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## Form 990-PF Department of the Treasury

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number SWANSON FAMILY FOUNDATION 20-8249043 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 4960 E. VALLEY VISTA LANE 602-740-3688 City or town, state, and ZIP code C If exemption application is pending, check here PARADISE VALLEY, initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination \_\_ Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 76,540. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received 003 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 38 38 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Revenue 0 . Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications ⟨9 Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income .041 38. 0 12 Total, Add lines 1 through 11 0 0 0 Compensation of officers, directors, trustees, etc Other employee salaries and wages 0 15 Pension plans, employee benefits ଆନ୍ଧାନ୍ତ and Administrative Expenses 16a Legal fees 1,825 0 0 STMT 2 1,825 b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 192 150 0 42. Operating 24 Total operating and administrative 2,017 150 0 1,867. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,017 150 0 1,867. Add lines 24 and 25 Subtract line 26 from line 12: <976. 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PE (2011)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	77,516.
2	Enter amount from Part I, line 27a	2	<976.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	76,540.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	76,540.

Form **990-PF** (2011)

	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets	l _	(col. (b) divided by col. (c))
	2010	65,335.	88,353.		.739477
_	2009	91,937.	127,894.		.718853
	2008	161,507.	115,401.		1.399529
_	2007	96,503.	52,722.		1.830412
_	2006				
2	, , , , ,	on ported - duude the total on line 2 by F.	or by the number of years	2	4.688271
3	Average distribution ratio for the 5-year ba the foundation has been in existence if less		or by the number of years	3	1.172068
4	Enter the net value of noncharitable-use as	sets for 2011 from Part X, line 5		4	76,182.
5	Multiply line 4 by line 3		•	5	89,290.
6	Enter 1% of net investment income (1% of	f Part I, line 27b)		6	0.
7	Add lines 5 and 6			7	89,290.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form **990-PF** (2011)

1,867.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2011) SWANSON FAMILY FOUNDATION			<u> 20-</u>	8249	<u>)43</u>		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	0(a), 4940(b), 49	940(e), or 49	948 -	see in	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and er	nter "N/A" on line 1.	)					
	Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructio	ns)	İ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► and enter 1%	<b> </b>	1				0.
	of Part I, line 27b							,
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col.	(b). J		T		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers enter -0-)	1	2				0.
3	Add lines 1 and 2		<u>,</u>	3				_0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	ļ	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	5	<del></del>			0.
6	Credits/Payments:	1 1						
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a		- 1				
	Exempt foreign organizations - tax withheld at source	6b					,	
	Tax paid with application for extension of time to file (Form 8868)	6c		ĺ	1			
	Backup withholding erroneously withheld	_6d						-
7	Total credits and payments. Add lines 6a through 6d			7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>&gt;</b>	9				<u>0.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	<b>•</b> [	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax		Refunded -	11				
	rt VII-A Statements Regarding Activities		<u> </u>		· · · · · ·		V	I N I -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it particip	ate or intervene	n			res	No
	any political campaign?				-	1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•	•		-	1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	a copies of any mat	enais publisne	a or	ŀ	.		
_	distributed by the foundation in connection with the activities.	,						•
	Did the foundation file Form 1120-POL for this year?	Moort			⊦	1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. > \$ 0 • (2) On foundation managers.		0.		ŀ			
	Enter the reimbursement (if any) paid by the foundation during the year for political expendit							
e	managers. > \$	ture tax imposed on it	Junuation		ĺ			
2	Has the foundation engaged in any activities that have not previously been reported to the IR	252				2		x
-	If "Yes," attach a detailed description of the activities.	10:			<b>-</b>	-	_	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrument articles of	incorporation or					
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change					3		_x_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year				F	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/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.				ľ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ther:				٠		
	By language in the governing instrument, or				ŀ			
	By state legislation that effectively amends the governing instrument so that no mandatory	y directions that confli	ct with the state	law				1
	remain in the governing instrument?					6	X	Ĺ
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 instruction	ns) ▶						- 1
	AZ							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney General (or de	signate)					
	of each state as required by General Instruction G? If "No," attach explanation				L	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec		42(j)(5) for calen	dar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co	•			L	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	le listing their names and	addresses			10		X
					Form	990	-PF(	2011)

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Form **990-PF** (2011)

orm 990-PF (2011) SWANSON FAMILY FOUNDATIO	N		20-82490	43 Page 6
Part VII-B   Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
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 🗶 No 📙	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			-
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	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)?			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 🗶 No	-
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		I/A L Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.494			•	'
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es 🕱 No	
a personal benefit contract?	Otopanal hanafit aantiraati	Y6		er   1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		$\vdash$	6b 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	holter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16	,_	7b
Information About Officers Directors Trust		nagers Highly		/U
Part VIII Paid Employees, and Contractors	ooo, i oamaaaaan ma	agoro, r.i.g.i.;	•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
SEE STATEMENT 4		0.	0.	0.
		1		
· · · · · · · · · · · · · · · · · · ·				
2 Compensation of five highest-paid employees (other than those inc	Juded on line 1) If none	enter IMONE #		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
				<del></del>
	,			İ
		-		
		1		
Total number of other employees paid over \$50,000		•	<b>&gt;</b>	0

Form **990-PF** (2011)

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2011)

6

Adjusted qualifying distributions, Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Остриз	10010 prior to 2010		2011
line 7				3,809.
2 Undistributed income, if any, as of the end of 2011				3,003.
a Enter amount for 2010 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:			1	
a From 2006				
<b>b</b> From 2007 93,890.				
c From 2008 155, 737.				
d From 2009 85,542.				•
e From 2010 60,917.				
f Total of lines 3a through e	396,086.			
4 Qualifying distributions for 2011 from				-
Part XII, line 4: ► \$ 1,867.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	-	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			•
d Applied to 2011 distributable amount				1,867.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	1,942.			1,942.
6 Enter the net total of each column as indicated below:		:		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	394,144.			
<b>b</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.		<u>-</u>
e Undistributed income for 2010. Subtract line				•
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				<u>.</u>
section 170(b)(1)(F) or 4942(g)(3)	0.		<del></del>	<del></del>
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	204 444			•
Subtract lines 7 and 8 from line 6a	394,144.		-	
O Analysis of line 9:				-
a Excess from 2007 91,948.	•			
b Excess from 2008 155,737.				
c Excess from 2009 85,542.			i	
d Excess from 2010 60,917.				•
e Excess from 2011				Form <b>990-PF</b> (2011)

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Form **990-PF** (2011)

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Part XVI-A	Analysi	s of Incon	ne-Producing	. Activities
	, w	<i>y</i>	io i i vaaviii s	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	_ (a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business   code	Amount	sion code	Amount	function income
a					
b					
С		<del></del>			<del></del>
d					
e					
•		•	1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	38.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property		,			
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					<del></del>
11 Other revenue:	1				
a					
b		<del></del>	<u> </u>		
c	<u> </u>				<del></del>
d	ļ				
e	<b> </b>				
12 Subtotal. Add columns (b), (d), and (e)		0	•	38.	
13 Total. Add line 12, columns (b), (d), and (e)	•			13	38.
(See worksheet in line 13 instructions to verify calculations.)					<del></del>

#### Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).							
-								

123621 12-02-11

Form **990-PF** (2011)

Part				20-8 nd Relationships With Nonc	249043 charitable		age 1:
	the organization directly or ind	rectly engage in any of the following: (3) organizations) or in section 5:		• •		Yes	No
		dation to a noncharitable exempt or		241101131			
	Cash		<b>9</b>		1a(1)		X
	Other assets				1a(2)		Х
<b>b</b> Oth	er transactions:					,	
	Sales of assets to a noncharita				15(1)	<u> </u>	X
٠,,		oncharitable exempt organization			1b(2)	<u> </u>	X
	Rental of facilities, equipment,				1b(3)	<del></del>	X
٠,	Reimbursement arrangements  Loans or loan guarantees	<b>'</b> .			1b(4) 1b(5)	_	X
		embership or fundraising solicitation	ons		1b(6)	_	X
		ailing lists, other assets, or paid en			10		X
or s	services given by the reporting turn (d) the value of the goods,		ved less than fair market value	ays show the fair market value of the good in any transaction or sharing arrangement (d) Description of transfers, transactions	ent, show in		ents
		N/A					
		1		<del>                                     </del>			
	<del></del>			<del></del>			
		<del> </del>		<del>                                     </del>			
	<del>-   </del>			<del>                                     </del>			
ın s	section 501(c) of the Code (other		tion 527?		Yes	X	No.
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relat	ionship		
<del> </del>	N/A				<del></del>		
							-
				statements, and to the best of my knowledge ston of which preparer has any knowledge	May the IRS o	liscuss	this
Sign Here	Signature of office (or truster	Swarper	- 120/25(12 Date	Title	return with this shown below X Yes	(see ins	
	Print/Type preparer's n	ame Preparer's s	signature	Date Check if P	TIN		
		main		self- employed			
Paid	BAILEY H.	TOCCO Y/W	uy www		P01082		
Prepa		Z MHM, LLC	V	Firm's EIN ► 34	-18841	25	
Use (		01 N. CENTRAL A	AVE., STE. 300	<del></del>			
	1 mm 3 address   3 1	OT M. CEMIKAL b	AVE., STE. 300	,			

602-264-6835 Form **990-PF** (2011)

Phone no.

PHOENIX, AZ 85012

FORM 990-PF DIVIDENT	S AND	INTER	EST	FROM	SECUE	RITIES		STATEMENT	1
SOURCE		GROSS	AMC	UNT		TAL GA		COLUMN (A	۲)
MERRILL LYNCH				38.			0.	· · · · · · · · · · · · · · · · · · ·	38.
TOTAL TO FM 990-PF, PART I, I	.N 4			38.			0.		38.
FORM 990-PF	AC	COUNTI	NG F	EES				STATEMENT	2
DESCRIPTION	EXPE	A) INSES BOOKS		INVE		ADJUSTED			
ACCOUNTING		1,825.			0.		0.		25.
TO FORM 990-PF, PG 1, LN 16B		1,825.			0.		0	1,8	25.
FORM 990-PF	0	THER E	XPEN	ISES				STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS		' INVE	EST- COME	ADJU	C) ISTED INCOME	CHARITA	
INVESTMENT FEES OTHER FEES		150. 42.			150.		0		0. 42.
TO FORM 990-PF, PG 1, LN 23		192.		•	150.		0	•	42.

	PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT TRUSTEES AND FOUNDATION MANAGERS							
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT				
MARY K. SWANSON 4960 E. VALLEY VISTA LANE PARADISE VALLEY, AZ 85253	CHAIRMAN 6.00	0.	0.	0.				
KATIE JACQUES SAME AS ABOVE	DIRECTOR 4.00	0.	0.	0.				
ANDREW VARELA SAME AS ABOVE	DIRECTOR 4.00	0.	0.	0.				
KRISTEN WADE SAME AS ABOVE	DIRECTOR 4.00	0.	0.	0.				
TIM BATES SAME AS ABOVE	DIRECTOR 4.00	0.	0.	0.				
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.				

#### Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

-	are filing for an Automatic 3-Month Extension, comple are filing for an Additional (Not Automatic) 3-Month Ex	-		 this form).		<b>▼</b> X	
required of time to Personal visit www	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-mo of file any of the forms listed in Part I or Part II with the expensific Contracts, which must be sent to the IRS in papars.	ou need anth extens ception of per format	a 3-month automatic extension of tir sion of time. You can electronically f Form 8870, Information Return for (see instructions). For more details of	ne to file (file Form 8) Transfers in the elec	5 months for a co 868 to request ar Associated With (	n extension Certain	
Part I	Automatic 3-Month Extension of Time						
•	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		. —	
Part I on!							
to file inc	corporations (including 1120-C filers), partnerships, REM ome tax returns.	,	rusts must use Form 7004 to reques		······································		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	mber (EIN) or	
print File by the	SWANSON FAMILY FOUNDATION			X	20-82490	043	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 4960 E. VALLEY VISTA LANE	ee instruc	tions.	Social se	cunty number (S	SN)	
return See instructions	City, town or post office, state, and ZIP code. For a for PARADISE VALLEY, AZ 85253	oreign add	fress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			04	
Applicat	ion	Return	Application			Return	
is For		Code	Is For			Code	
Form 990	)	01	Form 990-T (corporation)	•		07	
Form 990	)-BL	02	Form 1041-A			08	
Form 990	)-EZ	01	Form 4720				
Form 990	)-PF	04	Form 5227	·		10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		<u>.                                    </u>	11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	SWANSON FAMILY  books are in the care of   4960 E. VALLEY  none No.   602-740-3688		A LANE - PARADISE	VALLE	Y, AZ 852	253	
		a in tha Lir	FAX No.				
	organization does not have an office or place of busines: is for a Group Return, enter the organization's four digit		***		r the whole are un		
box ►	. If it is for part of the group, check this box	1	ch a list with the names and EINs o				
	quest an automatic 3-month (6 months for a corporation	required		until		135 101.	
	or the organization's return for:  X calendar year 2011 or	J	v				
•	tax year beginning	, an	d ending		<u></u> .		
2 If t	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
по	nis application is for Form 990-BL, 990-PF, 990-T, 4720, orefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	\$	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	-		AL.	<b>.</b>	0.	
	imated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa			3b	\$	<u> </u>	
	using EFTPS (Electronic Federal Tax Payment System).	-		Зс	\$	0.	
Caution.	If you are going to make an electronic fund withdrawal v	with this Fe	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in	nstructions.	

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Form 8868 (Rev. 1-2012)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.