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# Return of Organization Exempt From Income Tax

**2011**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning** , 2011, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OAK GROVE ACQUISITION CORPORATION</b> C/O JP MORGAN INVESTMENT MANAGEMENT, INC.		<b>D</b> Employer identification number 26-0350571
	Doing Business As		<b>E</b> Telephone number (212) 648-0204
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 5005		<b>G</b> Gross receipts \$ 57,783.
City or town, state or country, and ZIP + 4 NEW YORK, NY 10163-5005			
<b>F</b> Name and address of principal officer			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

**I** Tax-exempt status: 501(c)(3)  501(c) ( 25 ) (insert no) 4947(a)(1) or 527

**J** Website: N/A **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 2007 **M** State of legal domicile: DE

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities SEE STATEMENT 3		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 15)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	250.	57,783.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	250.	57,783.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		399,977.	353,522.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	399,977.	353,522.	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-399,727.	-295,739.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	12,757,780.	7,683,695.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,872,535.	2,620,788.
		10,885,245.	5,062,907.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Joseph M. Pistone* Joseph M. Pistone Executive Director - Tax Date: 6/27/2012

Type or print name and title: JPMorgan Asset Management - Real Estate

**Paid Preparer Use Only**

Print/Type preparer's name: MARINA LEVIN Preparer's signature: *Marina Levin* Date: 6-25-2012 Check  if self-employed PTIN: P00951479

Firm's name: PRICEWATERHOUSECOOPERS LLP Firm's EIN: 13-4008324

Firm's address: 300 MADISON AVENUE NEW YORK, NY 10017 Phone no: 646-471-3000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

SCANNED JUL 16 2012

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission  
SEE STATEMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
OAK GROVE ACQUISITION CORPORATION (THE "COMPANY") WAS ORGANIZED FOR THE EXCLUSIVE PURPOSE OF ACQUIRING, HOLDING TITLE TO, AND COLLECTING INCOME FROM REAL PROPERTY, AND REMITTING THE ENTIRE AMOUNT OF SUCH INCOME, LESS EXPENSES, TO ITS SOLE SHAREHOLDER, A TRUST EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(A) AS IT IS A QUALIFIED PENSION PLAN AS DEFINED IN IRC SECTION 401(A).

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <i>Note. All Form 990 filers are required to complete Schedule O.</i> . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI [ X ]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE STATEMENT 4	0	X					0	0	0	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							0	0	0	
<b>d Total (add lines 1b and 1c)</b> . . . . .							0	0	0	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>0</b>										

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . .	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		0			
<b>Program Service Revenue</b>	2a	RENTAL INCOME	<b>Business Code</b> 531390	57,783	57,783		
	b						
	c						
	d						
	e						
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		57,783			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		0			
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real (ii) Personal				
	6a	Gross rents . . . . .					
	b	Less rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory . . . . .					
	b	Less cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . . ▶		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from fundraising events . . . . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . a					
b	Less direct expenses . . . . . b						
c	Net income or (loss) from gaming activities . . . . . ▶		0				
10a	Gross sales of inventory, less returns and allowances . . . . . a						
b	Less cost of goods sold . . . . . b						
c	Net income or (loss) from sales of inventory . . . . . ▶		0				
	Miscellaneous Revenue	<b>Business Code</b>					
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0				
12	<b>Total revenue.</b> See instructions . . . . . ▶		57,783	57,783			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	0			
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	0			
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REAL ESTATE TAX EXPENSE -----	180,013.	180,013.		
b PAYROLL -----	20,344.	20,344.		
c REPAIRS & MAINTENANCE -----	66,119.	66,119.		
d UTILITIES -----	51,474.	51,474.		
e All other expenses ATTACHMENT 1 -----	35,572.	35,572.		
25 Total functional expenses Add lines 1 through 24e	353,522.	353,522.		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	0	1	0
	2 Savings and temporary cash investments . . . . .	0	2	0
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	0	4	28,567.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .	0	8	0
	9 Prepaid expenses and deferred charges . . . . .	8,018.	9	319.
	10 a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D . . . . .	10a 7,603,848.		
	b Less accumulated depreciation . . . . .	10b	12,749,762.	10c 7,603,848.
	11 Investments - publicly traded securities . . . . .	0	11	0
	12 Investments - other securities See Part IV, line 11 . . . . .	0	12	0
	13 Investments - program-related See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	50,961.
	15 Other assets See Part IV, line 11 . . . . .	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	12,757,780.	16	7,683,695.	
Liabilities	17 Accounts payable and accrued expenses . . . . .	191,135.	17	139,596.
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	0	19	0
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,681,400.	25	2,481,192.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,872,535.	26	2,620,788.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	12,667,194.	31	12,667,194.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	-1,781,949.	32	-7,604,287.
33 <b>Total net assets or fund balances</b> . . . . .	10,885,245.	33	5,062,907.	
34 <b>Total liabilities and net assets/fund balances</b> . . . . .	12,757,780.	34	7,683,695.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	353,522.
3	Revenue less expenses Subtract line 2 from line 1	3	-295,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,885,245.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,526,599.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,062,907.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		<input type="checkbox"/>	
		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization **OAK GROVE ACQUISITION CORPORATION**  
C/O JP MORGAN INVESTMENT MANAGEMENT, INC.

Employer identification number  
**26-0350571**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

(ii) Assets included in Form 990, Part X . . . . . ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$

b Assets included in Form 990, Part X . . . . . ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

JSA  
1E1268 1 000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V and complete the following table
- |   |    | Amount |
|---|----|--------|
| c Beginning balance . . . . .             | 1c |        |
| d Additions during the year . . . . .     | 1d |        |
| e Distributions during the year . . . . . | 1e |        |
| f Ending balance . . . . .                | 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ %
  - b Permanent endowment ▶ %
  - c Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .  3a(i) Yes  No
  - (ii) related organizations . . . . .  3a(ii) Yes  No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  3b Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	1,443,810.			1,443,810.
b Buildings . . . . .	5,846,280.			5,846,280.
c Leasehold improvements . . . . .	313,758.			313,758.
d Equipment . . . . .				
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				7,603,848.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
<b>Total</b> (Column (b) must equal Form 990 Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
(10) . . . . .	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) OTHER LIABILITY	2,481,192.	
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
(10) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,481,192.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information *(continued)*

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization C/O JP MORGAN INVESTMENT MANAGEMENT, INC.	OAK GROVE ACQUISITION CORPORATION	Employer identification number 26-0350571
---	-----------------------------------	--

PART VI

6) THE STOCKHOLDERS / MEMBERS ARE PENSION TRUSTS DESCRIBED IN AND EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 401 AND 501 OF THE INTERNAL REVENUE CODE OF 1954.

7A) MEMBERS/ STOCKHOLDERS HOLD ANNUAL ELECTIONS FOR BOTH OFFICERS AND DIRECTORS FOR THE ORGANIZATION.

7B) THE BUSINESS OF THE CORPORATION SHALL BE MANAGED BY ITS BOARD OF DIRECTORS.

8B) THERE ARE NO COMMITTEES OR DELEGATION OF AUTHORITY WITHIN THE GOVERNING BODY. DECISIONS ARE MADE BY THE MEMBERS OF THE GOVERNING BODY.

11B) THE 990 IS REVIEWED BY THE SIGNER WHO IS ALSO AN OFFICER / DIRECTOR OF THE ORGANIZATION.

19) NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

PART XI

5) NET CONTRIBUTION / (DISTRIBUTION) AND FMV ADJUSTMENT: -5,526,599.

ATTACHMENT 1

FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) TOTAL EXPENSES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
INSURANCE	8,493.	8,493.		
GENERAL & ADMINISTRATIVE	2,935.	2,935.		
PROFESSIONAL FEES	17,225.	17,225.		
NON-REIMBURSEMENT EXPENSES	6,919.	6,919.		
TOTALS	<u>35,572.</u>	<u>35,572.</u>		

Name of the organization OAK GROVE ACQUISITION CORPORATION  
C/O JP MORGAN INVESTMENT MANAGEMENT, INC.

Employer identification number  
26-0350571

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	8,018.	319.
TOTALS	<u>8,018.</u>	<u>319.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Employer identification number 26-0350571

Name of the organization OAK GROVE ACQUISITION CORPORATION C/O JP MORGAN INVESTMENT MANAGEMENT, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are dashed lines.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1 contains 'STATEMENT 5', row 2 contains 'N/A'.

Schedule R (Form 990) 2011

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	-----												
(2)	-----												
(3)	-----												
(4)	-----												
(5)	-----												
(6)	-----												
(7)	-----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related or unrelated excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-LEI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage owned by
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Oak Grove Acquisition Corporation  
December 31, 2011

Statement 3  
26-0350571

**Part I, Summary- Organization's Significant Activities**

Oak Grove Acquisition Corporation, an organization described in Internal Revenue Code section 501(c)(25), collected rental income as reported in column (b) of part VIII, in furtherance of its tax exempt purpose described in Part III 4A.

**OFFICER AND DIRECTOR LIST  
FOR THE  
SUBSIDIARIES OF THE  
STRATEGIC PROPERTY AND  
SPECIAL SITUATION PROPERTY FUNDS**

**DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>
Anne S. Pfeiffer	270 Park Avenue, 7th Floor, New York, NY 10017
Justin M. Murphy	270 Park Avenue, 7th Floor, New York, NY 10017
Benjamin G. Gifford	270 Park Avenue, 7th Floor, New York, NY 10017
Alfred W. Dort	270 Park Avenue, 7th Floor, New York, NY 10017

**OFFICERS**

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
President	Benjamin G. Gifford	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Kimberly A. Adams	10 South Dearborn Street, 43rd Floor, Chicago, IL 60603
Vice President and Assistant Secretary	Sahil Agarwal	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Jean M. Anderson	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Tara A. Andrews	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Joseph K. Azelby	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Serkan Bahceci	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Berdj Benlian	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Brian Benner	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Blake R. Berg	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Todd Blanding	10 South Dearborn Street, 43rd Floor, Chicago, IL 60603
Vice President and Assistant Secretary	Mark J. Bonapace	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Allina Boohoff	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Nancy E. Brown	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Rebekah Brown	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Hilary G. Bullard	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Alice Cao	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Sara Calnen Cassidy	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Mary Ann Cate	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Matthew C. Carbone	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Cecilia Chang	2029 Century Park East, Suite 4150, Los Angeles CA 90067
Vice President and Assistant Secretary	Candace Chao	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Secretary	Edwin Chin	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Cassandra Clark	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Peter A. Coccozza	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Ann E. Cole	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Wayne A. Comer	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Sheryl M. Crosland	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Laurie Curiale	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Robert Curran	5847 San Felipe Street, 1st Floor, Houston, TX 77057
Vice President and Assistant Secretary	Amy C. Cummings	560 Mission Street, 13th Floor, San Francisco, CA 94105-2907
Vice President and Assistant Secretary	Virgilio V. De La Piedra	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Joseph B. Dobronyi, Jr.	270 Park Avenue, 7th Floor, New York, NY 10017
Secretary and Treasurer	Alfred W. Dort	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Michael J. Duignan	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Dave Esrig	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Bernard Fahey	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Kevin J. Faxon	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Janet Field	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Julie Arenas Flynn	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Lawrence J. Fuchs	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Secretary	Ethel Gavrilova	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Cavarly E. B. Garrett	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Inna Geller	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Christopher W. Graham	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Lauren Graham	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Steven M. Greenspan	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Anne R. Hoagland	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Shegun Holder	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Mark Ibanez	10 South Dearborn Street, 43rd Floor, Chicago, IL 60603
Vice President and Assistant Secretary	Klayre L. Ingerton	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Eric W. Johnson	270 Park Avenue 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Brett Kahn	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Christine Kang	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Michael Kelly	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	James F. Kennedy	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Ellen O. Kerr	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Martin Knof	Junghofstrasse 14, 1st Floor, 60311, Frankfurt, Germany
Vice President and Assistant Secretary	Susan M. Kolasa	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Matthew Kruger	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Timothy R. Kuhn	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Hien Le	5847 San Felipe Street, 1st Floor, Houston, TX 77057
Vice President and Assistant Secretary	Angeline Leong-Sit	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Morgan Lingle	560 Mission Street, 13th Floor, San Francisco, CA 94105-2907
Vice President and Assistant Secretary	Kevin Lui	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Mark McAuliffe	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Patrick McCarthy	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Bernard McNamara	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Preston Meyer	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Jeffrey Ryan Miller	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Jay Minchilli	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Daniel Minkoff	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Justin M. Murphy	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Stephan Murphy	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Julie Negron	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Michael Nelson	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Brian A. Nottage	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Michael F. O'Brien	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	George Ochs	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Brian Okrent	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Lawrence M. Ostow	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Catherine Palazola	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Anne S. Pfeiffer	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Andrea Pierce	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Jeffrey Pisano	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Joseph Pistone	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Eric Polkow	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Christian P. Porwoll	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Chris Potavin	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Elizabeth T. Propp	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Donald J. Rederscheid, Jr.	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Emilia Riccioli	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	David Ridley	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Gary L. Ross	5847 San Felipe Street, 1st Floor, Houston, TX 77057
Vice President and Assistant Secretary	Dianna A. Russo	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	James Sattler	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Lee Schaffler	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	William C. Schultz	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Douglas A. Schwartz	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	David C. Sears	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Andrea Segreti	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Frederick N. Sheppard	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Ravinder Sharma	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Peter Sibia	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Rosanna Singh	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Jose D. Sitton	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Hilary J. Spann	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Scott Strauss	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Cyndi Q. Strzyz	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Paul T. Summer	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Craig A. Theirl	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Brian C. Thomas	270 Park Avenue, 7th Floor, New York, NY 10017

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
Vice President and Assistant Secretary	Yetta Y. Tropper	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Daniel J. Volpano	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Summit Walia	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Rashid Walker	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	James M. Walsh	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Grant Werbeck	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Karen M. Wilbrecht	2029 Century Park East, Suite 4150, Los Angeles, CA 90067
Vice President and Assistant Secretary	Temra B. Wollman	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Bonnie M. Wong	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Julia Wong	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Eddie Wu	270 Park Avenue, 7th Floor, New York, NY 10017
Vice President and Assistant Secretary	Steven M. Zaun	2029 Century Park East, Suite 4150, Los Angeles CA 90067

Oak Grove Acquisition Corporation  
December 31, 2011

Statement 5  
26-0350571

**Schedule R, Part II**

The Shareholders and Officers of this Corporation are also Shareholders and Officers of other exempt organizations, the names of which are available upon request.

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions OAK GROVE ACQUISITION CORPORATION C/O JP MORGAN INVESTMENT MANAGEMENT INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-0350571
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 5005	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10163-5005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOSEPH PISTONE
- Telephone No. ▶ (212) 648-0204 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 11 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions OAK GROVE ACQUISITION CORPORATION C/O JP MORGAN INVESTMENT MANAGEMENT INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>26-0350571</b>
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 5005	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10163-5005	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► JOSEPH PISTONE  
 Telephone No ► (212) 648-0204 FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 12.
- For calendar year 11, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COLLECT THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► \_\_\_\_\_ Title ► \_\_\_\_\_ Date ► \_\_\_\_\_