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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2010****Open to Public Inspection****A For the 2010 calendar year, or tax year beginning**

, 2010, and ending

, 20

**B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C Name of organization**

White Knuckle 4x4

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

1137 Chelan Ave NE

City or town, state or country, and ZIP + 4

Renton WA 98059-4685

**D Employer identification number**

91-0219435

**E Telephone number****F Group Exemption Number****G Accounting Method:** ☐ Cash ☐ Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.**

► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	42,79
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,79	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,79
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	42,79	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

SCANNED MAY 19 2010

FRESNO, CA

21

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings	23	23
24 Other assets (describe in Schedule O)	24	24
25 Total assets	25	25
26 Total liabilities (describe in Schedule O)	26	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	27

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

**What is the organization's primary exempt purpose?**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	<input checked="" type="checkbox"/>
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	<input checked="" type="checkbox"/>
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	<input checked="" type="checkbox"/>
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	<input checked="" type="checkbox"/>
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶	32	<input checked="" type="checkbox"/>

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (see the instructions for Part IV.)
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. <input type="text"/>		
<b>42a</b> The organization's books are in care of <u>George F Evans</u> Telephone no. <input type="text"/> Located at <u>23610-126 Ave SE Bend, WA</u> ZIP + 4 <u>97801-3701</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <u>42.79</u>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

Yes No

**a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)**45a****46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I**46****Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

Yes No

**47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II**47****48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E**48****49a** Did the organization make any transfers to an exempt non-charitable related organization?**49a****b** If "Yes," was the related organization a section 527 organization?**49b****50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 **2****51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 **2****52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here

Signature of officer *George Frans*

Date

4-17-2011

Type or print name and title *George Frans Treasurer*

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

OMB No 1545-0074

**2010**

Attachment  
Sequence No **07**

Name(s) shown on Form 1040

*White Knuckle 4x4*

Your social security number  
**91-0219435**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>			
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b> . . . . .				
	<b>3</b> Multiply line 2 by 7.5% (.075) . . . . .	<b>3</b>			
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .			<b>4</b>	
<b>Taxes You Paid</b>	<b>5</b> State and local (check only one box):				
	<b>a</b> <input type="checkbox"/> Income taxes, or	<b>5</b>			
	<b>b</b> <input type="checkbox"/> General sales taxes				
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>			
	<b>7</b> New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b . . . . .	<b>7</b>			
	<b>8</b> Other taxes. List type and amount ▶ . . . . .	<b>8</b>			
	<b>9</b> Add lines 5 through 8 . . . . .			<b>9</b>	
<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>			
	<b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ . . . . .	<b>11</b>			
	<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>			
	<b>13</b> Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>			
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>			
	<b>15</b> Add lines 10 through 14 . . . . .			<b>15</b>	
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .	<b>16</b>			
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>			
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>			
	<b>19</b> Add lines 16 through 18 . . . . .			<b>19</b>	
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions) . . . . .			<b>20</b>	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ . . . . .	<b>21</b>			
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>			
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ▶ . . . . .	<b>23</b>			
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>			
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b> . . . . .				
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>			
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .			<b>27</b>	
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ▶ . . . . .			<b>28</b>	
<b>Total Itemized Deductions</b>	<b>29</b> Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 . . . . .			<b>29</b>	
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat No 17145C

Schedule A (Form 1040) 2010

**Worksheet  
for Line 7—  
New motor  
vehicle  
taxes**

**Before you begin:** ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).  
 ✓ See the instructions for line 7 on page A-6.

Use this worksheet to figure the amount to enter on line 7.

(Attach to Form 1040.)

<b>1</b>	Enter the state and local sales and excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) <b>after</b> February 16, 2009, and <b>before</b> January 1, 2010 (see instructions)	<b>1</b>			
<b>2</b>	Enter the purchase price ( <b>before taxes</b> ) of the new motor vehicle(s)	<b>2</b>			
<b>3</b>	Is the amount on line 2 more than \$49,500? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 1. <input type="checkbox"/> <b>Yes.</b> Figure the <b>portion</b> of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).	<b>3</b>			
<b>4</b>	Enter the amount from Form 1040, line 38	<b>4</b>			
<b>5</b>	Enter the total of any— • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	<b>5</b>			
<b>6</b>	Add lines 4 and 5	<b>6</b>			
<b>7</b>	Enter \$125,000 (\$250,000 if married filing jointly)	<b>7</b>			
<b>8</b>	Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> <b>No.</b> Enter the amount from line 3 above on Schedule A, line 7. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 6	<b>8</b>			
<b>9</b>	Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	<b>9</b>			
<b>10</b>	Multiply line 3 by line 9	<b>10</b>			
<b>11</b>	<b>Deduction for new motor vehicle taxes.</b> Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7.	<b>11</b>			

PAYER'S name, street address, city, state, ZIP code, and telephone number  <div style="text-align: center;">           BECU            P.O. BOX 97050            SEATTLE WA 98124-9750             PHONE: 206-439-5700         </div>		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> <b>CORRECTED ( IF CHECKED )</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           PAYER'S federal identification number  <div style="text-align: center;">91-0219435</div> </td> <td style="width: 50%;">           RECIPIENT'S identification number  <div style="text-align: center;">XX-XXX4395</div> </td> </tr> <tr> <td colspan="2">           Payer's RTN (optional)         </td> </tr> <tr> <td>           1 Interest income  <div style="text-align: center;">\$42.79</div> </td> <td>           2 Early withdrawal penalty  <div style="text-align: center;">\$0.00</div> </td> </tr> <tr> <td>           3 Interest on U.S. Savings Bonds and Treas. obligations  <div style="text-align: center;">\$0.00</div> </td> <td> <div style="border: 2px solid black; padding: 2px;">             4 Federal income tax withheld  <div style="text-align: center;">\$0.00</div> </div> </td> </tr> <tr> <td>           5 Investment expenses  <div style="text-align: center;">\$0.00</div> </td> <td>           6 Foreign tax paid  <div style="text-align: center;">\$0.00</div> </td> </tr> <tr> <td>           7 Foreign country or U.S. possession         </td> <td>           8 Tax-exempt interest         </td> </tr> <tr> <td>           9 Specified private activity bond interest         </td> <td>           10 Tax-exempt bond CUSIP no (see instructions)         </td> </tr> <tr> <td colspan="2">           Account Number (see instructions)  <div style="text-align: center;">SEE BELOW</div> </td> </tr> </table>		PAYER'S federal identification number <div style="text-align: center;">91-0219435</div>	RECIPIENT'S identification number <div style="text-align: center;">XX-XXX4395</div>	Payer's RTN (optional)		1 Interest income <div style="text-align: center;">\$42.79</div>	2 Early withdrawal penalty <div style="text-align: center;">\$0.00</div>	3 Interest on U.S. Savings Bonds and Treas. obligations <div style="text-align: center;">\$0.00</div>	<div style="border: 2px solid black; padding: 2px;">             4 Federal income tax withheld  <div style="text-align: center;">\$0.00</div> </div>	5 Investment expenses <div style="text-align: center;">\$0.00</div>	6 Foreign tax paid <div style="text-align: center;">\$0.00</div>	7 Foreign country or U.S. possession	8 Tax-exempt interest	9 Specified private activity bond interest	10 Tax-exempt bond CUSIP no (see instructions)	Account Number (see instructions) <div style="text-align: center;">SEE BELOW</div>		OMB No 1545-0112  <div style="font-size: 24pt; font-weight: bold;">2010</div> <div style="font-size: 18pt; font-weight: bold;">Interest Income</div> <div style="font-size: 18pt; font-weight: bold;">Copy B</div> <div style="font-size: 18pt; font-weight: bold;">For Recipient</div> <div style="font-size: 12pt;">Keep for your records</div>
PAYER'S federal identification number <div style="text-align: center;">91-0219435</div>	RECIPIENT'S identification number <div style="text-align: center;">XX-XXX4395</div>																			
Payer's RTN (optional)																				
1 Interest income <div style="text-align: center;">\$42.79</div>	2 Early withdrawal penalty <div style="text-align: center;">\$0.00</div>																			
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Account Number (see instructions) <div style="text-align: center;">SEE BELOW</div>																				
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  <div style="text-align: center;">           014922             WHITE KNUCKLE 4X4            1137 CHELAN AVE NE            RENTON WA 98059-4685   </div>		<div style="border: 1px solid black; padding: 2px;"> <b>FORM 1099-INT</b> </div>																		

~~This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.~~

## Instructions for Recipient

**Recipient's identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1.** Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, Gulf tax credit bonds, qualified forestry conservation bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, Midwestern tax credit bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2010 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912, Credit to Holders of Tax Credit Bonds.

**Box 2.** Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

**Box 3.** Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1.

**Box 4.** Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number (TIN) or you did not furnish

the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

**Box 5.** Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.

**Box 6.** Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

**Box 8.** Shows tax-exempt interest, including exempt-interest dividends from a mutual fund or other regulated investment company, paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4.

**Box 9.** Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251.

**Box 10.** Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid to you during the calendar year and reported in box 8. If blank, no CUSIP number was issued for the bond(s).

**Nominees.** If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

Account Number	Interest Income	Account Number	Interest Income	Account Number	Interest Income
3581036841	\$40.14	3581036908	\$2.65		