227		10		
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870	1 (1) 1 = 0000	12		
	o not complete Part II if you were not already gra		natic 3-month extension on a previo	usly filed Form 8868.			
	ooks are in care of ► ROBERT_W. RENIERS						
	hone No ► 208-578-2249	FAX No P			►□		
	organization does not have an office or place of is for a Group Return, enter the organization's f			If this	is for the		
			this box  and attach a list with	<del></del>			
_	the extension is for.	e group, check	and attach a hist with	Title hames and Eli4s o	n all		
	quest an additional 3-month extension of time ur	ntil 11/15	20 11				
	calendar year $2010$ , or other tax year begin			. 20			
	te tax year entered in line 5 is for less than 12 m			Final return	_		
_	Change in accounting period	,					
		DITIONAL	TIME IS NECESSARY TO GA	THER IMPORTANT			
IN	FORMATION NEEDED TO FILE A COM	PLETE AND	ACCURATE RETURN.				
8a If th	us application is for Form 990-BL, 990-PF, 990-T	, 4720, or 606	9, enter the tentative tax, less any		100		
<del></del>	refundable credits. See instructions			8a \$	180.		
<b>b</b> If th	ns application is for Form 990-PF, 990-T, 4720, oments made. Include any prior year overpaymen	or 6069, enter a at allowed as a	any refundable credits and estimated credit and any amount haid previous	tax (1)			
	n Form 8868.	anowed as a		8b \$	606.		
c Bala	ance due. Subtract line 8b from line 8a Include	your payment	with this form, if required, by using				
EFT	PS (Electronic Federal Tax Payment System). S	See instructions	S	8c \$	0.		
	SII	gnature an	d Verification	nulados and halist it is tois.	,		
Correct, and	ties of perjury, I declare that I have examined this form, including complete, and that I am appropriate to prepare this form	accompanying sch	ecules and statements, and to the best of my kno	wicage and belief, it is true,	1		
	Title	. 10 10/1		Date - 6 /4/	n		
Signature PAA	- WA CATE INC.			Form <b>8868</b> (	Pay 1 2011		

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