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## SCANNED MAR 16 2012

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. 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

Öpen to Public

, Inspection

Α	For the	e 2010 calend	dar year, or tax year beginning $06/01/10$ , and ending $05/31/1$	1		
В	Check if	applicable	C Name of organization		D Emplo	yer identification number
X	Address	change		ì		
П	Name cl	hange	CHILD DEVELOPEMENT RESEARCH INC.		23	-7148183
	Initial ref	turn	E Teleph	one number		
	Termina	ited	91	7-305-0118		
	Amende	ed return	City or town, state or country, and ZiP + 4	. —	F Group	Exemption
	Applicati	ion pending	NEW YORK NY 10028		Numb	er <b>&gt;</b>
G	Account	ting Method	Cash X Accrual Other (specify) ▶	H Check ▶	X If the	organization is not
ı	Website	e: ▶ <u>₩</u> ₩	W.CDRCHILDSURVIVOR.COM	required to	attach Sch	edule B
<u>J</u>	Tax-exe	empt status (ch	neck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	(Form 990	), 990-EZ, or	990-PF)
K	Check	f the c	organization is not a section 509(a)(3) supporting organization and its gross receipts are normally <b>n</b>	ot more than \$50,	000 A	
	Form 99	90-EZ or Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if	the organization c	hooses	
	to file a	return, be sure t	to file a complete return			
Ļ	Add line	s 5b, 6c, and 7b	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	t II,		
	line 25, 9		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	<u>1,574</u>
F	art I	Reven	nue, Expenses, and Changes in Net Assets or Fund Balances (see	e the instruction	ons for Pa	ırt I )
			if the organization used Schedule O to respond to any question in this Part I		<del></del> ,	
	1		gifts, grants, and similar amounts received		1	544
	2	_	rvice revenue including government fees and contracts		2	<del></del>
	3	Membership	dues and assessments		3	<del> </del>
	4	Investment i	ncome		4	1,030
	5a	Gross amou	int from sale of assets other than inventory 5a			
	b		r other basis and sales expenses 5b		] - ]	
	C	, ,	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and				
Revenue	a	Gross incom				
Ş.		\$15,000)				
ğ	þ		ne from fundraising events (not including \$ of contribution	ns	٠,٠	
			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000)		i	
	, c		expenses from gaming and fundraising events  6c		<b></b> -}	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	<b> </b>	line 6c)			_6d	
	7a	Less cost of	of inventory reservers and allowances 7a			
	b	Casa and	f goods sold OLIV LD  Growth of goods sold OLIV LD  Growth of goods sold OLIV LD  7b  7b		<b>-</b>   <u>.</u>	
	٦				7c 8	
	8	Total reven	ue describe n Schedule (စုံ) ပြု ue Add lines 1, 2, 3, 4, 5c, 6d, ဖြစ် and 8		<b>▶</b>   ° 9	1,574
			sımilaramounis 1, 2, 3, 4, 50, 60, nos anu o		10	1,3/4
	10	Benefite no	d to ol=joi=inempers		11	
	12		ner compensation, and employee benefits		12	<del></del>
Expenses	13	· ·	I fees and other payments to independent contractors		13	2,436
en en	14		rent, utilities, and maintenance		14	
Ä	15		plications, postage, and shipping		15	
	16	<b>.</b> .	nses (describe in Schedule O)		16	
	17	•	nses. Add lines 10 through 16		<b>▶</b> 17	2,436
_	18		deficit) for the year (Subtract line 17 from line 9)		18	-862
š	19	•	or fund balances at beginning of year (from line 27, column (A)) (must agree with		''	
Assets			figure reported on prior year's return)		19	31,798
Net A	20	=	ges in net assets or fund balances (explain in Schedule O)		20	
ž	24	Net assets of	21	30 936		

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010)

Form 990-EZ (2010) CHILD DEVELOPEMENT RESEARCH I	NC. 23	<u>3-7148183</u>				Page 2
Partili Balance Sheets. (see the instructions for Part II )						
Check if the organization used Schedule O to respond to any	question in this P	art II				
		(A) Beginning of year	-		( <b>B</b> ) Er	nd of year
22 Cash, savings, and investments		31,7		22		30,936
23 Land and buildings	<u></u>		0	23	<del></del>	
24 Other assets (describe in Schedule O)			0	24		
25 Total assets	_	31,7		25		30,936
26 Total liabilities (describe in Schedule O)			이	26		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		31,7	98	27		30,936
Partill Statement of Program Service Accomplishments (se		•	l		-	enses
Check if the organization used Schedule O to respond to any	question in this P	art III	Щ			r section
What is the organization's primary exempt purpose?				• •		d 501(c)(4)
STUDY WORLD WAR II PSYCHOLOGICAL EFFECTS AND OBTAIN TESTIMONY	<del></del>			•		s and section
Describe what was achieved in carrying out the organization's exempt purposes. In a c		•	l			usts, optional
the services provided, the number of persons benefited, or other relevant information for	or each program uni	<del></del>		for oth	ners)	
28 INTERVIEWING WORLD WAR II CHILD SURVIVORS IN ORDER TO			1			
STUDY THE WAR'S TRAUMATIC PSYCHOLOGICAL EFFECTS ON THE						
SURVIVORS AND TO HAVE TESTIMONY FOR HISTORY	ali basa	<b>.</b> 1	$\neg \bot$	20-		
(Grants \$ ) If this amount includes foreign grants, che	eck nere		<u>'-</u>	28a		
25						
(Grants \$ ) If this amount includes foreign grants, che	ak basa	<b>►</b> 1	-1	200		
(Grants \$ ) If this amount includes foreign grants, che	eck nere		\ <del>\</del>	29a		
30						
(Grants \$ ) If this amount includes foreign grants, che	ock here	<b>.</b>	$\Box$ $\Box$	30a		
31 Other program services (describe in Schedule O)	CK HEIE		<del>'-'+</del>	30a		
(Grants \$ ) If this amount includes foreign grants, che	ock here	<b>▶</b> i	$\Box$	31a		
32 Total program service expenses (add lines 28a through 31a)	JON HOTE		<b>-</b> +	32		
Partilly List of Officers, Directors, Trustees, and Key Employees. List ea	ch one even if no	t compensated (s	see t		uctions	s for Part IV )
Check if the organization used Schedule O to respond to any						
	(a) Title and average	(c) Compensation		Contributions		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)		ree benefit pl ed compens		account and other allowances
HELENE BASS WICHELHAUS	PRESIDENT			•		
	1.00	О			0	0
EVA FOGELMAN	V. PRESIDENT					
	0 00	0			0	0
JANET KESTENBERG AMIGHI	TREASURER					
	1.00	0			0	0
MARK SOSSIN	SECRETARY					
	0.00	0			0	0
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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 Check if the organization engage in any activity not previously reported to the IRS? If "Yes," provide a datated description of each activity in Schedule O  Were any agridinant changes made to the organization or provided in the IRS? If "Yes," attached 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)  If the organization had income from business activities, such as those reported on line 2, 5s, and 7s (among others), but not reported on Firm 89.1. The organization had income to subject to section of crism 89.1.  If they cannot be understood by the organization of organization organization and property on the organization undergoal palestation dissolutions of subject to section of 30.5(4) index reporting, and proxy fax requirements?  If they have a subject to section of 30.5(4) index reporting, and proxy fax requirements?  If they have a subject to section of 30.5(4) index reporting, and proxy fax requirements?  If they have a subject to section of 30.5(4) index reporting, and proxy fax requirements?  If they have a subject to section of 30.5(4) index reports and subject to section of 30.5(4) index reports of section 30.5(4) index reports of the enganization of the section 30.5(4) index reports of 30.5 index reports of the section 30.5(4) index reports of 30.5 inde	<u>Form</u>	1990-EZ (2010) CHILD DEVELOPEMENT RESEARCH INC. 23-7148183		F	Page 3
Yes   Section 501(c)(3) and 501(c)(4) organization is lefter amount of political expendence, any least of the organization from 90 or 10 organization from 90 organization 9	Pa				
33 Del the organization rengage in any activity not previously reported to the IRS2 If "Yes," provide a detailed description of each activity in Schedule O  34 Were any significant changes made to the organization of organization? have a conformed copy of the amended documents of they reflect a change to the organization? have a conformed copy of the amended documents of they reflect a change to the organization? have a conformed copy of the amended documents of they reflect a change to the organization? have a conformed copy of the amended documents of they reflect a change on Schedule O (see instructions)  35 If the organization has income from bisness softwise, such as those reported on lines 2, 6a, and 73 (among others), but not reported on for 590-1, cellular in Schedule O with the organization and they are discribed to the organization and the organization during on 1630(6) or one or own 80-1, cellular in Schedule O (see instructions)  35 July 100, 100, 100, 100, 100, 100, 100, 100					
description of each activity in Schedule 0  Wiver any supficient changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instituctions)  If the organization had incine from to bussess activities, such as those reported on imes 2, 63, and 7a (among others), but not reported or "rim 9801", explain in Schedule 0 (why the organization do not into the source or From 9801", explain in Schedule 0 why the organization and not reported business gross concision 503 (ci) or more or was it as eacher 501 (ci)(4), 501 (ci)(5), or 501 (ci)(6) organization or business activities or the rim year (see mistructions)?  If "Yes," is not fide a fair xetime in Form 9801" for the year (see mistructions)?  If "Yes," is not fide a fair xetime in Form 9801" for the year (see mistructions)?  If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphiciately parts of Schedule N. Part II and except the sphing and proxy tax requirements?  If the area would of political expendatures, direct or indirect, as described in the instructions.  If the area would of political expendatures, direct or indirect, as described in the instructions.  If the area would of political expendatures, direct or indirect, as described in the six reported on a sphing and the part of the tax year covered by this return?  If the area would of political expendatures, direct or indirect, as described in the six year (were any such loans made in a port year and still cottaining at the end of the tax year (were employed or were any such loans made in a port year and still cottaining at the end of the tax year (were employed or were any such loans made in a port year and still cottaining at the end of the tax year (were employed or were any such loans and the section of the section of the section of the section of the secti				Yes	No
34 Were any suprificant Changes made to the organization or operating documents? If Yes, "attached a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedulic O (see instructions)  If the organization had icome from the instruction of the organization had conformed on Form 90-7, explain in Schedule O why the organization did not report the income or Form 90-7.  If the organization have unrelated business gross anome of \$1,000 or more or was it a section 501(c)(4).  35a   101(c)(5) or 901(c)(6) organization subject to section (533(e)) notice, reporting, and proxy tax requirements?  35b   011(c)(5) or 901(c)(6) organization subject to section (533(e)) notice, reporting, and proxy tax requirements?  35c   101(c)(6) or 901(c)(6) organization interests on subject to section (533(e)) notice, reporting, and proxy tax requirements?  35c   101(c)(6) organization interests on subject to section (533(e)) notice, reporting, and proxy tax requirements?  35d   101(c)(6) organization organization organization, remination, or symplicant disposition of net assess during the year? If 17es, "complete applicable parts of Schedule N   31(c)(6) organization organization or make any location, termination, termination organization organization or make any location, termination, termination organization organization or make any location, to any organization o	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see mixtuckons)  34   16 reginization had (some from business activities, such as those reported on lines 2, 6s, and 7e (emorg others), but not reported on Form 590-T, english in Schedule O why the organization did not report the income on Form 990-T of the year (see entructions)?  35   16   17 res, 'name it field a tax return on Form 990-T for the year (see entructions)?  36   17 res, 'name it field a tax return on Form 990-T for the year (see entructions)?  37   27   27   27   27   27   27   27		description of each activity in Schedule O	33		X
shape on Scheduled O (see instructions)  If the organization hal frome from business advises, such as those regorded on line 2, 6st, and 7a (among others), but not reported on Form 390-7. coplan in Schedule O (why the organization dat on report the income on Form 390-7.  If or Imm 390-7, coplan in Schedule O (why the organization dat on report the income on Form 390-7.  If or Imm 390-7, coplan in Schedule O (why the organization of 51,000 or more or was it a section 501(c)(4), 301(c)(6), or 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy lax requirements?  If ore, has it filled a tax return on Form 990-1 for this year (see instructions)?  If ore, this is the section 301(c)(4) organization or subject to section 6033(e) notice, reporting, and proxy lax requirements?  35b	34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
35 If the cagarization had income from bisumess admitiss, such as those reported on lines 2, 6s, and 7a (arrong others), but not reported on Form 990.7 The cagarization dof only the organization dof not report bet income on Form 990.7 The come of the cagarization of the cagarization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6), or 501(c)(6) organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements?  35a Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the very if If*'es, complete applicable pairs of Schedule N 5 and		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	i		
on Form 990-T, explain in Schedule O why the organization do in treport the lincine or Form 990-T  a Did the organization have unrelated business gross incined of \$1.00 or more or was it a section \$01(c)(4), \$51(c)(5), or 501(c)(6) organization subject to section 603(c)(e) notice, reporting, and proxy tax requirements?  35a  35b  37c  37c  37d  37d  37e  37e  37e  37e  37e  37e		change on Schedule O (see instructions)	34		Х
a Did the organization have unreliated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5) organization subject to section 603(s) endose, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?  50 Did the organization undergo a leguidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 Jana 172	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  50 If "Yes," has it field a tax return on Form 990-T for this year (see instructions)?  50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  51 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  52 Did the organization brown from or marked any dissolution, termination, or significant disposition of net assets  53 Did the organization brown from or marked any dissolution, termination, or significant disposition of net assets  54 Did the organization brown from from or marked any dissolution or organization brown from organization brown from, or make any dynams to, any officer, director, frustee, 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?  55 If "Yes," complete Schedule L, Part II and enter the total amount involved  56 Section 501(c)(7) organizations Enter  57 If "Yes," complete Schedule L, Part II and enter the total amount involved  58 Section 501(c)(3) and 501(c)(4) organizations included on line 9  58 Gross receips, included on ine 9, for public use of club facilities  59 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities  50 Gross receips, included on ine 9, for public use of club facilities and included p		on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
b   1"Yes," has it filled a tax return on Form 990-T for the year (see instructions)?  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedulo N  Jare I and the year? If "Yes," complete applicable parts of Schedulo N  Did the organization foliolical expenditures, direct or indirect, as described in the instructions    Did the organization foliolical expenditures, direct or indirect, as described in the instructions    Did the organization borrow from, or make any loans to, any officier, 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?  Did "Yes," complete Schedule L, Part II and enter the total amount involved    Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4911    Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4912    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  d 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  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reministency in the during the tax year, was the organization in party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of their return is filed    NY  Telephone no    91" PATRICIA PLACE  Located at    CILIFTON  All 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    Section 497(a) you observed charable	а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
36 Did the organization undergo a liquidation, dissolution, itermination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 27a Did the organization file Form 1120-PCU for this year? 28a Did the organization file Form 1120-PCU for this year? 29a Did the organization form from from rom rake any loss 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? 29b If Yes," complete Schedule L. Part I all and enter the total amount involved 39c Sction 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9 in Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 39c Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction duming the year of did engage in an an excess benefit transaction duming the year organization and provided in the state with which a copy of 90-E27 If Yes, "complete Schedule L. Part I 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c Part I and Part I		501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<u>_</u> .	X
during the year? if "Yes," complete applicable parts of Schedule N  75	b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions    37b Did the organization file Form 1120-PDL for this year?  38a Did the organization bife Form 1120-PDL for this year?  38b Did the organization borow 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?  38b Diffusion organization borow 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?  38b Diffusion organization still still a provided on the organization still still amount the still st	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b Did the organization file Form 1120-PQL for this year?  37b and 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?  38a 38b			36		X
Dot 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?  b If Yes, "complete Schedule L, Part II and enter the total amount involved 38b   38a   38a   38b   38a   38a   38b   3	37a		_		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9  Forsial completes, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ₱	b	·	37b	ļ	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved  3 Section 501 (c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of obth facilities  Section 501 (c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4912 ▶ , section 4915 ▶ .  Section 501 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 ▶ .  Section 501 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 ▶ .  Section 501 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 ₱ .  Section 501 (c)(3) and 501 (c)(4) organizations Did the organization engage in any section 4955 ₱ .  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 4955 ₱ .  Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax miposed on organization and sections 4912, 4955, and 4955 ₱ .  Section 501 (c)(3) and 501 (c)(4) organizations Enter amount of tax on line 40c remibursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  11 List the states with which a copy of this return is filed ▶ NY  The organization's blooks are in care of ▶ TAXFAYER  Telephone no ▶ 917 – 305 – 0  91 PATEICIA PLACE  Localed at ▶ CLIFTON  NJ ZIP + 4 ▶ 07012  b All any time during the calendar year, did the organization have an interest in or a signature or other financial accounts.  All the organization and fine group country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  All the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
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and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b Did the organization receive any payments for indoor tanning services during the year?  44c dif "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		
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If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes  Und the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		420		Х
Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		1420		- 41
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Yes  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1 1			
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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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	-		442		Х
completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b  44c  44c	b	·	170		<del></del> -
c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	-	• • •	44h		х
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С	·			X
explanation in Schedule O 44d			1.40	$\vdash \vdash$	<u> </u>
			44d		
Form 550-LL				0-EZ	(2010)

Form	990-EZ (2010) CHILD DEVELOPEMENT RESEARCH	INC. 2	3-7148183			F	age 4
			·-			Yes	No
45	Is any related organization a controlled entity of the organization within the m	eaning of section 512(	b)(13)?		45		X
а	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 nee	d to be completed inste	ead of				
	Form 990-EZ (see instructions)				45a		_ X_
46	Did the organization engage, directly or indirectly, in political campaign activit	ties on behalf of or in o	pposition				
	to candidates for public office? If "Yes," complete Schedule C, Part I				46		X
Par	t VI Section 501(c)(3) organizations and section 4947(	a)(1) nonexempt	charitable trus	sts only. All secti	on		
	501(c)(3) organizations and section 4947(a)(1) nonexempt	charitable trusts mu	ist answer questi	ons 47-49b			
	and 52, and complete the tables for lines 50 and 51						
	Check if the organization used Schedule O to respond to a	ny question in this F	Part VI				
						Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	ile C, Part II			47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E			48		X
49a	Did the organization make any transfers to an exempt non-charitable related	organization?			49a		X
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employed	es (other than officers,	directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the	e organization If there	s is none, enter "No	ne "			
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to		Expen	
	than \$100,000	devoted to position		employee benefit plans & deferred compensation		ount a	
NONE							
			1				
<u> </u>							
f	Total number of other employees paid over \$100,000	<b>•</b>	•	1			
51	Complete this table for the organization's five highest compensated independ	lent contractors who ea	ach 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) Co	ompens	ation	
NON	E						
				<del></del>			
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			<del></del>				
	W						
d	Total number of other independent contractors each receiving over \$100,000	•	·				<del></del>
	Did the organization complete Schedule A? Note All section 501(c)(3) organi		<u> </u>				
	nonexempt charitable trusts must attach a completed Schedule A		,	<b>▶</b>  X	Yes		No
	penalties of perjury, I declare that I have examined this return, including accompanying so	hedules and statements.	and to the best of my i				110
true, co	rrect, and complete Declaration of preparer (other than officer) is/based on all/information	n of which preparer has a	ny knowledge,	moviougo una bener, k			
	IS VO AND EST SIND AND A SAME WALLE		1 8/15/22	111/1/		_	
Sign	Signature of officer	$M \cap D$	Date	1			
Here	Helene balss Wichelhaul	MINI- HES,	1 1215	110			
	Type or print name and title	9				_	
	Print/Type preparer's name Preparer's signature		Date		PTIN	•	
Paid	FREDERICK J. PAGANI Sele	It Por	<u>, '</u>	Checkf	1		
Prepa		my you		20/12 self-employed	_		
Use (		<del></del>		Firm's EIN ▶ 23	-26	<u>684</u>	
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May	WEST CHESTER, PA 19380	<del> </del>	<u> </u>	Phone no 610 -		$\overline{}$	$\overline{}$
ividy li	he IRS discuss this return with the preparer shown above? See instructions				Ye	<u>s</u> _	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

vaiii	e or u	ne organizacion							Empi	loyer ide	ntification nun	nber	
	_			DPEMENT RESEARCH	_						8183		
P	<u>art l</u>	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art ) S	ee ins	tructio	ns.		
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only o	ne box )							
1		A church, cor	nvention of churches, or asse	ociation of churches described in	section 1	70(b)(1)(	A)(i).						
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	ce organization described in sect	ion 170(b	(1)(A)(iii	).						
4		A medical res	search organization operated	in conjunction with a hospital de	escribed in	section	170(b)(1	)(A)(iii).	Enter ti	he hospi	ıtal's name,		
		city, and state								•			
5				f a college or university owned or	r operated	by a gov	ernment	al unit de	escribed	in In			
c	$\Box$	·	(b)(1)(A)(iv). (Complete Part	•	-4' 470/								
6	X			overnmental unit described in sec					_				
7	$\Delta$			substantial part of its support from	n a govern	mental ur	nit or fror	n the ge	neral pu	ablic			
			section 170(b)(1)(A)(vi). (C	• •									
8	$\vdash$			70(b)(1)(A)(vi). (Complete Part I									
9				) more than 33 1/3% of its suppo						-			
				pt functions—subject to certain e	•					ıts			
				d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
40				0, 1975 See section 509(a)(2). (									
10	Н			exclusively to test for public safety									
11				exclusively for the benefit of, to pe									
				ed organizations described in sec						tion			
			<del></del>	ne type of supporting organization		•		<u></u>					
_		a Type		c Type III-Functions	, ,		ď		e III–Ot				
е	ш			anization is not controlled directly									
		or section 50		r than one or more publicly suppo	orteu organ	iizations	uescribe	u in seci	1011 509	(a)(1)			
f				rmination from the IRS that it is a	Tuno I Tu	اممالمد	Funa III a		_				
•			check this box	miliation from the IRS that it is a	Type I, Ty	pe II, or	ype iii s	upportin	ıg				
~				ion accepted any gift or contributi	on from o	ou of the							
g		following per		ion accepted any girt of contribut	ion nom a	ly of the							
				ntrole, other alone or tegether w	th namen								T
				ntrols, either alone or together wi	iin person	describe	ea in (ii) a	and			44.0	Yes	No
			w, the governing body of the	• •							11g(ı)	<del> </del>	-
		-	member of a person describ	• •							11g(ii)	<del>                                     </del>	-
<b>h</b>			controlled entity of a person d								[11g(ni]	<u> </u>	L
h	Name	of supported	following information about th		(iv) to the a		64.04.		6.23				
(')		anization	(li) EIN	(iii) Type of organization (described on lines 1–9		rganization sted in your		ou notify sization in	organizat	is the i	(VII) Am supj		
				above or IRC section	1 ''	document?	col (i)	of your	(i) organi	zed in the			
			}	(see Instructions))	Yes	No	Yes	nort?	Yes	S?			
A)					163	140	163	140	165	140			
٠,													
B)		<del></del>			<del>                                     </del>				<del>                                     </del>		<del> </del>		
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C)				·	<del>                                     </del>			<u> </u>			<u> </u>		
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E)					<u>†                                      </u>	-	_	·····	<u> </u>			-	
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2		7,118	10,649		624	544	18,935
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	7,118	10,649		624	544	18,935
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						18,935
Sect	ion B. Total Support						
Calend	lar year (or fiscal year beginning in) ▶	(a) 2006	( <b>b</b> ) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	7,118	10,649		624	544	18,935
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155	28	1,290	1,078	1,030	3,581
	Net income from unrelated business activities, whether or not the business is regularly carned on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. Add lines 7 through 10						22,516
12	Gross receipts from related activities, etc. (s	see instructions)		·····		12	1,030
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	<u> </u>	
	organization, check this box and stop here	,	, ,	, ,		,	▶ □
	ion C. Computation of Public Su	port Percentag	je				
14	Public support percentage for 2010 (line 6,	column (f) divided by	/ line 11, column (f	))		14	84 10%
15	Public support percentage from 2009 Scheo	dule A, Part II, line 1	4	•		15	80 75%
16a	33 1/3% support test—2010. If the organiz	ation did not check	the box on line 13,	and line 14 is 33 1/	/3% or more, check		
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	1			► X
b	33 1/3% support test—2009. If the organiz	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organiza	ation qualifies as a p	ublicly supported o	rganization			▶ □
17a	10%-facts-and-circumstances test—2010	). If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14 is	S	
	10% or more, and if the organization meets	the "facts-and-circu	mstances" test, che	eck this box and <b>st</b>	op here. Explain in		
	Part IV how the organization meets the "fac	ts-and-circumstance	s" test. The organi	zation qualifies as	a publicly supported	t	
	organization						<b>&gt;</b>
b	10%-facts-and-circumstances test—2009	). If the organization	did not check a bo	x on line 13, 16a, 1	16b, or 17a, and line	•	
	15 is 10% or more, and if the organization in	neets the "facts-and	-circumstances" tes	st, check this box a	ind stop here.		
	Explain in Part IV how the organization mee	ts the "facts-and-cir	cumstances" test	The organization qu	ualifies as a publicly	•	
	supported organization						▶ [
18	Private foundation. If the organization did	not check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		
	instructions						▶ [_

che	clule A (Form 990 or 990-EZ) 2010 CHI	T.D DEVELO	DEMENT DI	FERRCH IN	IC 1/23	-7148183	Page 3
	art III   Support Schedule for Or	ganizations D	escribed in Se	ction 509(a)(2)	-NIA		
	(Complete only if you che	cked the box	on line 9 of Pa	rt I or if the org	anization faile	d to qualify unde	er Part II.
	If the organization fails to	qualify under	the tests listed	l below, please	complete Par	t II.)	
	tion A. Public Support	4 1 2222	1	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	T	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		_				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
В	Public support (Subtract line 7c from line 6)						
_	tion B. Total Support					_	
	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11,			1		Ι Τ	
	and 12.)	L	<u> </u>		L		
4	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·		th, or fifth tax year a	as a section 501(c)	(3) 	<b>▶</b>
	tion C. Computation of Public Su			(0)	<del></del> -		
5 6	Public support percentage for 2010 (line 8, Public support percentage from 2009 Schero		•	(1))		15	<u>%</u> %
	tion D. Computation of Investmen				,	1 10	
7	Investment income percentage for 2010 (lin			column (f))	<del></del>	17	%
8	Investment income percentage from 2009 S		· ·	``'		18	%
9a	33 1/3% support tests—2010. If the organ	ization did not che	ck the box on line	4, and line 15 is m	ore than 33 1/3%, a	and line	
	17 is not more than 33 1/3%, check this box	•	•	•	•••		▶ [
b	33 1/3% support tests—2009. If the organ			·		•	
	line 18 is not more than 33 1/3%, check this	s pox and <b>stop he</b> r	e. The organizatio	n qualifies as a pub	liciy supported org	anization	▶

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Schedule A (Form 990 or 990-EZ) 2010 CHILD DEVELOPEMENT RESEARCH INC.

23-7148183

Page 4

Partive: Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

(Rev January 2011)

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue	Service	► File	a separate a	ipplication for each return.			
If you are	filing for an Au	tomatic 3-Month Extension, complete	e only Part I	and check this box	_	-	► X
•	-	•	-	plete only Part II (on page 2 of this form	1)		
-	-			month extension on a previously filed For			
•							
Electronic fili	ng (e-file). You	can electronically file Form 8868 if you	ı need a 3-m	onth automatic extension of time to file (6	months f	or	
		-		th extension of time. You can electronical			
•		• • • • • • • • • • • • • • • • • • • •	•	II with the exception of Form 8870, Infor			
· ·		•		nust be sent to the IRS in paper format (s			
			-	v/efile and click on e-file for Charities & N			
Part I				mit original (no copies needed).			
		Form 990-T and requesting an automat					
Part I only	•	, -		,			▶ □
		ng 1120-C filers), partnerships, REMIC	s. and trusts	must use Form 7004 to request an exten	sion of tin	 ne	
to file income t	· ·		o, a				
Type or		mpt organization			Employ	er identification n	umber
print		mpt organization			,		
File by the	СНТТ.D	DEVELOPEMENT RESEAR	CH TNO	٠	23-7	148183	
due date for		et, and room or suite no. If a P.O. box,					-
filing your		T 21 STREET	366 1138 4061	10FL			
return See		post office, state, and ZIP code. For a	foreign addre			<del></del>	
nstructions	NEW YO	·	10010	•			
!	NEW 10	KK N1	10010		<b>31</b> =	77.77	
Enter the Retur	n code for the	return that this application is for (file a s	separate app	lication for each return)	ルド	ソ \\/	03
Application		······································	Return	Application		<del>U</del>	Return
Application			l	Is For			Code
Is For Form 990	·		Code 01	Form 990-T (corporation)		· <del>-</del>	07
		· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08
Form 990-BL			<del> </del>			<del></del>	09
Form 990-E2			03	Form 4720			10
Form 990-PF		409(a) 4m (a4)	04	Form 5227		-	11
	(sec 401(a) or		05	Form 6069			12
Form 990-1 (	trust other than	<u> </u>	06	Form 8870		<del></del>	12
		TAXPAYER					
• The bester of	!- 45	91 PATRICIA PLACE				NJ 070	1 2
		CLIFTON				. NJ 070	1,2
,	•	7-305-0118	FAX No				□
•		ot have an office or place of business in				•	🗀
	•	n, enter the organization's four digit Gr			this is		
or the whole gr		—	the group, ch	neck this box   Light and attack	ch		
		s of all members the extension is for.					
		3-month (6 months for a corporation red					
until O	1/15/12	, to file the exempt organization return	n for the orga	nization named above. The extension is			
for the or	ganization's re	turn for:					
<b>▶</b> [_] d	alendar year	or					
▶ X t	ax year beginn	or $06/01/10$ , and ending	05/31/:	11 .			
<del></del>							
	-	n line 1 is for less than 12 months, che	ck reason:	Initial return Final return			
∐ Ch	ange in accour	nting period					
3a If this app	olication is for F	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less any			
		See instructions.	,		3a	\$	
		Form 990-PF, 990-T, 4720, or 6069, en	ter any refin	dable credits and			
		made, include any prior year overpays			3ь	s	
		line 3h from line 3a. Include your navm			1	<u> </u>	

(Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

For Paperwork Reduction Act Notice, see Instructions.

אן 2000 ווווכ	ev. 1-2011)					Page Z			
If you are	filing for an Additional (Not Automatic) 3-Month Ext	ension, con	nplete only Part II and check this box			► X			
iote. Only co	implete Part II if you have already been granted an aut	omatic 3-moi	nth extension on a previously filed Form	3868.					
If you are	filing for an Automatic 3-Month Extension, complete	e only Part I	(on page 1).						
Part II ·	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the original (no	copies	needed).				
ype or	Name of exempt organization Employer identification number								
Tile by the CHILD DEVELOPEMENT RESEARCH INC. 23-7148183									
ile by the xtended	CHILD DEVELOPEMENT RESEAR			23-1	148183	<del></del>			
ue date for	Number, street, and room or suite no. If a P.O. box,	see instructi							
ling your	22 WEST 21 STREET		10FL			<del></del>			
eturn, See Istructions,	City, town or post office, state, and ZIP code. For a NEW YORK NY	toreign addre	-						
					<del></del>	<del></del>			
inter the Retu	um code for the return that this application is for (file a	separate app	olication for each return)			01			
Application	l	Return	Application		<del></del>	Return			
Is For		Code	is For			Code			
Form 990		01	は教育な経済を行うというという						
Form 990-B	L	02	Form 1041-A			08			
Form 990-E	Z	. 03	Form 4720			09			
Form 990-P	F	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			
TOP! Do no	t complete Part II if you were not already granted a	n automatic	3-month extension on a previously fi	led Form	8868.				
_	TAXPAYER								
	91 PATRICIA PLACE								
The books a	are in the care of ► CLIFTON				NJ 07	012			
Telephone	No. ► 917-305-0118	FAX No.	<b>&gt;</b>			_			
If the orga	nization does not have an office or place of business in	n the United	States, check this box			. 🕨 📙			
If this is fo	r a Group Return, enter the organization's four digit Gr	oup Exempti	on Number (GEN) If this i	s					
r the whole g	group, check this box 📗 📗 . If it is for part	of the group	o, check this box	attach a					
t with the na	mes and EINs of all members the extension is for.								
l reques	t an additional 3-month extension of time until 04	/15/12		- (C		70 ~			
For cale	ndar year , or other tax year beginning	06/0	01/10 , and ending $05/31/1$			ע עע ע			
If the tax	year entered in line 5 is for less than 12 months, chec	k reason:	Initial return Final return		<b>–</b> U	Ц			
☐ ci	hange in accounting period								
State in	detail why you need the extension								
DUE	TO ILNESS OF PRIMARY RECOR	D KEEF	ER, THE ORGANIZATION	N REÇ	QUIRES				
	TIONAL TIME SO THAT A COME					ED.			
la If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less any						
nonrefur	ndable credits. See instructions.			8a	\$				
-	plication is for Form 990-PF, 990-T, 4720, or 6069, en	•		i					
estimate	d tax payments made. Include any prior year overpays	nent allowed	l as a credit and any	<u> </u>	-				
	paid previously with Form 8868.		· <del></del>	8b	\$				
	Due. Subtract line 8b from line 8a. Include your paym	ent with this	form, if required, by using EFTPS						
(Electron	nic Federal Tax Payment System) See instructions.		<del></del>	) 8c	\$				
	Sig	inature ar	nd Verification						
	of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form.	companying s	chedules and statements, and to the best of m	y knowledg	e and belief, it is				
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nature >	Sudver J Sagare	Tr	te ► FREDERICK J PAGA	NI. (	CPA Date ▶ 0	1/11/12			
						8 (Rev 1-2011)			