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# **Return of Private Foundation**

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

OMB No 1545-0052

_					be able to use a copy of tills	return to satisfy state repu			_ <u>l</u>		
For	caler	idar year 2010, or tax yea	r beginning	OCI	1, 2010	, and ending	SEP 30,	2011			
G	Check	all that apply	Initial retur	n	Initial return of a fo	ormer public charity		Final return			
			Amended r	eturn	Address chan	ge 🔲	Name change				
Nai	me of	foundation					A Employer id	entification	number		
							' '				
		THE MAYMER	RE CHA	RITABL	E FOUNDATION		52-21	96830			
Nur	nber a	nd street (or PO box number	if mail is not de	elivered to street	address)	Room/suite	B Telephone no				
		6464 TRILI	TUM H	OUSE 1	ANE		703-2		0.1		
Cit	/ or t	own, state, and ZIP code				<u>_</u>	<del></del>				$\overline{}$
"	, 01 1	CENTREVILI	.Ε. <b>V</b> Δ	2012	n		C If exemption ap				弌
Ц.	haal		<u>-</u>		cempt private foundation		2. Foreign organicheck here	ganizations anizations me	, CNECK NETE eting the 85%	; ►∟ test. ⊾Γ	믁
"	_					4	check here	and attach co	mputation	. •	
<u> </u>		ction 4947(a)(1) nonexem			Other taxable private founda		E If private fou	ndation stat	us was term	nnated_ r	
		rket value of all assets at e	end of year		•	Accrual	under section		• •		
-		Part II, col. (c), line 16)	) F 0 7		her (specify)		F If the foundar				_
_	\$				mn (d) must be on cash l	basis.)	under section	n 507(b)(1)	4.1		
Pá	irt l	Analysis of Revenue an (The total of amounts in colunecessanly equal the amoun	mns (b), (c), an	id (d) may not	(a) Revenue and	(b) Net investment	(c) Adjuste			bursements able purpose	s
		necessarily equal the amoun	ts in column (a	a))	expenses per books	ıncome	Incom			basis only)	
	1	Contributions, gifts, grant					N/A				
	2	Check ► X If the foundation		o attach Sch B							
	3	Interest on savings and tempo cash investments	orary		24.	24.			STATE	TMENT	1
	4	Dividends and interest fro	m securities	3	31,454.	31,454.			STATE	MENT	2
	5a	Gross rents				•			7777		
	b	Net rental income or (loss)								~~~~~	
	6a	Net gain or (loss) from sale of	assets not on	tine 10	65,712.	+1					
ğ	h	Gross sales price for all assets on line 6a		,303.		······································	<u></u>			·····	
Revenue	7	Capital gain net income (from		•		65,712.	<del></del>		******		
æ	R	Net short-term capital gai									
	0	Income modifications	"							· · ·	
	100	Gross sales less returns									
	10a	and allowances				,	-,				
		Less Cost of goods sold									
		Gross profit or (loss)								<del></del>	
(	11	Other income			07 100	07 100					
2012	12	Total. Add lines 1 throug			97,190.	<u>97,190.</u>					
	13	Compensation of officers, dire		s, etc	0.	0.	TECE	। १४४ हिला	PI EN		0.
<b>69</b>	14	Other employee salaries a	-					i VE			
e s	15	Pension plans, employee	benefits			•	j				
T S	16a	Legal fees		0	10 705		082	712			
Ş.	b	Accounting fees		MT 3	12,705.	0.	_			12,70	
Operating and Administrative Expen	C	Other professional fees	ST	MT 4	13,521.	13,521.					0.
¥ §	17	Interest		_	3,039.	3,039	TSC IR	S #76	34		0.
i a	18	Taxes	ST	MT 5	32.	32.			•		0.
nis	19	Depreciation and depletio	n								
' <u>E</u>	20	Occupancy								_	
¥	21	Travel, conferences, and i	meetings						_		
Ę,	22	Printing and publications									
ğ	23	Other expenses	ST	MT 6	14,886.	14,886.					0.
atir	24	Total operating and adm	inistrative								
per		expenses. Add lines 13 ti			44,183.	31,478.			•	12,70	5.
ō	25	Contributions, gifts, grant	-		30,950.	······································				30,95	0 -
		Total expenses and disb	-		1.2.2.4						<u> </u>
		Add lines 24 and 25			75,133.	31,478.			4	43,65	5 -
		Subtract line 26 from line	12				-			,_,	<u></u>
		Excess of revenue over expens		momento	22,057.						
		Net investment income (i			22,037	65,712.	<del></del>	·,		<del></del>	—
		Adjusted net income (if no				05,712.	N/A				·····
		valuaren ner menne (n us	Sante cine.	·,	<u></u>		14/17				

[in		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	fyear
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	68,552.	40,263.	40,263.
	3	Accounts receivable			
		Less allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·		
	4	Pledges receivable -			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		····	
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
٩	10a	Investments - U S and state government obligations			
	t	Investments - corporate stock STMT 7	552,151.	497,283.	623,081.
	C	Investments - corporate bonds			, , , , , , , , , , , , , , , , , , ,
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation			<del></del>
	12	Investments - mortgage loans	1 100 606	1 057 007	
	13	Investments - other STMT 8	1,109,626.	1,057,927.	986,163.
	14	Land, buildings, and equipment basis			
	ŀ	Less. accumulated depreciation		·	
	15	Other assets (describe			
		<b>-</b>	1 720 220	1 505 472	1 (40 507
_		Total assets (to be completed by all filers)	1,730,329.	1,595,473.	1,649,507.
		Accounts payable and accrued expenses			
	18	Grants payable		·	
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	156,913.		
Lia	21	Mortgages and other notes payable	130,913.		
	22	Other liabilities (describe			
	22	Total liabilities (add lines 17 through 20)	156,913.	0.	
	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	130,713.	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
auc	25	Temporarily restricted			
Ba	26	Permanently restricted			
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here		···	
Ē		and complete lines 27 through 31.			
SOF	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,573,416.	1,595,473.	
Žet	30	Total net assets or fund balances	1,573,416.	1,595,473.	
_					
	31	Total liabilities and net assets/fund balances	1,730,329.	1,595,473.	
			alances	· · · · · · · · · · · · · · · · · · ·	
	art	Rialysis of Orlanges in Net Assets of Fund B			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		<del></del>
	•	t agree with end-of-year figure reported on prior year's return)		. 1	1,573,416. 22,057.
		r amount from Part I, line 27a		2	
3	Othe	r increases not included in line 2 (itemize)	· · · · · · · · · · · · · · · · · · ·	3	0.
		lines 1, 2, and 3		4	1,595,473.
		eases not included in line 2 (itemize)	<del></del>	5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,595,473.

1	Part IV Capital Gains	and Lo	sses for Tax on In	<u>vestmen</u>	t Income					_	
	(a) List and desc 2-story brick wa	ribe the ki arehouse,	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co )		P	How ac - Purch - Dona	nase	(c) Date (mo ,	e acquired day, yr )	(d) Date sold (mo , day, yr )
_	PUBLIC TRADED							P			
_	PUBLIC TRADED					<u> </u>		P			
			RITIES			<u> </u>		P			
_(	DB PRIVATE EQU	ITY (	GLOBAL SELEC	T FUND	IV	<u> </u>		P			
_6	B	ı	<del></del>			<u> </u>					
_	(e) Gross sales price	(f) [	Depreciation allowed (or allowable)		st or other basis expense of sale			·		Gain or (loss us (f) minus	(g)
_2					169,60						<u>-5,60</u> 9.
_t	9,553.				9,12		_				431.
	148,442.	_			106,86	.0.					41,582.
_	29,308.							-			29,308.
_6	•			h	10/01/00						
_	Complete only for assets showing		· <del></del>							Col (h) gain not less tha	
_	(i) FMV as of 12/31/69	(	j) Adjusted basis as of 12/31/69		cess of col (I) col. (J), if any					s (from col )	(h)) ´
_2	l	_									-5,609.
<u>_t</u>	)										431.
_											41,582.
_	1										29,308.
	9	L			=	$\overline{}$					<del></del>
2	Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2			_	65,712.
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8,	•	· ·	d (6)		٦					
	If (loss), enter -0- in Part I, line 8	colaiiii (c	·1				3			N/A	
F	Part V Qualification U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent In	come		
W If '	section 4940(d)(2) applies, leave the secarth for the secarth for the secarth for the foundation does not qualed the formal the secarth for the appropriate amount in the secarth formal for the secarth formal for the secarth formal for the secarth formal formal formal for the secarth formal forma	tion 4942 lify under s	tax on the distributable ami section 4940(e) Do not cor	mplete this pa	ırt						Yes X No
	(a)		(b)		, , , , , , , , , , , , , , , , , , ,	(c)	-		-	D. A. I	(d)
	Base periód years Calendar year (or tax year beginni	ng In)	Adjusted qualifying dist	ributions	Net value of no			ise assets	s	(col (b) div	oùtion ratio vided by col. (c))
	2009		8:	5,413.		1	,724	1,084	1.		.049541
	2008		41	8,610.		1	,42	1,236	5.		.034203
_	2007			3,500.				0,865			.038642
_	2006			0,050.				5,798			.040258
_	2005		104	4,500.		2	,082	2,167	7 •		.050188
	Total of line 1, column (d)								2		.212832
3	Average distribution ratio for the the foundation has been in existent			n line 2 by 5,	or by the number	of ye	ars		3		.042566
4	Enter the net value of noncharitat	ole-use ass	sets for 2010 from Part X, II	ne 5					4		1,762,025.
	Multiply line 4 by line 3		·	·					5		75,002.
6	Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6		657.
7	Add lines 5 and 6								7		75,659.
8	Enter qualifying distributions from			46	1-4-46				8		43,655.
	If line 8 is equal to or greater than See the Part VI instructions	i line 7, ch	eck the box in Part VI, line	10, and comp	ete that part usin	g a 19	% tax ra	nte			000 DE (0040)

rorn	1 990-PF (2010) THE MAYMERE CHARITABLE FOUNDATION		<u>-2190</u>			Page 4
Pa	art VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948	- see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1_1_	<b>.</b>		<u>1,3</u>	14.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3	<del> </del>		1,3	14.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-		1 2	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>		1,3	14.
6	Credits/Payments					
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,308	5 •				
	Exempt foreign organizations - tax withheld at source	_				
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d	—			2 2	
_	Total credits and payments Add lines 6a through 6d	7		_	2,3	08.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	ļ <u>-</u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del> </del>			0.4
10		10	<del> </del>		9	94.
	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 994 Refunded Int VII-A Statements Regarding Activities	<u>  11</u>	<u> </u>			0.
	4			T	Vaa	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in		1	res	X
<b>.</b>	any political campaign?  Did it appare many than \$100 during the year (atther directly or indirectly) for political currence (see instructions for definition).	2		1a		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition).  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis			1b		<u> </u>
	distributed by the foundation in connection with the activities	inea or				
	Did the foundation file Form 1120-POL for this year?			1.		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			10		
u		) .				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
·	managers > \$ 0.			}		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	If "Yes," attach a detailed description of the activities.			-	-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	n or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	.,		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		5		Х
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	ate law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	VA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation claiming status as a private operation of the foundation of	alendar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) THE MAYMERE CHARITABLE F	OUNDATION		52-21968	30 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indir			
any voter registration drive?		· <del></del>	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yı	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		L Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere		▶□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		. —		
expenditure responsibility for the grant?	Ŋ	I/A	es L No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y <sub>E</sub>	es X No	1 1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			ib X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	<b>y</b>	
1 List all officers, directors, trustees, foundation managers and their	compensation.	T	177 <del>2</del>	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CRAIG D. DYKSTRA	TRUSTEE			
6464 TRILLIUM HOUSE LANE				
CENTREVILLE, VA 20120	0.50	0.	0.	0.
VALERIE M. DYKSTRA	TRUSTEE			
6464 TRILLIUM HOUSE LANE				
CENTREVILLE, VA 20120	0.50	0.	0.	0.
<del></del>				. <u> </u>
2 Compensation of five highest-paid employees (other than those inc	<u> </u>	enter "NONE."	(d) Contributions to	(-) [
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				<del></del>
	-	-		
	-			
<b>P</b> 1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u>L</u>	1	<u> </u>	
Total number of other employees paid over \$50,000			<b>P</b>	0

Form	990-	PF	/2N1	ını
COLIG	330-	rr,	120	IU.

## THE MAYMERE CHARITABLE FOUNDATION

52-2196830

Page 7

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	-	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisf		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers proc  N/A	luced, etc	
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions	+	
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form 000 DE (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	1,768,030.
	Average of monthly cash balances	1b	20,828.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	1,788,858.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,788,858.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,833.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,762,025.
6	Minimum investment return. Enter 5% of line 5	6	88,101.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	id certain	
1	Minimum investment return from Part X, line 6	1	88,101.
2a	·		· · ·
b	Income tax for 2010 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	1,314.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	86,787.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	86,787.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	86,787.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		42 655
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	43,655.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<del> </del>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<del></del>
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	43,655.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	43,655.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies fo	or the section

# Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2009	(c) 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7		, , ,		86,787.
2 Undistributed income, if any, as of the end of 2010		" '		
a Enter amount for 2009 only			23,016.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010		0.	·	
a From 2005			1	
<b>b</b> From 2006				***
¢ From 2007				
d From 2008 .				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 43,655.				
a Applied to 2009, but not more than line 2a			23,016.	f
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	·· · · · · · · · · · · · · · · · · · ·	······································
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				20,639.
e Remaining amount distributed out of corpus	0.	<del>,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</del>		
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		·····
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line	1			
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				66 140
be distributed in 2011				66,148.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	0.			······································
9 Excess distributions carryover to 2011.	0.			
Subtract lines 7 and 8 from line 6a	0.			······
10 Analysis of line 9 a Excess from 2006	1			
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
0 EXCUSS HUIII 2010			· · · · · · · · · · · · · · · · · · ·	

	MERE CHARIT			52-219	96830 Page 10
Part XIV Private Operating I	Foundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective f	or 2010, enter the date of	the ruling .	▶ ∟		
b Check box to indicate whether the four	idation is a private operati	ng foundation described i	n section	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	· <del>-</del> · ·				
line 4 for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
	-			· · · · · · · · · · · · · · · · · · ·	
e Qualifying distributions made directly					
for active conduct of exempt activities	•				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon				1	
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				<u>"</u>	
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)  (3) Largest amount of support from		<u> </u>			
an exempt organization (4) Gross investment income				+	
Part XV Supplementary Info	ormation (Comple	te this part only i	if the foundation	had \$5 000 or mo	re in accete
at any time during			ii tiic iodiidatioi	, maa <del>40,000</del> on mo	10 111 033613
1 Information Regarding Foundation		· · · · · · · · · · · · · · · · · · ·			<del></del>
a List any managers of the foundation wi	-	than 2% of the total conti	ributions received by the	e foundation before the close	e of any tax
year (but only if they have contributed	more than \$5,000) (See s	ection 507(d)(2) )			
SEE STATEMENT 9					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation (	or an equally large porti	on of the ownership of a pai	tnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:	<del></del>	
Check here ► X if the foundation				not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone num	***				
SEE STATEMENT 10					
<b>b</b> The form in which applications should	be submitted and informa	tion and materials they sh	ould include		
c Any submission deadlines		<del></del>	· · · · · · · · · · · · · · · · · · ·		·
d Any restrictions or limitations on award	ls such as by deodraphic	al areas charitable fields	kinds of institutions or	other factors	
= 7.113 Tootholions of limitations on aware	,, googiapillol	0.00, onunuble lields,	oo or motitutions, or	J	

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
SEE STATEMENT 11				
h Approved for future payment			<b>▶</b> 3a_	30,950.
NONE			ah.	0.
Total			<b>▶</b> 3b	0.

Unrelated business income

Excluded by section 512, 513, or 514

### Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Exclud	ded by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	_				
b	_			_	
C	_				
d		· <u>·</u> ·····			
e	_				
1	_			·	
g Fees and contracts from government agencies					
2 Membership dues and assessments				_	
3 Interest on savings and temporary cash					
investments		·····	14	24.	
4 Dividends and interest from securities			14	31,454.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u></u>
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			18	65,712.	
9 Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	1		
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	_				
b	_				
C	_				
d	_				
e	_				
2 Subtotal Add columns (b), (d), and (e)		0	•	97,190.	0.
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations )	)			13	97,190
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in the foundation's exempt purposes (other that	come is reported i	n column (e) of Part XVI-			nplishment of
		·			
				·-	

Page 13

		Exempt Organ	izations									
1	Did the	organization directly or indi	rectly engage in any	of the followir	ig with any other organizati	on described in sect	ion 501(c) of		Yes	No		
	the Cod	le (other than section 501(c)	)(3) organizations) o	r in section 52	27, relating to political organ	nizations?						
а	Transfe	rs from the reporting founda	ation to a nonchanta	ble exempt or	ganization of:							
	(1) Ca	sh						1a(1)		X		
	(2) Oth	ner assets						1a(2)		Х		
þ		ransactions										
	• •	les of assets to a noncharital	· ·				-	1b(1)		X		
		rchases of assets from a nor		organization			-	1b(2)		X		
		ntal of facilities, equipment,						1b(3)		X		
	• •	imbursement arrangements		•			• •	1b(4)		X		
	• •	ans or loan guarantees				••• •		1b(5)	<u> </u>	X		
	• •	rformance of services or me	·-	•				1b(6)		X		
	•	of facilities, equipment, mai	•	· ·	• •			10	نـــا	X		
đ		nswer to any of the above is	·	_		•	<del>-</del>		sets,			
		ices given by the reporting for (d) the value of the goods, (			eo iess than fair market vait	ue in any transaction	i or snaring arrangem	ent, snow in				
a)ı	ine no	(b) Amount involved			e exempt organization	(fl) Description	n of transfers, transactions	and channa ar	rangeme	nte		
٠,٠	ane no	(B) / III ball ( III v ol v ca	(0) (10)	N/A	o oxompt organization	(u) Description	TOT Darislers, Darisactions	, and snamy a	angenie			
				147 21								
	-		.=				<del></del>					
				<del></del>								
2a	Is the fo	oundation directly or indirect	ly affiliated with, or r	related to, one	or more tax-exempt organi	zations described						
	ın secti	on 501(c) of the Code (other	than section 501(c)	(3)) or in sect	tion 527?			Yes	X	] No		
b	If "Yes,"	complete the following sche										
		(a) Name of org	anızatıon		(b) Type of organization		(c) Description of relat	tionship				
		N/A										
			,			,			_			
								_				
	Τ,.	and a second transfer of the second transfer	Ab-all bases and a second									
٠.	l ar	nder penalties of penury, I declare nd complete beclaration of prepa	e that I have examined the control of the control o	ns return, includ or fiduciary) is b	ing accompanying schedules an ased on all information of which	og statements, and to the preparer has any knowle	e best of my knowledge al edge	na beliet, it is th	ie, corre	ct,		
	gn		#		الدام ا	1 _						
П	ere		8/14/				TRUSTEE					
		Signature of officer or tru		D	Date	T T	itle	TIAL				
		Print/Type preparer's na		Preparer's s	ignature	Date	Check I if P	TIN				
D-	.:-	JENNY E. H	CKKCKA,	W.	uene M	2/12/2012	sen- empioyed					
Pa		CPA DUB	TNO C MCC		CHARTERED	11171006	Formula Free S					
	epare	1	INO & MCG	ccuOin,	CHARTERED		Firm's EIN					
US	e Onl		US BOOKE	מת שטת	TVP CITTER 1	200	<del> </del>	<del>-</del>				
		Firm's address ► 69				200	Dhone 20	1_564	362	6		
		T BE	THESDA, M	ע 2001	1	<del></del>	Phone no 30	1-564- Form <b>990</b>				
								rorm <del>yy</del> U	-rr (	ZU IU)		

FORM 990-PF INTEREST ON SAVI	INGS AND	rempo:	RARY CA	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
DEUTSCHE BANK ALEX. BROWN							24.
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COLUI	MN A				24.
FORM 990-PF DIVIDEND	OS AND IN	reres'	r FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GRO	OSS AI	TNUOM		ITAL GAINS IVIDENDS	COLUMN (A	7)
DEUTSCHE BANK ALEX. BROWN DEUTSCHE BANK ALEX. BROWN			3,500. 2,954.		0.	18,5 12,9	
TOTAL TO FM 990-PF, PART I, I	IN 4	3	1,454.		0.	31,4	54.
FORM 990-PF	ACCOU	NTING	FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOK		(B) ET INVE ENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	12,70	 )5.		0.		12,7	05.
TO FORM 990-PF, PG 1, LN 16B	12,70	)5.		0.		12,7	05.
FORM 990-PF C	THER PRO	ESSI	ONAL FE	EES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOK		(B) ET INVE		(C) ADJUSTED NET INCOM		
INVESTMENT ADVISORY FEES	13,52	21.	13,	521.			0.
TO FORM 990-PF, PG 1, LN 16C	13,52		13,	521.	<del></del>		0.

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID	32.		32.			0.
TO FORM 990-PF, PG 1, LN 18 =	32.		32.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
INVESTMENT EXPENSES	14,886.	14,	14,886.			0.
TO FORM 990-PF, PG 1, LN 23	14,886.	14,	886.			
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			вос	K VALUE	FAIR MARKET VALUE	?
CORPORATE STOCK				497,283.	623,08	31.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			497,283.	623,08	31.
FORM 990-PF	OTHER INV	ESTMENTS	·····		STATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET VALUE	
DB PRIVATE EQUITY GLOBAL SELE FUND IV MUTUAL FUNDS		FMV		371,123. 686,804.	386,40 599,75	
MOTOAL FUNDS	•			•	•	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

9

NAME OF MANAGER

CRAIG D. DYKSTRA VALERIE M. DYKSTRA FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CRAIG DYKSTRA THE MAYMERE CHARITABLE FOUNDATION CENTREVILLE, VA 20120

TELEPHONE NUMBER

703-266-5501

FORM AND CONTENT OF APPLICATIONS

APPLY IN WRITING; INCLUDE AN ANNUAL REPORT, A COPY OF THE IRS DETERMINATION LETTER, AND ANY OTHER LITERATURE/INFORMATION RELATED TO THE ORGANIZATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL TAX-EXEMPT PURPOSES; THE ORGANIZATION MUST BE ORGANIZED IN THE UNITED STATES OR ANY OF ITS POSSESSIONS, AND ANY GRANTS OR GIFTS TO THE ORGANIZATION MUST BE USED WITHIN THE UNITED STATES OR ANY OF ITS POSSESSIONS.

STATEMENT 11

FORM 990-PF

	DURING THE YEAR		EMENI II
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AMERICAN DIABETES ASSN 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	NONE GENERAL OPERATING SUPPORT	501(C)(3)	500.
CHARLES R. VARNER SCHOLARSHIP, C/O COLLEGE OF WILLIAM & MARY P.O. BOX 8795 WASHINGTON, VA 23187-8795	NONE GENERAL OPERATING SUPPORT	501(C)(3)	1,000.
COLLEGE OF WILLIAM & MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187-8795	NONE ANNUAL FUND	501(C)(3)	15,000.
JUVENILE DIABETES RESEARCH FOUNDATION 120 WALL ST., FL 19 NEW YORK, NY 10005	NONE GENERAL OPERATING SUPPORT	501(C)(3)	1,000.
SYRACUSE SYMPHONY ORCHESTRA P.O. BOX 932 SYRACUSE, NY 13201	NONE GENERAL OPERATING SUPPORT	501(C)(3)	1,000.
THE LUNSFORD BEHREND SCHOLARSHIP FUND 5501 LANDMARK PLACE FAIRFAX, VA 22032	GENERAL OPERATING	501(C)(3)	1,000.
THE GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL 4301 CONNECTICUT AVE., NW WASHINGTON, DC 20008	NONE GENERAL OPERATING SUPPORT	501(C)(3)	350.
WESTFIELD HIGH SCHOOL 4700 STONECROFT BLVD. CHANTILLY, VA 20151	NONE GENERAL OPERATING SUPPORT	501(C)(3)	100.

GRANTS AND CONTRIBUTIONS

THE.MAYMERE CHARITABLE FOUNDATION							
WESTFIELD THEATRE BOOSTER 4700 STONECROFT BLVD. CHANTILLY, VA 20151	NONE GENERAL OPERATING SUPPORT	501(C)(3)	500.				
WOLF TRAP FOUNDATION 1645 TRAP ROAD VIENNA, VA 22182	NONE GENERAL OPERATING SUPPORT	501(C)(3)	10,000.				
YWCA OF RICHMOND 6 N. 5TH STREET RICHMOND, VA 23219	NONE GENERAL OPERATING SUPPORT	501(C)(3)	500.				
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		30,950.				

Form 886	8 (Rev. 1-2011)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this b	 0х	<b>&gt;</b>	X	
	ly complete Part II if you have already been granted a				8868.		
	are filing for an Automatic 3-Month Extension, comp						
Part II				opies	needed)		
Type or	Name of exempt organization Employer identification						
print	THE MAYMERE CHARITABLE FOU	እነኮልጥፐር፤	NT.	5	2-2196830		
File by the extended clue date for 6464 TRILLIUM HOUSE LANE							
filing your return See instructions	City, town or post office, state, and ZIP code. For a CENTREVILLE, VA 20120	a foreign add	iress, see instructions.				
Enter the	Return code for the return that this application is for	(file a separa	te application for each return)			04	
Applicati	on	Return	Application			Return	
Is For		Code	ls For		<del>,,,,,</del>	Code	
Form 990		01	Farm 1041 A		<u></u>		
Form 990		02	Form 1041-A		<del></del>	08	
Form 990		01	Form 4720 Form 5227		····	09	
Form 990		04	Form 6069		<del></del>	10	
	T (sec. 401(a) or 408(a) trust)	06	Form 8870	11			
	T (trust other than above) onot complete Part II if you were not already grant			abi file	0060	1_12	
3 TOPE DE	CRAIG DYKSTRA	ou an auton	neue o-month extension on a previou	oil in	d Form 8000.		
	oks are in the care of > 6464 TRILLIUM	HOUSE		VA	20120		
-	one No.▶ 703-266-5501		FAX No. ▶		<del></del>		
	rganization does not have an office or place of busine				<b>&gt;</b>		
_	s for a Group Return, enter the organization's four dig	_					
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of all	memb	ers the extension is	for.	
4 I red	quest an additional 3-month extension of time until	AUGUS!					
	calendar year, or other tax year beginning			SEP	30, 2011	·	
6 if th	e tax year entered in line 5 is for less than 12 months  Change in accounting period	, check reaso	on: Initial return	Final i	return		
	e in detail why you need the extension						
		TIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM					
EX	TERNAL THIRD PARTIES TO AL	LOW FOR	R A COMPLETE AND ACC	URA	TE FILING.		
	is application is for Form 990-BL, 990-PF, 990-T, 4720 refundable credits. See instructions.	D, or 6089, er	nter the tentative tax, less any	8a	<b>s</b> 1	,314.	
	is application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated				
tax	payments made. Include any prior year overpayment	allowed as a	credit and any amount paid				
pre	viously with Form 8868.		•	8b	s 2	,308.	
	nce due. Subtract line 8b from line 8a. Include your	payment with	this form, if required, by using		···	<del></del>	
EFT	PS (Electronic Federal Tax Payment System). See ins	tructions.		8c	\$	0.	
	Sign	nature an	d Verification				
Under pena it is true, co	ities of penury, I declare that I have examined this form, incli rrect, and complete, and that I am authorized to prepare this	uding accomp form	anying schedules and statements, and to the				
Signature_I	Title >	C.P.A.	•	Date	> 3/04/20	حاد	
	71				► \$ 04 3 (Re	v. 1-2011)	
	0				.,,	,,	

## Form **8868**

(Rev. January 2011)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service		▶ File a sep	arate appl	ication for each return.					
• If you	are filmo for an Aut	omatic 3-Month Extension, comple	te only Pa	ert I and check this box		)	► X		
•	_		_	complete only Part II (on page 2 of this	form).				
•	-	-		tic 3-month extension on a previously fi					
	•			a 3-month automatic extension of time t			poration		
				sion of time. You can electronically file F					
•	•	•		Form 8870, Information Return for Tran		-			
				(see instructions). For more details on t					
		ick on e-file for Charities & Nonprofits							
Part I		3-Month Extension of Time		bmit original (no copies needed).		-			
				onth extension - check this box and con	plete				
Part I on!	y					1	▶ □		
All other	corporations (includ	ting 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exten	ision of time			
to file inc	ome tax returns.								
Type or	Name of exemp	t organization			Emp	loyer identificatio	n number		
print		_							
-	THE MAYM	ERE CHARITABLE FOUR	NDATIO	ON	5	2-2196830			
File by the due date for	Number, street,	and room or suite no. If a P.O. box, s	ee instruc	tions.					
filing your return See	6464 TRI	LLIUM HOUSE LANE							
instructions	1	st office, state, and ZIP code. For a following LLE, VA 20120	oreign add	ress, see instructions.					
Enter the	Potum code for th	e return that this application is for (fik	. a sanara	te application for each return)			0 4		
Citter the	THE COURT OF CIT	o recom that this application is for the	, а зорана	to application for cash reterny			<u> </u>		
Applicat	ion		Return	Application		-	Return		
Is For	1011		Code	Is For					
Form 990	າ		01	Form 990-T (corporation)					
Form 990			02	Form 1041-A			07		
Form 990			03	Form 4720			09		
Form 990			04	Form 5227			10		
	D-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069		11			
	OT (trust other than		06	Form 8870		12			
		CRAIG DYKSTRA		<del> </del>					
• The b	ooks are in the care	of ▶ 6464 TRILLIUM	HOUSE	LANE - CENTERVILLE,	VA	20120			
	hone No. ► 703			FAX No. ▶					
<ul><li>If the</li></ul>	organization does r	ot have an office or place of business	s in the Un	nited States, check this box		•	▶ □		
<ul><li>If this</li></ul>	is for a Group Retu	rn, enter the organization's four digit	Group Exe	emption Number (GEN) If th	s is fo	r the whole group,	check this		
box 🕨	. If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension	s for.		
1 I re	quest an automatic	3-month (6 months for a corporation	required 1	to file Form 990-T) extension of time unt	d				
	MAY 15,	2012 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension			
ıs f	or the organization	s return for:							
<b>&gt;</b>	calendar year								
<b>•</b>	X tax year begin	ning OCT 1, 2010	, an	d ending <u>SEP 30, 2011</u>		_ ·			
2  ft	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
[	Change in acco	unting period							
					,				
3a Ifti	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			=		
noi	nrefundable credits	. See instructions.		······································	3a	.\$	0.		
	• •	r Form 990-PF, 990-T, 4720, or 6069,	-		;				
est	timated tax paymen	ts made. Include any prior year overp	ayment al	lowed as a credit.	3ь	\$	<u>2,308.</u>		
c Ba	lance due. Subtrac	t line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_		
by	using EFTPS (Elect	ronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.		
	W	والمستحدث كالمراب المسارات والمسافع والمساور والمساور	adh dhia C	0000 ass Farm 0453.EO and Farm	9970.	EO for novement in	rêm redrese		