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Form **990-PF**

Return of Private Foundation

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

2010

OMB No. 1545-0052

		venue Service	Note. The four	datio	on may be ab	le to use a cop	y of this return	to satisfy	state re	porting requirements.	
For	cale	ndar year 2010, o	r tax year beginnin	g			!	, 2010, a	nd end	ling	, 20
G	Check	all that apply.	Initial return	1		Initial retur	n of a forme	r public c	_ <i>'</i>	Final retu	rn
		_	Amended r	etur	n	Addres	s change		Nam	e change	
		foundation								A Employer Identifi	cation number
			RK FOUNDAT							84-1548786	
			box number if mail is not			et address)		Room	/suite	B Telephone number (720) 317 - 23	•
		wn, state, and ZIF	AVE SUITE		10					C If exempt, application	
		ennial CO								D 1. Foreign organiz	· · · · · · · · · · · · · · · · · · ·
		type of organizat		01(c)(3) exem	pt private fo	undation	-		2. Foreign organizatii	
		- · · · -	exempt charitable tru			-	vate foundati	on		E If private foundation	on status was
		arket value of all a			Accounting	method	X Cash	Accru	al	terminated under 507(b)(1)(A), chec	
уe	ar (fr	om Part II, col. (c)), line 16)		Other (s	specify)				F If the foundation is termination under	
▶ \$			211,590	~	rt I, colum	n (d) must b	e on cash b	asıs)		507(b)(1)(B), chec	
Pa	rt i		enue and Expenses unts in columns (b),	•	(a) Rev	enue and	(b) Net	ınvestme	ent	(c) Adjusted net	(d) Disbursements
		(c), & (d) may not	t necessarily equal th	ne		nses per	1 ' '	come		income	for charitable purposes
	1		nn (a) (see instructions) grants, etc., received	.)	b	ooks					(cash basis only)
	2	(attach schedule) .	<u> </u>	red							
	3	to atta	ach Sch. B and temp. cash investme			420	-	Δ,	20		
	4	-	iterest from securities	1		120	+		20	_	
	'					14,345					
		Net rental income or (loss)				······································					
R	6 a		sale of assets not on line	10		-4,864					
E V E	t	Gross sales price fo all assets on line 6a		<u> </u>							
	7	Capital gain net inco	me (from Part IV, line 2)						0		
N U	8	Net short-term c	apıtal gaın							0	
Ē	9 10 a	Income modifica Gross sales less	tions .	_						0	
		rtns & allowances Less Cost of		0							
	_	goods sold									
	11	Other income (a	oss) (attach schedul ttach schedule)	e)					\dashv		
	12	Total. Add lines	1 through 11	1.		9,901		4	20	0	
0	13	Compensation of of directors, trustees,	ficers,	•		0			- •		
P E	14		salaries and wages								
R	15		mployee benefits.								
A T	16 a	Legal fees (attac	h schedule)								
i N		_	(attach schedule) #			600					
G	i		al fees (attach schedu								
&	17			• •			-				
A	18	•	edule) (see instructions)	<u>, </u>			 			.	
D M	19 20	Occupancy	ach sch.) and depletion								
1	21		ces, and meetings		-		+ -				
N E	22		lications				-		1		
Х	23	-	(attach schedule).#	_		4,326					
P E	24	•	and administrative								
N			lines 13 through 23			4,926			0	0	0
S E	25	Contributions, gr	fts, grants paid .			15,484					15,484
<u> </u>	26		ements. Add lines 24 an	d 25		20,410			0	0	15,484
	27 a	Subtract line 26 Excess of rever	nue over expenses			10 500			1		
		and disburseme	ents			-10,509	-	A	20		
	1		COME (if neg , enter	- 1				4	20	0	
_			(ii iiog , ciitei -0-	/	1		1		1		1

For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

Da	rt II	Attached schedules and amounts in the Balance Sheets description column should be for	Beginning of year	End	of year
re	F	end-of-year amounts only (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing	18,199	94,965	94,965
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less ⁻ allowance for doubtful accts. ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accts. ▶			
	5	Grants receivable			
	6 7	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans			
A S		receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶	Ì		
s I	8	doubtful accounts Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			+
s		· · ·			-
		Investments U.S. and state govt obligations (attach schedule)			
		Investments corporate stock (attach schedule)			
	11 ^C	Less accumulated depreciation	#3 203,900	116,625	116,625
	12	(attach schedule)	203,300		
	13	Investments mortgage loans			
	14	· · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	45				
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers see the	222 000	211,590	211,590
$\overline{}$	47	Instructions. Also, see page 1, item I)	222,099	211,390	211,390
ן ו	17	Accounts payable and accrued expenses			-
AB	18	Grants payable			\dashv
L	19	Deferred revenue .			4
Ĭ.	20	Loans from officers, directors, trustees, and other disqualified persons .			4
	21	Mortgages and other notes payable (attach schedule)	7 726	7 776	-
E S	22	Other liabilities (describe > See attachment #4)	7,726	7,726	4
3	23	Total liabilities (add lines 17 through 22)	7,726	7,720	\dashv
		Foundations that follow SFAS 117, check here			
NF		and complete lines 24 through 26 and lines 30 and 31.			
⊨ UI	24	Unrestricted		 	-
ĪN	25	Temporarily restricted			4
S B	26	Permanently restricted			-
D BALANC		Foundations that do not follow SFAS 117, ck. here X and complete lines 27 through 31.			
รู่ ถิ	27	Capital stock, trust principal, or current funds			4
္မင္ငု	28	Paid-in or capital surplus, or land, bldg, and equipment fund			4
C O E R S	29	Retained earnings, accumulated income, endowment, or other funds	214,373	203,864	
	30	Total net assets or fund balances (see the instructions)	214,373	203,864	_
	31	Total liabilities and net assets/fund balances (see the inst)	222,099	211,590	
Pa	<u>rt III</u>	Analysis of Changes in Net Assets or Fund Bal	lances	·	
1		I net assets or fund balances at beginning of year Part II, colum			
	end-	-of-year figure reported on prior year's return)		<u>1</u>	214,373
2	Ente	r amount from Part I, line 27a		2	-10,509
3	Othe	er increases not included in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3		4	203,864
5		reases not included in line 2 (itemize)▶		5	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5)	- Part II. column (b), line	30 6	203,864

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Part IV Capital Gains	and Losses for Tax on Inv	estment Inco	me		
	the kind(s) of property sold (e.g., re		(b) How acquired P Purchase	(c) Date acquired	(d) Date sold
	ouse; or common stock, 200 shs N	ILC Co)	D Donation	(mo , day, yr.)	(mo , day, yr.)
1a See attachment	#5		:		
<u>b</u>					·
d					
e	 				
	(f) Depreciation allowed	(a) Cost of	or other basis	(b) Gau	n or (loss)
(e) Gross sales price	(or allowable)		ense of sale) minus (g)
a					
b				<u>-</u> .	
<u>c</u>		<u> </u>			
<u>d</u>		-			
Commission on the form of the control of		d bu aba farradak	40/04/00		
Complete only for assets sn	lowing gain in column (h) and owner				. (h) gain minus less than -0-) or
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col. (i)	, ,,	om col (h))
<u>a</u>					
<u>b</u>	-				
d					
e			 -		
		aloo ontor in Bort I	lino 7	1	-
2 Capital gain net income or (net capital loss) If (loss).	also enter in Part I enter -0- in Part	I, line 7	2	-4,864
3 Net short-term capital gain of	or (loss) as defined in sections 1222		·		
If gain, also enter in Part I, Iii	ne 8, column (c) (see the instruction	s)	٦		
If (loss), enter -0- in Part I, I				3	-4,864
	Under Section 4940(e) for				
For optional use by domestic pi	rivate foundations subject to the sec	tion 4940(a) tax o	n net investment ind	come.)	
f section 4940(d)(2) applies, lea	ve this part blank.				
Vas the foundation liable for the	e section 4942 tax on the distributab	le amount of any	vear in the hase ner	od?	Yes 🗓 No
	t qualify under section 4940(e). Do				
1 Enter the appropriate amou	ınt ın each column for each year; se	e the instructions	before making any e	entries.	
(a)	(b)		(c)	D.o.	(d)
Base period years Calendar year (or tax year beg. ir	Adjusted qualifying distribu	tions	Net value of ncharitable-use assets	(col (b)	tribution ratio divided by col (c))
2009			<u></u>		
2008					
2007					
2006		 			
	I			- - - - - - - - - - 	
2 Total of line 1, column (d)				2	0.00000
• •	or the 5-year base period divide			├	
-	been in existence if less than 5 year			1 _ 1	0.00000
4 Enter the net value of nonc	haritable-use assets for 2010 from	Part X, line 5		4	
5 Multiply line 4 by line 3				. 5	
6 Enter 1% of net investment	income (1% of Part I, line 27b)			6	4
9 Add base e				_	A
7 Add lines 5 and 6				7	4
8 Enter qualifying distribution	is from Part XII, line 4.			8	15,484
· · · ·	er than line 7, check the box in Part		omnlete that part up	L	
instructions.	or man line 7, check the box in Part	vi, inic ib, and C	omplete that part us	my a 1/0 tax rate. St	JO AIO I WIL VI

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X

X

X

8b

and addresses

10

► NONE

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or

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

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

designate) of each state as required by General Instruction G? If "No," attach explanation

' · ,	A COOL DE COCKO) DEVOND MILE MADY HOLDS TON OA 1540506		_	-
	1990-PF (2010) BEYOND THE MARK FOUNDATION 84-1548786		Pa	age 5
	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			х
12	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	 	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	42		x
13	August 17, 2008? Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12		
13	Website address ►N/A	13		
14	The books are in care of See attachment #6 Telephone no			
17	Located at > ZIP+4 >	_		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	' ' '	X
	See the instructions for exceptions and filing requirements for Form TD F 90–22 1 If "Yes," enter the name of the	<u> </u>	1	
	foreign country >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		E
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here	-		
С	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	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			ļ
h	If "Yes," list the years > 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b				
	(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 instructions)	2		x
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	-	<u> </u>
ŭ	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
ou				
b	enterprise at any time during the year?			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	E		•
	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	1	х
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	·	†	† <u></u>
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	Ì	х
JVA		<u> </u>	-PF	
	• • • • • • • • • • • • • • • • • • • •			

5b X 6b X 7b X ployees,	5b X 6b X 7b X ployees,		
7b X ployees,	7b X ployees,	5b	
7b X ployees, pense account,	7b X ployees,	6b	r
pense account,	pense account,	7b	r
		ense a	account,

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))?...... (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (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) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . b 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)? 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? 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 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?... Yes X No If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions) (d) Contributions to employee benefit plans and deferred comp (b) Title, and avo (c) Compensation hours per week devoted to position (a) Name and address (if not paid, enter -0-) See attachment #7 Compensation of five highest-paid employees (other than those included on line 1 -- see instructions). If none, enter "NONE." (d) Contributions to (b) Title, and avg (e) E (a) Name and address of each employee paid employee benefit (c) Compensation hours per week plans and deferred more than \$50,000 other allowances devoted to position compensation NONE Total number of other employees paid over \$50,000

Form 990-PF (2010) BEYOND THE MARK FOUNDATION 84-1548786

Form 990-PF (2010) BEYOND THE MARK FOUNDATION 8	34-1548786	Page 7					
Page 7 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 the 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		•					
Part IX-A Summary of Direct Charitable Activities							
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses					
1							
2							
3							
4							
Part IX-B Summary of Program-Related Investments (see the II							
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2.	Amount					
1							

Total. Add lines 1 through 3

2

3

All other program-related investments. See the instructions

rage o

Form 990-PF (2	2010)	BEYOND	THE	MARK	FOUNDATION	84-1548786

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign found	dations,	
	see the 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	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see the instructions)	1c	
a	Total (add lines 1a, b, and c)	1d	0
е			
_	1c (attach detailed explanation)	-	
2	Acquisition indebtedness applicable to line 1 assets,	2	·
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
_	the instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum Investment return. Enter 5% of line 5	6	
Pa	PIXI Distributable Amount (see the 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	
2a	Tax on investment income for 2010 from Part VI, line 5	-	
b	Income tax for 2010 (This does not include the tax from Part VI.) .	┥╻╽	
C	Add lines 2a and 2b	2c	4
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Pa	rt XII Qualifying Distributions (see the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T	··
a	Superior contributions with the Adulting Bod Landing (a) has 00	1a	15,484
ь	Program-related investments — total from Part IX-B	1b	13,101
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	 	
-		2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
	Outstall the Assat Course 100	3a	
a	Cook distribution test (attack the required cakedula)		
D 4		36	15 494
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,484
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	4
_	Enter 1% of Part I, line 27b (see the instructions)	5	15 490
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,480
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t	ne iounda	uiOII
JVA	qualifies for the section 4940(e) reduction of tax in those years 10 990PF8 TWF 39335 Copyright Forms (Software Only) - 2010 TW		orm 990–PF (2010)

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	t XIII Undistributed Income (see		548786	_	Page 9
E 6 . 547	TAME Ondistributed income (see	(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				0
2	Undistributed income, if any, as of the end of 2010	***************************************			
а	Enter amount for 2009 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006	1			
c	From 2007	1			
d	From 2008	†			
е	From 2009	1			
f	Total of lines 3a through e	1 0			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$ 15,484				
а	Applied to 2009, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required see the instructions)				
_	Treated as distributions out of corpus				
·	(Election required see the instructions)				
			<u> </u>		
	Applied to 2010 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	Indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable				
	amount see the instructions				
е	Undistributed income for 2009 Subtract				
	line 4a from line 2a. Taxable amount				
	see the instructions				
f	Undistributed income for 2010. Subtract				
	lines 4d and 5 from line 1 This amount				
	must be distributed in 2011.				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see				
	the instructions)				
8	Excess distributions carryover from 2005				······································
-	not applied on line 5 or line 7 (see the				
	instructions)				
9	Excess distributions carryover to 2011.				
•	Subtract lines 7 and 8 from line 6a				
10	•				
10	Analysis of line 9:				
	Excess from 2006	4			
	Excess from 2007	4			
	Excess from 2008	4			
	Excess from 2009	4			
е	Excess from 2010	1	1	1	1

JVA

The form in which applications should be submitted and information and materials they should include.

Form **990-PF** (2010)

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Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Fait AV Supplementary information				
3 Grants and Contributions Paid Dur	ing the Year or Ap	proved for	or Future Payment	
	If recipient is an individual,	Foundation	-	
Recipient	show any relationship to	status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager	recipient	contribution	
	or substantial contributor	· · · · · · · · · · · · · · · · · · ·		
a Paid during the year				
See attachment #8				
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		-		
			i	
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	i			
			1	
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Total				15,484
b Approved for future payment				
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Total			▶ 3b	

BEYOND THE MARK FOUNDATION 84-1548786 Form 990-PF (2010)

Page 12

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt function income
	Business	Amount	Excl	Amount	(See the
1 Program service revenue:	code		code		instructions)
a					
b					
c					
d					<u> </u>
e					
1					
g Fees & contracts from government agencies					
2 Membership dues and assessments .			<u> </u>		<u></u>
3 Interest on savings and temporary cash investments			14	420	
4 Dividends and interest from securities.				<u>.</u>	
5 Net rental income or (loss) from real estate			<u> </u>		
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					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e) .		0		420	0
13 Total. Add line 12, columns (b), (d), and (e).				13	420
See worksheet in line 13 instructions to verify calcula	tions.)				
Part XVI-B Relationship of Activities t	o the Accon	plishment of E	xempt Pu	rposes	

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.)

Form **990-PF** (2010)

Exempt Organizations Exempt Organizations	nantable	•
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section	Yes	No
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	a(1)	X
(2) Other assets 1	a(2)	X
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization	b(1)	X
	b(2)	X
	b(3)	X
(4) Reimbursement arrangements	b(4)	X
	b(5)	X
	b(6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair marke	t value of th	e
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	g arrangement	TS .
2 a 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?		【 No
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	y 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 Signature of officer or trustee Date Director Title	has any know	ledge.
Print/whe Grenaver's name Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenaver's subject Prenav		
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raid // self-employed	PTIN	
reparer Firm's name MICHAEL R UNRUH CPA MBA & ASSOC PC Firm's FIN > 80 - 0.6		
Preparer Firm's name MICHAEL R UNRUH CPA MBA & ASSOC PC Firm's EIN > 80 - 06		51

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer Identification number

BEYOND THE MAR	K FOUNDATION	84-1548786
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pr	ivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
-	covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule See instructions
_	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$ utor. Complete Parts I and II	\$5,000 or more (in money or property)
Special Rules		
under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33 1/3% sup)(1) and 170(b)(1)(A)(vi), and received from any one contributor, d 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990	uring the year, a contribution of the greater
during the year, aggr	7), (8), or (10) organization filing Form 990 or 990-EZ that received egate contributions of more than \$1,000 for use exclusively for religial purposes, or the prevention of cruelty to children or animals. Con	gious, charitable, scientific,
the year, contribution to more than \$1,000 religious, charitable, o	7), (8), or (10) organization filing Form 990 or 990-EZ that received is for use exclusively for religious, charitable, etc., purposes, but the lifthis box is checked, enter here the total contributions that were interested, purpose. Do not complete any of the parts unless the General Religious , charitable, etc., contributions of \$5,000 or more during the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the parts unless the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the General in the Ge	ese contributions did not aggregate received during the year for an exclusively at Rule applies to this organization because
or 990-PF), but it must ans	at is not covered by the General Rule and/or the Special Rules do wer "No" on Part IV, line 2 of its Form 990, or check the box on line it does not meet the filing requirements of Schedule B (Form 990,	e H of its Form 990-EZ, or on line 2 of its

990 SCHEDULE OF ACCOUNTING FEES

Attachment 1: page 1 - 990-	PF Page 1, P	art I, Line	16b	
Open to Public Inspection For calendar year 2010, or tax pe	eriod beginning	and	ending	
Name of Organization	anou beginning	, and		ntification Number
BEYOND THE MARK FOUNDATION			84-1548	
	A	Net Investment	Adjusted	Disbursements for
Accounting Category	Amount	Income	Net Income	Charity
ACCOUNTING	600			
Total:	600		 	+
i otal;			<u> </u>	.1

990 OTHER EXPENSES SCHEDULE

Attachment 2: page 1 990-PF	Page 1, Par	t I, Line 23		
Open to Public				
Inspection For calendar year 2010, or tax per	riod beginning	, and	ending	Arforder Alicenter
Name of Organization BEYOND THE MARK FOUNDATION			84 - 1548	ntification Number
	Revenue and	Net Investment	Adjusted	Disbursements for
Description of Activity	Expenses	Income	Net income	Charity
ADVERTISING	14			
BANK SERVICE CHARGES	-20			
FILING & RECORDING FEES	10			
FUNDRAISING EXPENSE	52			
HOA DUES	3,860			
REPAIRS & MAINT	53			
TAXES POSTAGE & DELIVERY	350			
FOSTAGE & DELIVERI	7			
		<u> </u>		
Total:	4,326			

990 SCHEDULE OF INVESTMENT LAND, BUILDINGS & EQUIPMENT Attachment 3: page 1 - 990-PF Page 2, Part II, Line 11

990 SCHEDULE OF OTHER LIABLILITIES

Attachment 4: page 1 - 990-PF Page 2, Part II, Line 22 Open to Public Inspection For calendar year 2010, or tax period beginning , and ending Name of Organization Employer Identification Number BEYOND THE MARK FOUNDATION 84-1548786 End of Year Description of Liability Beginning of Year DUE TO RELATED PARTY - KRISP INVESTMENTS LLC 7,726 7,726 7,726 7,726 Totals:

990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		re 1 - 990-PF Page	3, Part I	7, line 1		
	en to Public	year 2010 or tax period beginning		and and	na	
	e of Organization	year 2010 or tax period beginning		, and endir	Employer Identifi	cation Number
	OND THE MARK F	OUNDATION			84-154878	
		e the Kınd(s) of Property Sold (e g	, Real Estate,	(b) How Acquired	(c) Date Acquired	(d) Date Sold
		rehouse, or Common Stock, 200 s		P Purchase D Donation	(mo , day, yr)	(mo., day, yr.)
1	14046 E Stanfo	ord Circle		D	12-31-2009	03-15-2010
-	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost or Ot		(h) Gain o	
1	89,973	(or allowable)	Plus Expen	se of Sale 94,837	(e) Plus (f	Minus (g) -4,864
		howing gain in column (h) and ow			(I) Gains (Col (-
	(i) F.M.V. as of 12/31/69	(J) Adjusted Basis	(k) Excess if	• • • • • • • • • • • • • • • • • • • •	* *	Less Than -0-) or
<u>1</u>		as of 12/31/69	Over Col	(j), if Any	Losses (fro	om col (h))
•						-4,864

990 BOOKS ARE IN CARE OF

Attachment	: 6 - 990-PF Page 5, Part VII	-A, Line 14	
Open to Public			
Inspection	For calendar year 2010, or tax period beginning	, and ending	
Name of Organization BEYOND THE	on MARK FOUNDATION		er Identification Number 548786
Part VII-A - Line 14	4		
Individual Name . or Business Name		DOUGLAS PERRY	
Street Address		12649 E CALEY AVE ST	TE 118
U.S Address:			
Zip code or Foreign Address	80111 City Centennial	State CO	
City			
Province or	State		
Country ,			
Postal code			
Phone Num	nber		(303)779-4351
Fax Number	r		(303)749-5970

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 99	0-PF Page 6,	Part VIII			
Open to Public	· -				
Inspection For calendar year 2010, or ta	x period beginning	, and	ending		
Name of Organization BEYOND THE MARK FOUNDATIO	M.	Employer Identification Number 84 - 1548786			
(A) Name and Address	(B) Title and Average	(C) Compensation (If	(D) Cont	(E) Expense Account	
(A) Name and Address	Hrs per Week	not paid, enter 0)		s & Def. Comp	& Other Allowances
DOUGLAS M PERRY	DIRECTOR				2. 2 7 7 7 7
	2.00				
Englewood, CO 80111		0		0	0
	DIRECTOR				
	2.00	_			
Englewood, CO 80111		0		0	0
				i	
			-		
			}		
		1			

990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Attachment 8: page 1 990-PF Page 11. Part XV Line 3a

Inspection For calendar year 2010, or ta	x period beginning		, and ending	r Identification Number
Name of Organization BEYOND THE MARK FOUNDATIO	N			48786
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of	Purpose of Grant or Contribution	Amount
Name and Address (home or business)	or Substantial Contributor	Recipient		
WILLIAM RANDAL HEINZ	NONE		COLLEGE SCHOLARSHIP	1 000
AS MINISTER ASSESSED THE TELEPOOR THE	NONE			1,000
MATTHEW MARLEY HAMBLIN	NONE		COLLEGE SCHOLARSHIP	
			SCHOLLARSHIP	1,000
CHLOE RUTH BENNION	NONE		COLLEGE	1,000
			SCHOLARSHIP	
				1,000
CARTER RODMAN PALMER	NONE		COLLEGE	
			SCHOLARSHIP	
				1,000
STEPHEN JAMES NELSON	NONE		COLLEGE	
			SCHOLARSHIP	
				1,000
SAMANTHA DIANE INCE	NONE		COLLEGE	
			SCHOLARSHIP	1 00
IAGON MONTON	MONTE		OOL LEGE	1,000
JASON MONZON	NONE		COLLEGE	
			SCHOLARSHIP	2,000
JAMIE MONZON	NONE		COLLEGE	2,000
	NONE		SCHOLARSHIP	
				500
CURTIS JOHN TUCKER	NONE		COLLEGE	
108 S Laredo Way			SCHOLARSHIP	
Aurora, CO 80013				1,000
JESSICA RACHEL GREEN	NONE		COLLEGE	
5773 S Kittredge St			SCHOLARSHIP	
Centennial, CO 80015				1,000
ROBIN ROADWAY	NONE		COLLEGE	
208 Edgemont Blvd ASC Box 200			SCHOLARSHIP	
Alamosa, CO 81102				1,000
MAGGIANOS	NONE		TEACHER	1,000
7401 S CLINTON STREET	HOME		APPRECIATION NIG	нт
Englewood, CO 80112				1,27
SUMMIT ADVENTURES	NONE		FUNDRAISER	
54055 N SHORE ROAD				
Bass Lake, CA 93604				200
LDS PHILANTHROPIES	NONE		DONATION	
L5 E SOUTH TEMPLE, 2ND				
FLOOR EAST				
Salt Lake City, UT 84150				1,00
VAYNE ASHBY	NONE		DONATION	
7503 JEFFERSON				1 50
Englewood, CO 80111				1,50
		L	Total	: 15,48
VA Copyright Forms (Software Only) - 2010 TW	L0507F		i otal	10_EOPFGR

990 BOOKS ARE IN CARE OF

Attachment	1 - 990-PF Page 5, Part VII-A, Line 14
Open to Public	
Inspection	For calendar year 2010, or tax period beginning , and ending .
Name of Organizati	on Employer Identification Number
BEYOND THE	E MARK FOUNDATION 84-1548786
Part VII-A - Line 1	4
	
Individual Name	DOUGLAS PERRY
or	
Business Name	
Street Address	12649 E CALEY AVE STE 118
II O Address	
U.S. Address	
	and a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second
•	80111 City Centennial State CO
or	80111 City Centennial State CO
•	80111 Crty Centennial State CO
or Foreign Address	
or	80111
or Foreign Address City	
or Foreign Address City	
or Foreign Address City Province or	State
or Foreign Address City Province or	
or Foreign Address City Province of Country	State
or Foreign Address City Province or	State
or Foreign Address City Province of Country Postal code	State
or Foreign Address City Province of Country Postal code	State
or Foreign Address City Province of Country Postal code Phone Num	State

990 BOOKS ARE IN CARE O

Attachm	ent 4 - 990-PF Page 5, Part VII-A, Line 14	1
Open to Pub	ilic	
Inspection	For calendar year 2010, or tax period beginning	and ending .
Name of Orga	nization	Employer Identification Number
BEYOND	THE MARK FOUNDATION	84-1548786
Part VII-A - I	Ine 14	
Individual Nar	ne <u>DOUGLAS</u> I	PERRY
Business Nan	ne	
Street Addres	s	CALEY AVE STE 118
U.S. Address		
or	de <u>80111</u> c _{ity} <u>Centennial</u>	State <u>CO</u>
Foreign Addre	SS SS	
City	· · · · · · · · · · · · · · · · · · ·	
Provir	ce or State	
Count	ry	
Postal	code	
Phone	Number	(303)779-4351
Fax N	umber	(303)749-5970

(Rev January 2011) Department of the Treasury Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Reve	nue Service	► File	e a separate applica	ation for each return.			
● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If you ar	re filing for an A	Additional (Not Automatic) 3-1	Month Extension, co	omplete only Part II (on page 2	of this	form).	
Do not cor	nplete Part II u	ınless you have already been (granted an automatio	c 3-month extension on a previo	usly fi	ed Form 88	368.
corporation request an Associated	n required to file extension of tin With Certain Po	e Form 990-T), or an additional ne to file any of the forms listed	(not automatic) 3-m In Part I or Part II w h must be sent to th	3-month automatic extension of nonth extension of time. You can with the exception of Form 8870, I be IRS in paper format (see instructions & Nonprofits.	electr nform	onically file ation Returi	Form 8868 to n for Transfers
Part I	Automatic	3-Month Extension of	Time. Only submit	original (no copies needed).			
A corporati Part I only	on required to f	file Form 990-T and requesting	an automatic 6-mo	nth extension check this box	and co	mplete	▶ []
All other co		uding 1120-C filers), partnersh	ips, REMICs, and tru	usts must use Form 7004 to requ	est ar	extension	of time to file income
Type or	Name of exer	mpt organization					ntification number
print	BEYOND	THE MARK FOUNDA	TION		84	-1548	786
File by the		et, and room or suite no If a P		ions.			
due date for filing your		CALEY AVE SUIT					
return. See	-	post office, state, and ZIP code	e. For a foreign addr	ress, see instructions.			
instructions	Centenn	ial CO 80111					
Enter the R	leturn code for	the return that this application i	s for (file a separate	application for each return)			
Application			Return	Application			Return
Is For	•		Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-	 BL		02	Form 1041-A			08
Form 990-			03	Form 4720			09
Form 990-			04	Form 5227			10
	T (sec. 401(a) o	r 408(a) trust)	05	Form 6069			11
	T (trust other th	· · · · · · · · · · · · · · · · · · ·	06	Form 8870			12
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
The bo	oks are in the c	care of ▶ <u>See attach</u>	ment #1				
Teleph	one No ▶			FAX No. ▶			
		es not have an office or place o		ited States, check this box			
				mption Number (GEN)			
for the who	le group, check	this box	▶ ∏. If it is for i	part of the group, check this box			and attach
		EINs of all members the extens		3 p,			
				ile Form 990-T) extension of time	9	-	
				for the organization named abo		ne extensio	n is
_	organization's r						
_	calendar year 2						
	tax year beginn		, 20 , and	l ending		20 .	
٠ ـــ	. , 3	<u> </u>	 ' '	<u> </u>			
2 If the ta	ax year entered	In line 1 is for less than 12 mo	nths, check reason:	Initial return Final re	turn	Change	in accounting period
3a If this a	pplication is for	Form 990-BL, 990-PF, 990-T	, 4720, or 6069, ente	er the tentative tax,			
	<u>. </u>	e credits. See instructions			За	\$	0
b If this a	pplication is for	Form 990-PF, 990-T, 4720, o	r 6069, enter any ref	fundable credits and			
estimat	ed tax payment	ts made Include any prior yea	r overpayment allow	ed as a credit.	3b	\$	0
c Balanc	e due. Subtrac	t line 3b from line 3a. Include y	our payment with th	nis form, if required, by using			
EFTPS	EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$						

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

for payment instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

Form 8868 (Rev 1-2011)		,			Page 2	
If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check t	his 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, comp						
Part II Additional (Not Automatic) 3-Month Ex			o copies	needed).		
Type or Name of exempt organization		Employer Identification number				
print BEYOND THE MARK FOUNDATION	N		84-15	1-1548786		
File by the extended Number, street, and room or suite no. If a P.O. bo		uctions				
due date for 12649 E CALEY AVE SUITE 1						
filing the City town or post office state and ZIP code For		Idress, see inst.				
return. See instructions Centennial CO 80111	g					
Enter the Return code for the return that this application is for (file	a separate	application for each return)			04	
Application	Return	Application			Return	
ls For	Code	Is For			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 (sec. 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 autom	atic 3-month extension on a prev	lously fil	ed Form 886	8.	
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit of the whole group, check this box If it is for parnames and EINs of all members the extension is for. I request an additional 3-month extension of time until For calendar year 2010 , or other tax year beginning If the tax year entered in line 5 is for less than 12 months, cit State in detail why you need the extension INFORMAT 	Group Exem t of the grou	nption Number (GEN) up, check this box▶ NOVEMBER 15 , 2 , 20 , and ending in Initial return Final return	and attace	. If the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the challest with the cha	s is the ounting period	
ACCURATE INCOME TAX RETURN IS				COMPTE	IE AND	
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8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, er	nter the tentative tax, less any			2	
nonrefundable credits See instructions.			8a	\$	0	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-					
tax payments made Include any prior year overpayment allo	owed as a d	credit and any amount paid			_	
previously with Form 8868.			8b	\$	0	
c Balance due. Subtract line 8b from line 8a. Include your pa	yment with	this form, if required, by using EFT	l.		_	
(Electronic Federal Tax Payment System) See instructions			8c	\$	0	
Under penalties of perjury, I declare that I have examined this form knowledge and belief, it is true, correct, and complete, and that I a	n, including	Verification accompanying schedules and sta ed to prepare this form.	tements, a	and to the be	st of my	
M///2///				8/-	2/11	
Signature ► ///////////////////////////////////	Title ►ACCOUNTANT			Date ▶ /4//		
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