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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.

Department of the Treasury Internal Revenue Service

For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number 38-6505470 LINDEN DAVID NELSON FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 300 248-456-3456 1999 CENTERPOINT PARKWAY City or town, state, and ZIP code C if exemption application is pending, check here 48341 PONTIAC, MI Initial return Initial return of a former public charity G Check all that apply: 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 X Section 501(c)(3) exempt private foundation H Check type of organization: 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 I Fair market value of all assets at end of year J Accounting method: X Cash F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 3,008. (Part I, column (d) must be on cash basis Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income (cash basis only) 77,500. Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents SCANNED NOV 2 b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 77.500 0 0 Total. Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, frustees.
 14 Other employee salaries and wages. 15 Pension plans, employee benefits SO Expenses 16a Legal es NOV 1 9 2012 b Accounting fees c Other professional and Administrative 17 Interest 20 0. 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 370 0 0 STMT 2 0. 23 Other expenses **Dperating** 24 Total operating and administrative 390. 0. 0 expenses. Add lines 13 through 23 74,261. 74,261. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 74,651 0 0 74,261 Subtract line 26 from line 12: 2,849 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) <u>0.</u> c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2011)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011) LINDEN DAVID NELSON FOUNDATION

| Б | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | <u> </u> |
|-----------------------------|------------|--|---------------------------------------|-----------------|-----------------------|
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 159. | 105. | |
| | 2 | Savings and temporary cash investments | | | |
| | | Accounts receivable > | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | _ | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | 2,903. | |
| | , | _ | | 2,505. | |
| | l ' | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ets | | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| 1 | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | 1 |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment; basis | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe ►) | | | |
| | | · | | | |
| | 16 | Total assets (to be completed by all filers) | 159. | 3,008. | 3,008. |
| | _ | Accounts payable and accrued expenses | | <u></u> <u></u> | |
| | | Grants payable | | | |
| cn. | | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ΞĢ | 21 | Mortgages and other notes payable | | | 1 |
| Ľ. | | | · · · · · · · · · · · · · · · · · · · | | Í |
| | " | Other liabilities (describe) | - · · ·- · | | 1 |
| | ١,, | Total lightilities (add lines 17 through 22) | 0. | 0. | |
| _ | 23 | Total liabilities (add lines 17 through 22) | U • | U • | |
| | | Foundations that follow SFAS 117, check here | | | |
| ģ | . . | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ce | | Unrestricted | | | 1 |
| <u>ala</u> i | 25 | Temporarily restricted | | | 1 |
| ã | 26 | Permanently restricted | | | 1 |
| ĭ | | Foundations that do not follow SFAS 117, check here | | | 1 |
| Ē | | and complete lines 27 through 31. | | | 1 |
| ts c | 27 | Capital stock, trust principal, or current funds | 2,387. | 2,387. | |
| Net Assets or Fund Balances | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | l |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | -2,228. | 621. | 1 |
| Net | 30 | Total net assets or fund balances | 159. | 3,008. | |
| | | | | | İ |
| | 31 | Total liabilities and net assets/fund balances | 159. | 3,008. | 1 |
| Ξ | | | | | |
| <u>LP</u> | art | Analysis of Changes in Net Assets or Fund B | aiances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | - |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 159. |
| | 2,849. | | | | |
| | | r amount from Part I, line 27a r increases not included in line 2 (itemize) | | 2 3 | 0. |
| | | lines 1, 2, and 3 | · · · · · · · · · · · · · · · · · · · | 4 | 3,008. |
| | | eases not included in line 2 (itemize) | • | 5 | 3,000. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | nlumn (h) line 20 | 6 | 3,008. |
| U | ividi | merassers or rung balances at end of year (line 4 millus line 3) - Part II, CC | . סט שוווו לעלי וווומיטע | | 3,000• |

38-6505470

LINDEN DAVID NELSON FOUNDATION

| (a) List and describe th | Losses for Tax on Investment kind(s) of property sold (e.g., real case; or common stock, 200 shs. MLC | estate, | | (b) How P - Po D - D | v acquired urchase onation | (c) Date (mo., d | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|--------------|--------------------------------|------------------------------------|----------------------------------|---------------------|--------------------------------|----------------------------------|
| 1a | | | | | | | | |
| b NONE | | | | | | | | |
| <u>c</u> | ···· | - | | - | | | | |
| <u>d</u> | | | | | - | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | or other basis ense of sale | | | | ain or (loss) s (f) minus (| |
| a | | | | | | | | |
| b | | | | | | | | |
| C | | | | _ | _ | | | |
| d | | | _ | _ | | | | |
| Complete only for assets showing gair | n in column (h) and owned by the four | undation o | n 12/31/60 | _ | | (I) Coupe (C | ol (b) goin | minuo |
| Complete only for assets showing gain | (j) Adjusted basis | | ss of col. (1) | | | | iol. (h) gain not less thar | |
| (i) F.M.V. as of 12/31/69 | as of 12/31/69 | | ol. (j), if any | | | Losses | (from col. (| h)) ´ |
| a | | | | | | | | |
| b | | | | | | | | |
| c | | | | \neg | | | | |
| d | | | | | | | | |
| е | | | | | | | | |
| Capital gain net income or (net capital I | oss) If gain, also enter in Par | | | } 2 | ! | | | |
| 3 Net short-term capital gain or (loss) as if gain, also enter in Part I, line 8, colum | | | | ٦ | | | | |
| If (loss), enter -0- in Part I, line 8 | | | |] 3 | | | | |
| Part V Qualification Unde | r Section 4940(e) for Red | luced 1 | ax on Net | Inves | tment In | come | | * * |
| If section 4940(d)(2) applies, leave this pa Was the foundation liable for the section 4 If "Yes," the foundation does not qualify un 1 Enter the appropriate amount in each o | 942 tax on the distributable amount o der section 4940(e). Do not complete | e this part. | • | | | | | Yes X No |
| (a) | (b) | 3 501010 111 | aking any chaic | (c) | | <u> </u> | | (d) ution ratio |
| Base periód years Calendar year (or tax year beginning in) | Adjusted qualifying distribution | ons | Net value of no | | le-use assets | s | Distrib col. (b) div) | ution ratio ided by col. (c)) |
| 2010 | 185,4 | 65. | - | | 469 | | | 398.849462 |
| 2009 | 79,6 | | | | 2,970 | 0. | | 26.806734 |
| 2008 | 122,6 | | | | 6,120 | | | 20.032680 |
| 2007 | 274,1 | | | | 2,713 | | | 101.033174 |
| 2006 | 237,5 | 26. | | | 8,64 | 4. | | 27.478714 |
| 2 Total of line 1, column (d) | | | | | | 2 | | 574.200764 |
| 3 Average distribution ratio for the 5-year the foundation has been in existence if | | 2 by 5, or | by the number | of years | | 3 | | 114.840153 |
| 4 Enter the net value of noncharitable-use | e assets for 2011 from Part X, line 5 | | | | | 4 | | 1. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 115. |
| 6 Enter 1% of net investment income (19 | of Part I, line 27b) | | | | | 6 | | 0. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 115. |
| 8 Enter qualifying distributions from Part | XII, line 4 | | | | | 8 | | 74,261. |
| If line 8 is equal to or greater than line 7 See the Part VI instructions. | | nd complet | e that part usin | g a 1% ta | ax rate. | | | |

| | | | 0502 | | | Page 4 |
|-----|--|------|-------|----------------|-------|--|
| | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see | nstr | ıctio | ns) |
| 18 | a Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | l . | | | _ |
| t | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1% | 1 | | | | <u> 0 </u> |
| | of Part I, line 27b | | | | | |
| C | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | | · | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | _ 5 | | | | 0. |
| 6 | Credits/Payments: | | | | | 1 |
| а | a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a | | | | | |
| b | b Exempt foreign organizations - tax withheld at source 6b | | | | | ţ |
| C | c Tax paid with application for extension of time to file (Form 8868) | | l | | | |
| d | d Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | ĺ | | • | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | , | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ | 11 | | | | |
| | art VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | | Yes | No |
| | any political campaign? | | | 1a | | Х |
| b | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe | d or | | <u> </u> | | |
| | distributed by the foundation in connection with the activities | - 0. | | | | |
| c | Did the foundation file Form 1120-POL for this year? | | | 1c | - | $\bar{\mathbf{x}}$ |
| | I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | <u> </u> | | |
| | (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 • | | | İ | | |
| e | E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| Ĭ | managers. > \$ 0. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | Х |
| _ | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | , | | | | |
| Ŭ | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | х |
| 40 | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | o 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 | | X |
| Ü | If "Yes," attach the statement required by General Instruction T | | | ا ٹ | _ | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| ٠ | By language in the governing instrument, or | | | | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | | | ' |
| | remain in the governing instrument? | IAW | | 6 | х | - |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 0 | | X |
| • | | | | | | |
| ٥. | If "Yes," complete Part II, col. (c), and Part XV | | | | | |
| oa | a Enter the states to which the foundation reports or with which it is registered (see instructions) MI | | | | | |
| L | | | | | | : |
| 0 | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | NT. | / 7 | ,, | - | - |
| | of each state as required by General Instruction G? If "No," attach explanation | | /A | 8b | | <u> </u> |
| y | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler | iuar | | | - | - v |
| 10 | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | X |
| 111 | Did any persons become substantial contributors during the tax year? it "yes" attach a schedule listing their names and addresses | | | 10 | | |

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| Pa | irt VII-A Statements Regarding Activities (continued) | | | |
|----|--|---------------|------|-------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► MR. STEVE LEMBERG Telephone no. ► 248-4 | 56-3 | 456 | |
| | Located at ► 1999 CENTERPOINT PARKWAY, STE. 300, PONTIAC, MI ZIP+4 ► 4 | 8341 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | · 🖳 |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | | |
| | country | | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | 1 | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | - | | |
| | a disqualified person? | 1 | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | l |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 1 | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2011? | 10 | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | 1 |
| а | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | 1 |
| | before 2011? Yes X No | | | |
| | If "Yes," list the years \blacktriangleright | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | 1 |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | . | _ | |
| | statement - see instructions.) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | 1 |
| | > | | | 1 |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | 1 |
| | during the year? \square Yes \square No | | | |
| b | If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | 1 |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | 1 |
| | Form 4720, to determine if the foundation had excess business holdings in 2011) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | | X |
| | Fo | rm 990 | -PF(| 2011) |

Total number of other employees paid over \$50,000

| Form 990-PF (2011) LINDEN DAVID NELSON FOUNDATION | | 0505470 Page 7 |
|---|---------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued) | anagers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE. | ıı | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | (-7-7. | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | - |
| | | |
| The Lauranter of others received over \$50,000 for preferenced converse | | ▶ 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | |
| | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform | ation such as the | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | <u>-</u> | |
| 1 N/A | | |
| | | |
| | | |
| 2 | - | |
| | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and | 2. | Amount |
| 1 N/A | <u> </u> | |
| | · | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | <u> </u> | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u> </u> | 0. |
| Total. Add lines 1 tillough 3 | | <u></u> |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, se | e instructions) |
|----|---|-------------------|------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| | Average of monthly cash balances | 1b | 1. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | يَو | <u> </u> |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | | |
| b | Income tax for 2011. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 0. |
| P | art_XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 74,261. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | · . | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 74,261. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | <u>.</u> |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 74,261. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years. | qualifies for the | e section |

Form **990-PF** (2011)

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, | Corpus | 100.0 prior to 2010 | | |
| line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: | | | | |
| · , · , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 237,102. | | | | |
| b From 2007 273,967. | | | | |
| c From 2008 122, 298. | | | | |
| dFrom 2009 79,467. | | | | |
| eFrom 2010 185,442. | | | | |
| f Total of lines 3a through e | 898,276. | | : | |
| 4 Qualifying distributions for 2011 from | | _ | | |
| Part XII, line 4: \triangleright \$ 74,261. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| 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 | | | | 0. |
| e Remaining amount distributed out of corpus | 74,261. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 972,537. | | | |
| 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 | | 0. | | |
| assessed dSubtract line 6c from line 6b. Taxable | | 0. | | |
| amount - see instructions | | 0. | | |
| 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 | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2006 | | " " | | |
| not applied on line 5 or line 7 | 237,102. | | | |
| 9 Excess distributions carryover to 2012. | | | | |
| Subtract lines 7 and 8 from line 6a | 735,435. | · | | |
| O Analysis of line 9: | | | | |
| a Excess from 2007 273,967. | | | | |
| b Excess from 2008 122,298. | | | | |
| c Excess from 2009 79,467. | | | | |
| d Excess from 2010 185,442. | İ | | | |
| e Excess from 2011 74, 261. | | | | |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year TO SUPPORT THE CHILDREN'S TUMOR FOUNDATION N/A 501(C)3 95 PINE STREET 16TH FLOOR COMMUNITY 5,000. NEW YORK, NY 10005 N/A 501(C)3 TO SUPPORT THE JEWISH YESHIVA BETH YEHUDAH COMMUNITY 15751 LINCOLN DRIVE 1,800. SOUTHFIELD, MI 48076 CENTER FOR CREATIVE STUDIES 501(C)3 TO SUPPORT THE N/A 201 E. KIRBY STREET COMMUNITY DETROIT, MI 48202 1,000. CRANBROOK ACADEMY OF ARTS 501(C)3 TO SUPPORT THE ARTS N/A 39221 WOODWARD AVE BLOOMFIELD HILLS, MI 48304 500. FRIENDS OF ISRAEL DEFENSE FORCES N/A 501(C)3 TO SUPPORT JEWISH ACTIVISM PO BOX 999 18,000. WALLED LAKE, MI 48390 SEE CONTINUATION SHEET(S) 3a 74,261. Total b Approved for future payment NONE 0. **▶** 3b Total

Page 12

Form **990-PF** (2011)

123621 12-02-11

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelat | ed business income | | ided by section 512, 513, or 514 | (e) |
|---|-----------------|---------------------------------------|------------------------|----------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | code | - | |
| a | | | | | |
| b | | | | <u> </u> | |
| c | | | | | |
| 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 | | **** | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| 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 | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | . <u>.</u> | |
| b | | | | | |
| C | | | L | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations) | | | | _ | |
| | the Acc | omplishment of Ex | omr | t Dumococ | |
| Part XVI-B Relationship of Activities to | ine Acc | ompusiment of Ex | (emp | n Purposes | |
| Line No. Explain below how each activity for which incom | e is reported | ın column (e) of Part XVI-A | contril | outed importantly to the accor | nplishment of |
| the foundation's exempt purposes (other than b | y providing fu | inds for such purposes). | | | |
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| Forn | n 990-F | | | SON FOUNDATION | | <u>505470</u> | | age 13 |
|------|---------|------------------------------------|-------------------------------------|---|--|------------------|----------|--------|
| Pa | rt X\ | /II Information Re Exempt Organ | | s To and Transactions ar | nd Relationships With None | charitable | 9 | |
| 1 | Did th | e organization directly or indi | rectly engage in any of the | following with any other organization | described in section 501(c) of | | Yes | No |
| | the Co | ode (other than section 501(c |)(3) organizations) or in se | ection 527, relating to political organiz | ations? | 4 | ₹ ₹ £ | |
| а | Trans | fers from the reporting found | ation to a noncharitable ex | empt organization of: | | | ļ* . | |
| | (1) C | ash | | | | 1a(1) | | X |
| | (2) 0 | ther assets | | | | 1a(2) | | X |
| b | | transactions: | | | | | | |
| | (1) S | ales of assets to a noncharita | ble exempt organization | | | 1b(1) | | X |
| | (2) P | urchases of assets from a no | ncharitable exempt organi | zation | | 1b(2) | | X |
| | (3) R | ental of facilities, equipment, | or other assets | | | 1b(3) | | X |
| | (4) R | eimbursement arrangements | | | | 1b(4) | | X |
| | (5) L | oans or loan guarantees | | | | 1b(5) | | X |
| | | erformance of services or me | mbership or fundraising s | olicitations | | 1b(6) | | X |
| С | | ng of facilities, equipment, ma | = | | | 1c | | X |
| d | If the | answer to any of the above is | "Yes," complete the follow | ing schedule. Column (b) should alwa | ays show the fair market value of the god | ods, other ass | ets, | • |
| | | | | | in any transaction or sharing arrangement | | | |
| | | n (d) the value of the goods, | | | | | | |
| (a)∟ | ne no | (b) Amount involved | (c) Name of nonc | haritable exempt organization | (d) Description of transfers, transactions | , and sharing ar | rangeme | ents |
| | | |] | N/A | | | | |
| | | | | | | | | |
| • | | | | | - | | | |
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| | | | | | | | | |
| 2a | Is the | foundation directly or indirec | I tly affiliated with or related | i to, one or more tax-exempt organiza | tions described | | | |
| | | tion 501(c) of the Code (othe | - | · · · · · · · · · · · · · · · · · · · | | Yes | X | ☐ No |
| h | | ," complete the following sch | | I III Socioli SEV | | 100 | | |
| | 11 103 | (a) Name of org | | (b) Type of organization | (c) Description of rela | tionship | | |
| | | N/A | , | (4,7) | (-) | | | |
| | | 24/21 | | | | | | |
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| | | | | <u></u> | | | | |

May the IHS discuss this return with the preparer shown below (see instr)? Tect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here X Yes PRESIDENT Signature of officer or trustee Tıtle Date Print/Type preparer's name Preparer's signature Date Check self- employed Paid P00991922 TODD TIGGES TODD TIGGES Firm's name ► UHY ADVISORS MI, INC. Firm's EIN ► 38-1910111 **Preparer Use Only** Firm's address ▶ 27725 STANSBURY, SUITE 210 FARMINGTON HILLS, MI 48334 Phone no. 248-355-0280

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number Name of the organization LINDEN DAVID NELSON FOUNDATION 38-6505470 Organization type (check one): Filers of: Section: _ا 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

LINDEN DAVID NELSON FOUNDATION

38-6505470

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed | |
|--------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | LINDEN NELSON 1999 CENTERPOINT PARKWAY, SUITE 300 PONTIAC, MI 48341 | \$ 77,500. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - - | Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - - - | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Oncash (Complete Part II if there is a noncash contribution.) |
| 123452 01-23 | 3-12 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2011) |

Employer identification number

LINDEN DAVID NELSON FOUNDATION

38-6505470

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|---|--|--------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| | | <u> </u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | | |
| 123453 01-23 | .12 | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2011) |

| Name of organ | ization | | Employer identification numb | er |
|---------------------------|---|--|--|----------|
| T NDF!N | DAVID NELSON FOUNDATION | ON | 38-6505470 | |
| Part III | Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional | idual contributions to section 501(c e following line entry. For organizatio ., contributions of \$1,000 or less for | c)(7), (8), or (10) organizations that total more than \$1,000 ons completing Part III, enter r the year- (Enter this information once) | for the |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| _ | Transferee's name, address, an | (e) Transfer of gif | ft Relationship of transferor to transferee | |
| - | n ansieree 3 name, address, an | M 2 11 T T | Ticlationship of dansieror to dansieree | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| _ | | (e) Transfer of gift | ft | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| - | | (e) Transfer of gif | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | |
| | | | | |
| | Transferee's name, address, an | (e) Transfer of gif | Relationship of transferor to transferee | |
| - | | | | <u> </u> |

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient 501(C)3 TO SUPPORT THE MARIO BATALI FOUNDATION N/A 45 EAST 20TH, 3RD FLOOR COMMUNITY NEW YORK, NY 10003 15,000. TO SUPPORT THE ARTS MUSEUM OF CONTEMPORARY ART DETROIT N/A 501(C)3 4454 WOODWARD AVE 22,961. DETROIT, MI 48201 501(C)3 TO SUPPORT JEWISH ORT AMERICA MICHIGAN REGION N/A ACTIVISM 6735 TELEGRAPH ROAD, SUITE 150 BLOOMFIELD HILLS, MI 48301 2,500. 501(C)3 TO SUPPORT THE ARTS NEW YORK ACADEMY OF ART N/A 111 FRANKLIN STREET 7,500. NEW YORK, NY 10013 47,961. Total from continuation sheets

| FORM 990-PF | TAXES | | STATEMENT 1 | | | |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| ANNUAL FILING FEES | 20. | 0. | 0. | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 20. | 0. | 0. | 0. | | |
| FORM 990-PF | OTHER E | XPENSES | STATEMENT 2 | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| BANK CHARGES | 370. | 0. | 0. | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 370. | 0. | 0. | 0. | | |

| Form 88 | 68 (Rev. 1-2012) | | | | | Page 2 | | |
|-------------------------------|--|-------------------------------|---|--------------|-----------------------------|---------------------------------------|--|--|
| • If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, o | complete only Part II and check this | box | | ightharpoons | | |
| Note. O | nly complete Part II if you have already been granted an a | automatic | 3-month extension on a previously fi | led Form | 8868. | | | |
| | are filing for an Automatic 3-Month Extension, comple | | | | | | | |
| Part I | I Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies nee | ded). | | |
| | | | Enter filer's | identifyir | g number, | see instructions | | |
| Type or | | | | | | ployer identification number (EIN) or | | |
| print | , Table 1 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | | | | |
| File by the | LINDEN DAVID NELSON FOUNDAT: | INDEN DAVID NELSON FOUNDATION | | | | X 38-6505470 | | |
| due date fo | Number, street, and room or suite no. If a P.O box, see instructions. | | | | ocial security number (SSN) | | | |
| filing your return See | HOOO CENTER DOTTER DARKING NO 300 | | | | | | | |
| instruction | | | | | | | | |
| | PONTIAC, MI 48341 | | | | | | | |
| | | | | | <u>-</u> | | | |
| Enter the | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | | |
| | | | , | | | | | |
| Applica | tion | Return | Application | | | Return | | |
| is For | . | Code | Is For | | | Code | | |
| Form 99 | 0 | 01 | | | , | - | | |
| Form 99 | | 02 | Form 1041-A | | | 08 | | |
| Form 99 | | 01 | Form 4720 | | | 09 | | |
| Form 99 | | 04 | Form 5227 | , | | 10 | | |
| | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | Do not complete Part II if you were not already granted | | | iously file | d Form 886 | 38. | | |
| 010111 | MR. STEVE LEMBI | | | | | | | |
| ■ The h | pooks are in the care of 1999 CENTERPOIN | | RKWAY. STE. 300 - | PONTI | AC, MI | 48341 | | |
| Tolor | phone No. ► 248-456-3456 | | FAX No ▶ | | | | | |
| | organization does not have an office or place of business | e in the life | | | | | | |
| | s is for a Group Return, enter the organization's four digit | | | f this is fo | r the whole | group, check this | | |
| _ | If it is for part of the group, check this box | | ach a list with the names and EINs of | | | | | |
| <u>box</u> ▶ 4 1 r | equest an additional 3-month extension of time until | | BER 15, 2012. | an memb | CIO LIIO CALC | ndorrio tor. | | |
| | or calendar year 2011, or other tax year beginning | | , and endin | a | | | | |
| | the tax year entered in line 5 is for less than 12 months, c | hock ross | | Final r | etum | | | |
| , , , | Change in accounting period | incon reas | on mila retain | | O.C.III | | | |
| 7 St | ate in detail why you need the extension SEE ST | АТЕМЕ | NT 3 | | | | | |
| 1 3 | ate in detail why you need the extension | | | | | | | |
| | | | · | | | | | |
| _ | | | | | | | | |
| 0- 16 | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6060 .e | enter the tentative tay less any | | <u> </u> | _ | | |
| | | 0, 0003, 6 | inter the terrative tax, less ary | 8a | \$ | 0. | | |
| | onrefundable credits. See instructions. | optor any | refundable credits and estimated | - 00 | Ψ | | | |
| | 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 | | | | | | | |
| | | | | 8b | \$ | 0. | | |
| | previously with Form 8868 Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using | | | 90 | - | | | |
| | | | | | \$ | 0. | | |
| | TPS (Electronic Federal Tax Payment System). See instru | | st be completed for Part II | 8c | D | | | |
| | | | | | f my knowled | ine and helief | | |
| unaer pe | naities of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo | my accomp orm. | Janying Schedules and Statements, and the | . aie nest 0 | I IIIY KIIUWIEU | yo anu voici, | | |
| • | - DDIGIDING | | | Data | | | | |
| Signature ► Title ► PRESIDENT | | | Date | | | | | |