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Form 990-PF

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

OMB No 1545 0052

2011

Department of the Treasury Internal Revenue Service

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

For c	alendar year 2011, or tax year beginning	, 2011,	, and ending	,	
THE	BLACK RHINO FOUNDATION, INC. WEST SAHARA AVENUE #3808		A	Employer identification num 45-1065371	nber
	VEGAS, NV 89102	В	Telephone number (see the instructions) (615) 361-9445		
			c	If exemption application is	pending, check here 🕨 🔲
G C	neck all that apply X Initial return	Initial Return of a for Amended return	mer public charity	1 Foreign organizations, chec	ck here
	Address change	Name change		2 Foreign organizations meet here and attach computation	ting the 85% test, check
Н	Section 4947(a)(1) nonexempt charitable		orivate foundation E		
1	Fair market value of all assets at end of year (from Part II, column (c), line 16)	counting method. X Counting method.	ashAccrual F	under section 507(b)(1)(A) If the foundation is in a 60	
_	·	, column (d) must be or	n cash basis)	under section 507(b)(1)(B)	, check here
Par	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	columns (b), (c), and (d) may not neces	expenses per books	income	income	for charitable purposes
	sarily equal the amounts in column (a) (see instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	100,000.			
	2 Ck ► if the foundn is not req to att Sch B	.*F 🔸		√ ° ° €	
	3 Interest on savings and temporary				1
202	cash investments 4 Dividends and interest from securities	5,478.	5,478	5,478.	
©	5a Gross rents		4		
es d	b Net rental income or (loss)		721	· · · · · · · · · · · · · · · · · · ·	!
MAK	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all		, , , , , , , , , , , , , , , , , , ,	<u>/</u>	***
$\geq v$	assets on line 6a	*	<u></u>		·*
SCANNED	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	,	 ,	****	
<u></u>	9 Income modifications	*	, A		
ŹE	10a Gross sales less returns and allowances	*	, , , , , , , , , , , , , , , , , , , ,	* *	
S.	allowances Less Cost of		- ,>	•	
Š	goods sold c Gross profit/(loss) (att sch)		* *		
	11 Other income (attach sorted the) 20	101			
	12				
		105,478.	5,478	5,478.	
	13 Compensation of officers, directors Linustees, etc.	0.			
	14 Other employee salaries and wages15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) SEE ST 1	2,232.			
	c Other prof fees (attach sch) SEE ST 2	5,015.			
P	17 Interest 18 Taxes (attach scheduleX)see instrs).				
O P E R A T	Taxes (attach schedule)(see instrs) 19 Depreciation (attach		<u> </u>	-	
Ť	sch) and depletion	990.			
N G	20 Occupancy .				
	21 Havel, conferences, and incomigs			-	
A N D	22 Printing and publications 23 Other expenses (attach schedule)				
	SEE STATEMENT 3	3,710.			
	Total operating and administrative expenses. Add lines 13 through 23	11,947.	1		ļ
	25 Contributions, gifts, grants paid PART XV	25,000.			25,000.
	26 Total expenses and disbursements.		0	0.	25,000.
	Add lines 24 and 25	36,947.	 	· · · · · · · · · · · · · · · · · · ·	25,000.
	a Excess of revenue over expenses				
	and disbursements	68,531.	5,478		
	b Net investment income (if negative, enter -0-)		3,470	5,478.	
BAA	C Adjusted net Income (if negative, enter -0-) For Paperwork Reduction Act Notice, see in	structions.	T		A Form 990-PF (2011)
	. o upornom nonement net mente, see m				11

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End	of year		
<u>rai</u>		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
] 1	Cash - non-interest-bearing		67,232	. 67,232.		
	2	Savings and temporary cash investments		3,845,445	. 3,845,445.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable					
		Less. allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach sch)					
A		Less: allowance for doubtful accounts ►		The state of the s	f and the second		
š	8	Inventories for sale or use					
A S S E T	9	Prepaid expenses and deferred charges					
Ś	10	a Investments – U S and state government obligations (attach schedule)					
		b Investments — corporate stock (attach schedule)					
		c Investments — corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment basis ►					
		Less accumulated depreciation (attach schedule)		The state of the control of the state of the			
	12	Investments – mortgage loans					
	13	Investments – other (attach schedule)		· ·			
	14	Land, buildings, and equipment basis 4,951.		₹ 💮	\$		
		Less accumulated depreciation					
		(attach schedule) SEE STMT 4 ►990.		3,961	3,961.		
		Other assets (describe					
	16	Total assets (to be completed by all filers – see the instructions Also, see page 1, item l).	0.	3,916,638	3,916,638.		
L	17	Accounts payable and accrued expenses		2/320/000	3,320,000.		
ļ	18	Grants payable	·····		1 4		
A B	19	Deferred revenue		·	1		
ļ.	20	Loans from officers, directors, trustees, & other disqualified persons		- · · · · · · · · · · · · · · · · · · ·	1 🏂		
ī	21	Mortgages and other notes payable (attach schedule)			1		
Ţ	22	Other liabilities (describe)			1		
Ė					┪ ,		
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0.	<u>-</u>		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
		•		2 016 620			
N F E U T N	24	Unrestricted		3,916,638.	4		
ΤÑ	25	Temporarily restricted			4		
A D	26	Permanently restricted			4		
A S S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
E L T A	27	Capital stock, trust principal, or current funds			1		
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			- 1		
OE	29	Retained earnings, accumulated income, endowment, or other funds .			_		
RS	30	Total net assets or fund balances (see instructions)	0.	3,916,638.			
	31	Total liabilities and net assets/fund balances (see instructions)	0.	3,916,638.			
Parl	111	Analysis of Changes in Net Assets or Fund Balance		3,310,030.			
		net assets or fund balances at beginning of year – Part II, colur		ree with			
	end-	of-year figure reported on prior year's return) r amount from Part I, line 27a.	iii (a), iiile 30 (iilast ag	1 2	0. 68,531.		
		increases not included in line 2 (itemize) SEE STATEMENT	5	3	3,848,107.		
			<u> </u>		3,916,638.		
		Innes 1, 2, and 3. ases not included in line 2 (itemize).		5	3,710,030.		
		net assets or fund balances at end of year (line 4 minus line 5)	- Part II. column (h) II		3,916,638.		
6	rotal	net assets of furid balances at end of year time 4 minus line s)	r arch, column (b), li	50	3,510,000.		

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

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8 Enter qualifying distributions from Part XII, line 4

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	s)		
1 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 instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,		1	10.
check here ▶ and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	<u> </u>		
foundations only. Others enter -0-).			0.
3 Add lines 1 and 2		1	110.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1	<u>110.</u>
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011			
b Exempt foreign organizations — tax withheld at source 6b		• •	
c Tax paid with application for extension of time to file (Form 8868)	÷	·. ;	^ ,
d Backup withholding erroneously withheld	نَّهٔ سَانَتُ	. 1,	
7 Total credits and payments. Add lines 6a through 6d			<u>0.</u>
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 SEE STATEMENT 6			L14.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax			
Part VII-A Statements Regarding Activities	1. 1		
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published		. **	於 然
or distributed by the foundation in connection with the activities	1 c	د عد د	X
 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 	. 🐉		A .
(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0.]`	.4	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
foundation managers • \$ 0.	h_	. K	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	w (s.).	X
If 'Yes,' attach a detailed description of the activities	, ,	8	,
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T		1	*
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		,	
By language in the governing instrument, or	l i		
• 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?	<i></i>	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
NV			ĺ
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-	
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8 b	<u> X</u>	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	X	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	10	Х	
and addresses SEE STATEMENT 7			

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

determine if the foundation had excess business holdings in 2011)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could eopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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3 b

4 a

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Part VII-B Statements Regarding Activit		n 4720 May Be Reg	uired (continued)	
5a During the year did the foundation pay or inci	-			
(1) Carry on propaganda, or otherwise attem	pt to influence legislation	on (section 4945(e))?	∐ Yes X	No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ation drive?	•		No No
(3) Provide a grant to an individual for travel	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section] No			
(5) Provide for any purpose other than religion educational purposes, or for the prevention			Yes X	No Property of the second seco
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions e	5b N/A
Organizations relying on a current notice rega	ırdıng dısaster assıstan	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	cemption from the	N/A Yes	No
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d).		
6a Did the foundation, during the year, receive a on a personal benefit contract?			∐ Yes X	No
b Did the foundation, during the year, pay prem	iums, directly or indired	ctly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870	dat.a.a			
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any process				No 7b
Part VIII Information About Officers, D				
and Contractors	,,	· oanaanon mana	jors, riiginy r ala E	improyees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
JELLE P. BOERSMA	PRESIDENT	0.	compensation	0.
200 WEST SAHARA AVE #3808	30.00	0.	0.	0.
LAS VEGAS, NV 89102	30.00			
ALEYDA LEEUWENBERG	SECRETARY	0.	0.	0.
ERTSKADE 344	1.00	J	0.	· ·
AMSTERDAM, 1019EZ NETHERLANDS	1 2.00			
ULRICH KIRCHNER	DIRECTOR	0.	0.	0.
26 SIXTH AVE	1.00			}
JOHANNESBURG, PARKTOWN NORTH 21				
	1			
	<u> </u>			
2 Compensation of five highest-paid employee				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			Compensation	
1910				
				
Total number of other employees paid over \$50,000	TEEA0306L 1	2/05/11	<u> </u>	0 Form 990-PF (2011)
MOD	,			

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors (continued)	ly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter '	NONE.'
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	[*
Total number of others receiving over \$50,000 for professional services	<u>▶</u> 0
Part IX:A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	f
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 DONATIONS TO THE DUKE UNIVERSITY LEMUR CENTER AND TO THE SNOW LEO	PARD_
TRUST ARE USED TO FURTHER THE FOUNDATION'S MISSION FOR THE	
CONSERVATION AND PRESERVATION OF SPECIES.	25,000.
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2 Amount
1	
<u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	▶ 0.
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	*** Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities.	1 a	
Ł	Average of monthly cash balances	1 b	3,900,000.
(Fair market value of all other assets (see instructions)	1 c	
•	Total (add lines 1a, b, and c)	1 d	3,900,000.
6	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,900,000.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	58,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,841,500.
6	Minimum investment return. Enter 5% of line 5	6	192,075.
Par	t:XIIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► X and do not complete this part.)	ating fo	oundations
1	Minimum investment return from Part X, line 6 N/A	1	
2 a	Tax on investment income for 2011 from Part VI, line 5		
Ŀ	Income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
	₹XII Qualifying Distributions (see ınstructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	25,000.
b	Program-related investments – total from Part IX-B	1 b	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
t	Cash distribution test (attach the required schedule)	3Ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the fou	ndation

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Pa	rt XIII Undistributed Income (see inst	ructions)	N/A		
		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2011:				
	Enter amount for 2010 only				
	b Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2011.				
	a From 2006			•	
1	b From 2007				
	From 2008			-	
	d From 2009				}
	e From 2010	1			
1	Total of lines 3a through e	# 1-7## Addition 1 W			1
4	Qualifying distributions for 2011 from Part				
	XII, line 4: ► \$, , , , , , , , , , , , , , , , , , ,	,		1
á	Applied to 2010, but not more than line 2a	1.00	,		1
	•	, 4,			<u> </u>
	 Applied to undistributed income of prior years (Election required — see instructions) 	. •		· · · · · · · · · · · · · · · · · · ·	-
•	Treated as distributions out of corpus		,		
	(Election required — see instructions) 3 Applied to 2011 distributable amount				
	Remaining amount distributed out of corpus		ξ.		
5					
9	(If an amount appears in column (d), the		-	* * * * * * * * * * * * * * * * * * *	.4,4
	same amount must be shown in column (a))				* *
					,
6	Enter the net total of each column as indicated below:			37 %	,
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		, , , , , , , , , , , , , , , , , , , ,		
		s, 3		***	
	Prior years' undistributed income Subtract line 4b from line 2b				
(Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
c	Subtract line 6c from line 6b Taxable amount — see instructions				
€	Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount — see instructions			··	
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012.	, ,			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a		_ :	 -	
10	Analysis of line 9				
	Excess from 2007	ì			
	Excess from 2008				
	Excess from 2009				
	Excess from 2010 .	Ì			
_	Excess from 2011				

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Pärt(XIV43) Private Operating Foundat					
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	determination letter	that it is a private	operating foundation	n, and the ruling	
b Check box to indicate whether the foundar	-	rating foundation	described in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	atting tourisation	Prior 3 years	12 13 12()(3) 61	1342()(3)
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for each year listed	5,478.	(2) 2010	(6) 2003	(4) 2000	5,478.
b 85% of line 2a	4,656.				4,656.
c Qualifying distributions from Part XII, line 4 for each year listed	25,000.				25,000.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	25,000.				25,000.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	128,050.				128,050.
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section	100.000				100.000
512(a)(5)), or royalties).	100,000.				100,000.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income	5, 478.		<u></u>		5,478.
Part XV Supplementary Information			organization ha	d \$5,000 or more	e in
assets at any time during th		tructions.)	·— <u> </u>		
Information Regarding Foundation Managa a List any managers of the foundation who have close of any tax year (but only if they have JELLE P. BOERSMA	nave contributed mo e contributed more th	nan \$5,000) (See	section 507(d)(2))	-	
b List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a cor % or greater inter	rporation (or an equa rest	ally large portion of t	he ownership of
2 Information Regarding Contribution, Gran	nt, Gift, Loan, Schola	arship, etc. Progr	ams:		
Check here X if the foundation only n requests for funds. If the foundation make	nakes contributions t	to preselected cha	arıtable organizations	and does not accep anizations under othe	ot unsolicited er conditions,
complete items 2a, b, c, and d	u of the manage to	ham analiastics	chould be address		
a The name, address, and telephone number	r of the person to w	nom applications	snould be addressed		
b The form in which applications should be s	submitted and inform	nation and materia	als they should include	de	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	web or by access	ical areas charits	able fields kinds of i	netitutions or other	factors
a Any restrictions or limitations on awards, s	sucii as by geograph	icai aicas, ciiailla	ibic licius, Kilius Of II	istitutions, or other	140(013

Form 990-PF (2011) THE BLACK RHINO FOUNDATION, INC. 45-1065371 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or status of recipient Amount contribution Name and address (home or business) a Paid during the year NONE **OPC** DUKE LEMUR CENTER FUNDS USED FOR THE 20,000. DUKE UNIVERSITY CONSERVATION AND DURHAM , NC 27708 PRESERVATION OF SPECIES SNOW LEAPARD TRUST NONE QPC FUNDS USED FOR THE 5,000. 4649 SUNNYSIDE AVE N, #325 CONSERVATION AND SEATTLE, WA 98103 PRESERVATION OF SPECIES 25,000. 3a **b** Approved for future payment

3 b

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Excluded	l by section 512, 513, or 514		
-	gram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)	
a			<u></u>				
d							
f							
g Fees	and contracts from government agencies				-		
-	bership dues and assessments						
	est on savings and temporary cash investments			 			
	dends and interest from securities	 		14	5,478.		
	rental income or (loss) from real estate	· · · · · · · · · · · · · · · · · · ·		+ +	3,470.		
	-financed property		· · · · · · · · · · · · · · · · · · ·	+			
			<u> </u>	11			
	debt-financed property			1			
	ental income or (loss) from personal property			├ ──-┼			
	r investment income			ļl			
	or (loss) from sales of assets other than inventory			<u> </u>			
9 Net i	ncome or (loss) from special events			ļl			
10 Gros	s profit or (loss) from sales of inventory						
11 Othe	r revenue	L	•				
a							
b							
е							
12 Subto	otal Add columns (b), (d), and (e)			*. <i>iy</i>	5,478.		
	- (a) (a) (a) (a)	* /* / XX / XXX /					
13 Total	L Add line 12 columns (b) (d) and (e)				13	5 478	
	I. Add line 12, columns (b), (d), and (e)	ons)			13 _	5,478.	
(See works	sheet in line 13 instructions to verify calculation					5,478.	
(See works			shment of Exemp	t Purpo		5,478.	
See works	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		
(See works	sheet in line 13 instructions to verify calculation	Accompli			oses		
Part XVI	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		
See works Part XVI Line No.	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		
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Part XVI	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		
Part XVI	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		
Part XVI	sheet in line 13 instructions to verify calculation. I-B Relationship of Activities to the	Accompli			oses		

BAA

Form 990-PF (2011)

	990-PF		LACK RH							<u>15-10653</u>		Pa	ge 13
Part	XVII	Information R Exempt Orgar	egarding i nizations	Transfe	rs To and	i Transa	ections a	nd Relation	ships With	Nonchari	able		
												Yes	No
1 D	old the d lescribe elating	organization direc d in section 501(d to political organi	tly or indirec :) of the Cod zations?	tly engage le (other ti	e in any of han section	the follow 501(c)(3)	ing with ai organizat	ny other organ tions) or in sec	ization ction 527,				
аī	ransfer	s from the reports	ng foundatio	n to a nor	ncharitable	exempt o	rganizatioi	n of			1		
	1) Cast		•								1a(1)	1	Х
(2) Othe	er assets									1a(2)		X
bC	ther tra	insactions.								Г			
C	1) Sale	s of assets to a n	oncharitable	exempt o	organization	ı				1	16(1)		Х
(3	Purc	hases of assets for	rom a nonch	aritable e	xempt orga	inization .					1 b (2)		X
(3	3) Rent	al of facilities, eq	uipment, or	other asse	ets			•		, [16 (3)		X
(4	4) Rein	nbursement arrang	gements								1 b (4)		X
(5	5) Loar	is or loan guarant	ees .								1 b (5)	[X
(6	3) Perfo	ormance of service	es or membe	ership or f	iundraising	solicitatio	ns		-		1 b (6)		<u>X</u>
c S	haring	of facilities, equip	ment, mailin	ig lists, oti	her assets,	or paid e	mployees				1 c		X
		swer to any of the s, other assets, o saction or sharing	above is 'Y r services gr arrangemer	es," comp ven by the nt, show in	lete the foll e reporting n column (c	lowing sch foundatio the valu	nedule Co n. If the fo ie of the go						
(a) Lini	9 no.	(b) Amount involved	(c) No	me of nonct	aritable exem	pt organizati	on	(d) Description	of transfers, transa	ctions, and shar	ing arrang	ements	<u>:</u>
N/A		·											
		···-											
			 					· · · · · · · · · · · · · · · · · · ·					
													
													
	_								 				
									·				
								··					
					······································								
				<u>-</u>									
	'Yes,'	undation directly of in section 501(c	wing schedu					tax-exempt or tion 527?	-,			1	40
A7 / 7	(a)	Name of organiza	ation		(b) Type	of organi	zation		(c) Descript	on of relatio	nsnip		
N/A													
													
													
							······································						
	Under pr	enatties of perjury, I dec	lare that I have o	examined this	return, includ	ino accompa	nying schedu'i	es and statements,	and to the best of m	ny knowledge ana	behef, di	strue,	
	correct.	and complete Declarati	of oporeparer (ther than lax	navor) is base	ed on all infor	mation of whic	ch preparer has any	knowledge.	_			
Sign	ĺ		Ban		,	11-1	5-12				May the IR this return	S discu with the	55
Here	-	-411		,		11 /	<u> </u>	TIMOLDE	NT		preparer st (see instru	ctions)?	iow
	Signat	ure of officers seems				Date		Title		I PT	<u> </u>	es	No
		Print/Pype preparers	Tim ")	Preparer's s		.(.	Date	Check	LJ" _,			
Paid		TIM LACY		<u> </u>		CY Km	\sim	<i>ַסוןיץ</i>	self-em		004963	349	
Prepa	rer	Frm's name 🏲	TIM LAC	Y CPA		WOTO 5	_/_		Firm's EIN	<u>85-046</u>	Z/12		
Use C	nly	Firm's address			ST. FRA		к ′			(505)	ባባሶ ግ	224	
			SANTA F	E, NM 8	8750 <u>5</u> -4	UY 6			Phone no	(505)	<u>989-7</u>	330	

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

Name of the organization			Employer identification number
THE BLACK RHINO FOUNDATION, IN	NC	14	45-1065371
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated 527 political organization	d as a pi	rivate foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as 501(c)(3) taxable private foundation	a privat	e foundation
Check if your organization is covered by the Ge Note . Only a section 501(c)(7), (8), or (10) orga	neral Rule or a Special Rule nization can check boxes for both the General Rule a	and a Sp	ecial Rule See instructions
General Rule			
For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or r	more (ın	money or property) from any one
Special Rules			
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test from any one contributor, during the year, a contribu VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Par	ition of t	he greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organizational contributions of more than \$1,000 for uthe prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ that received from any se <i>exclusively</i> for religious, charitable, scientific, litera als Complete Parts I, II, and III	one co ary, or e	ntributor, during the year, ducational purposes, or
contributions for use <i>exclusively</i> for religious If this box is checked, enter here the total coupurpose. Do not complete any of the parts u	ation filing Form 990 or 990-EZ that received from any s, charitable, etc, purposes, but these contributions distributions that were received during the year for an inless the General Rule applies to this organization be	id not tot <i>exclusiv</i>	tal to more than \$1,000 vely religious, charitable, etc, it received nonexclusively
religious, charitable, etc, contributions of \$5	,000 or more during the year		► \$
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not f 2, of its Form 990, or check the box on line H of its F e filing requirements of Schedule B (Form 990, 990-E	Form 99	0-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	e the Instructions for Form 990, Sch	edule B	(Form 990, 990-EZ, or 990-PF) (201

	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org	ACK RHINO FOUNDATION, INC.	' '	r identification number 065371
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s		003371
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JELLE PIETER BOERSMA		Person X Payroll
	200 WEST SAHARA AVE #3808	\$100,000.	Noncash
	LAS VEGAS, NV 89102		(Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

THE BLACK RHINO FOUNDATION, INC.

45-1065371

of Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	,	
		\$	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organ THE BLA	ACK RHINO FOUNDATION, INC.			45-1065371	tion number L	
	Exclusively religious, charitable, e	tc, individual contribution	ns to section	n 501(c)(7), (8), or (10)		
	organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	total of exclusively religious, ch (Enter this information once S	aritable, etc.		ne entry N/A	
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how git	ft is held	
	N/A					
	Transferre's name address	(e) Transfer of gift	Polotic	anchin of transferor to tran	ctoroo	
	Transferee's name, address, and ZIP + 4			onship of transferor to tran	<u>Sieree</u>	
(0)	(b)	(c)		(d)		
(a) No. from	(b) Purpose of gift	Use of gift		Description of how gif	ft is held	
Part I				· -		
	(e) Transfer of gift					
	Transferee's name, addres	-	Relationship of transferor to transferee			
						
						
					 	
(a)	(b)	(c)		(d)		
No. from Part I	Purpose of gift	Use of gift		Description of how gif	t is held	
					.	
	Transferee's name, addres	Relationship of transferor to transferee				
				_		
(a)	(b)	(c)		(d)		
No. from	Purpose of gift	Use of gift		Description of how gif	t is held	
Part I						
		(e)				
	Transferee's name, addres	Relation	onship of transferor to tran	sferee		
	-					
BAA			Schedu	le B (Form 990, 990-EZ, or	990-PF) (2011)	

Page

1 of Part III

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

2011	FEDERAL STATEMENTS	PAGE 1
CLIENT 20	THE BLACK RHINO FOUNDATION, INC.	45-1065371
11/15/12		11 35AM
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 2,232. TOTAL \$ 2,232. \$ 0. \$ 0	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
OTHER PROFESSIONAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 5,015. TOTAL \$ 5,015. \$ 0. \$ 0	(D) CHARITABLE PURPOSES . \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
LICENSES & FEES SUPPLIES TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 205. 2,474. 1,031. TOTAL \$ 3,710. \$ 0. \$ 0	(D) CHARITABLE PURPOSES . \$ 0.
STATEMENT 4 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPM	IENT	
CATEGORY	ACCUM. BOOK BASIS DEPREC. VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT	TAL \$\frac{4,951}{5}\$\$ \$\frac{990}{4,951}\$\$ \$\frac{\$990}{5}\$\$ \$\frac{\$3,961}{5}\$\$.	
STATEMENT 5 FORM 990-PF, PART III, LINE 3 OTHER INCREASES		
NET ASSET ADJUSTMENT	TOTAL	\$ 3,848,107. \$ 3,848,107.

2011

FEDERAL STATEMENTS

PAGE 2

CLIENT 20

THE BLACK RHINO FOUNDATION, INC.

45-1065371

11/15/12

11 35AM

STATEMENT 6 FORM 990-PF, PART VI, LINE 9 **TAX DUE**

FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

JELLE P. BOERSMA

200 WEST SAHARA AVENUE #3808 LAS VEGAS, NV 89102

2011

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 20

THE BLACK RHINO FOUNDATION, INC.

45-1065371

11/15/12

11:35AM

2011 990-PF, PART III, LINE 3, OTHER INCREASES. THE NET ASSET ADJUSTMENT IN THE AMOUNT OF \$3,848,107 THAT INCREASES NET ASSETS REPRESENTS THE AMOUNT OF NET ASSETS THAT WERE TRANSFERRED INTO THE CURRENT NONPROFIT ORGANIZATION FROM THE FORMER CORPORATION AND OTHER BALANCE SHEET ACCOUNT ADJUSTMENTS THAT WERE REQUIRED TO PREPARE A COMPLETE AND ACCURATE INCOME TAX RETURN.

THE FORMER NONPROFIT CORPORATION, THE BLACK RHINOCEROS FOUNDATION, INC. (FEIN 20-4412097) WAS A NEW MEXICO CORPORATION. IT TERMINATED ITS ACTIVITIES AND FILED A FINAL FORM 990-PF TAX RETURN AS OF 12/31/2010 (A COPY OF PAGE ONE OF THE 2010 FORM 990-PF IS ATTACHED). THE NM CORPORATION WAS ALSO DISSOLVED.

HOWEVER, THE BLACK RHINOCEROS ORGANIZATION CONTINUED ITS ACTIVITIES AS AN ONGOING ORGANIZATION AND ITS NET ASSETS WERE DIRECTLY TRANSFERRED TO ITS CURRENT ENTITY, THE BLACK RHINO FOUNDATION, INC. (FEIN 45-1065371) WHICH IS A NEVADA CORPORATION. THE NEW NEVADA NONPROFIT CORPORATION WAS ALSO GRANTED 501(C)(3) STATUS BY THE INTERNAL REVENUE SERVICE.

Form **990-PF**

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

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

2010

	liendar year 2010, or tax year beginning		, and ending	, S. C.			
G Ch		ıal Return of a former بر			nal return		
	Amended return	X Address	change Ivar	ne change A Employer Identification no	ımber		
arit.	THE BLACK RHINOCEROS FOUNDATION, INC.			20-4412097			
200	WEST SAHARA AVE. #3808	B Telephone number (see the instructions)					
	VEGAS, NV 89102	(702) 521-1290					
	,			C If exemption application i			
				D 1 Foreign organizations, che			
H	Check type of organization: X Section 50	1(c)(3) exempt private	foundation	2 Foreign organizations me	eting the 85% test, check		
	Section 4947(a)(1) nonexempt charitable			here and attach computat			
	air market value of all assets at end of year J Acc	counting method X C	ash Accrual	E If private foundation state under section 507(b)(1)(f)	A), check here		
((from Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 6	0-month termination		
		, column (d) must be o	n cash basis)	under section 507(b)(1)(E	B), check here		
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investme		(d) Disbursements		
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable purposes		
	sarily equal the amounts in column (a)	}	}	}	(cash basis only)		
	(see the instructions).) 1 Contributions, gifts, grants, etc, received (att sch)	1,344,653.	, a	. SA			
	2 Ck If the foundn is not req to att Sch B	1,344,033.					
	3 Interest on savings and temporary				The state of the s		
	cash investments	30,735.	30,73	5. 30,735.	ļ		
	4 Dividends and interest from securities				<u> </u>		
	5a Gross rents	and the second			The same and		
R	or (loss)	Sun Tarrey		7	1		
Ë	b Gross sales price for all	- CEE . 'S'	<u> </u>				
E	assets on line 6a			LA COLD INSTALL			
N	8 Net short-term capital gain						
Ē	9 Income modifications	+ 3			i in the second		
	10a Gross sales less returns and allowances				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b Less Cost of	Pro Bosso Pro Inside	C		The same of the sa		
	c Gross profit/(loss) (att sch)	Service Committee of the Committee of th	7/3 / 1	# 7 P	7.1		
	11 Other income (attach schedule)						
					15		
	12 Total. Add lines 1 through 11.	1,375,388.	_30,73	5. 30,735.	I HO AT TO LOW TO SEE		
	13 Compensation of officers, directors, trustees, etc.	0.					
	14 Other employee salaries and wages						
	15 Pension plans, employee benefits 16a Legal fees (attach schedule)						
A D M	b Accounting fees (attach sch)SEE. ST. 1	1,894.					
E N	c Other prof fees (attach sch) . SEE ST.2	1,015.					
P	17 Interest						
OPERA.	18 Taxes (attach schedule)(see instr.)						
A À	19 Depreciation (attach sch) and depletion	825.					
I V G E	20 Occupancy.	023.					
	21 Travel, conferences, and meetings	571.		1200			
A E N X D P	22 Printing and publications						
D P E	23 Other expenses (attach schedule)	261	(
1Z O H O	SEE STATEMENT 3	261.					
	24 Total operating and administrative expenses. Add lines 13 through 23.	4,566.					
	25 Contributions, gifts, grants paid PART. XV.	42,600.			_42,600.		
	26 Total expenses and disbursements.						
	Add lines 24 and 25	47,166.		0. 0.	42,600.		
	a Excess of revenue over expenses						
	and disbursements	1,328,222.	 				
	b Net Investment Income (if negative, enter -0-).		30,73				
	C Adjusted net income (if negative, enter -0-)			30,735.	L		
BAA F	or Paperwork Reduction Act Notice, see the	instructions	-	TEFA0504I 07/23/10	Form 990-PF (2010)		

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

• If you a	tre filing for an Additional (Not Automatic) 3-Month	th Extensio	n, complete only Part II (on page 2 of th		- <u>^</u>	
Electronic corporation request an Associated	nplete Part II unless you have already been grante filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which m illing of this form, visit www irs gov/efile and click	8 if you nee t automatic) Part I or Part I or	d a 3-month automatic extension of time) 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct	e to file (6 m ectronically f	onths for a lle Form 8868 to eturn for Transfers	
	Automatic 3-Month Extension of Time. C		<u>-</u> <u>-</u>			
	on required to file Form 990-T and requesting an			complete Pa	rt Lonly	
	refurns (including 1120-C filers), partnerships, returns			t an extension	on of time to file	
Type or print	or			Employer iden	tification number (EIN) or	
•	THE BLACK RHINO FOUNDATION, IN			X 45-1065371		
File by the due date for	Number, street, and room or suite number. If a P O box, see if	nstructions		Social se	curity number (SSN)	
filing your return See	200 WEST SAHARA AVENUE #3808					
instructions	City, town or post office, state, and ZIP code. For a foreign add	lress, see instru	ictions			
	LAS VEGAS, NV 89102					
Enter the R	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04	
Application Is For	l'	Return Code	Application Is For			
Form 990		01	Form 990-T (corporation)		07	
Form 990-B	BL .	02	Form 1041-A			
Form 990-E	Z	01	Form 4720			
Form 990-P	PF	04	Form 5227	7		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	10		
	(trust other than above)	06	Form 8870	12		
Telephor If the or If this is check the	the No. \(\bigcup (505) \) 995-0198 In the No. \(\bigcup (505) \) 995-0198	digit Group	e United States, check this box Exemption Number (GEN) If			
until The e ► X	est an automatic 3-month (6 months for a corpora 8/15, 20 _12 _, to file the exempt orgotension is for the organization's return for calendar year 20 _11 _ or tax year beginning, 20tax year entered in line 1 is for less than 12 months.	ganization re	eturn for the organization named above	al return		
C+	application is for Form 990-BL, 990-PF, 990-T, 47	 ,				
nonre	fundable credits See instructions application is for Form 990-PF, 990-T, 4720, or 6			3a \$	0.	
payme	ce due. Subtract line 3b from line 3a. Include you	lowed as a	credit .	3ь\$	0.	
EFTP:	S (Electronic Federal Tax Payment System). See	instructions	<u> </u>	3c \$	0.	
Caution. If	you are going to make an electronic fund withdravistructions.	wal with this	s Form 8868, see Form 8453-EO and For	m 8879-EO	tor	

Form 8868	8 (Rev.1-2012)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mo	nth Extensio	n, complete only Part II and check t	this box	► X
Note. Only	y complete Part II if you have already been grant	ed an automa	atic 3-month extension on a previou	sly filed Form 8868	_
	are filing for an Automatic 3-Month Extension, c				
Part II	Additional (Not Automatic) 3-Month Ex	ctension of	Time. Only file the original (no copies needed).	
			Enter filer's i	identifying number, see	instructions
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or
Type or					
print				X 45-1065371	
File by the	Number, street, and room or suite number. If a P O box, see i	nstructions		Social security number (SSN)	
extended due date for filing the	TIM LACY CPA P.C. 1488 B SOUTH ST. FRANCIS DR				
return See instructions	City, town or post office, state, and ZIP code For a foreign add	dress, see instruct	tions		
	SANTA FE, NM 87505-4096				
Enter the	Return code for the return that this application is	for (file a se	parate application for each return)		04
Application	on	Return Code	Application Is For		Return Code
Form 990		01	· "我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	*	-
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 (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
If the oIf this whole grown	organization does not have an office or place of bus for a Group Return, enter the organization's foup, check this box If it is for part of the the extension is for	ur digit Group	e United States, check this box		Is for the
5 For 6 6 If the	uest an additional 3-month extension of time unt calendar year 2011, or other tax year beginn a tax year entered in line 5 is for less than 12 months can be considered in the control of the calendary of the cal	onths, check r			
nonr	s application is for Form 990-BL, 990-PF, 990-T, efundable credits. See instructions		·	. 8a \$	0.
payn	s application is for Form 990-PF, 990-T, 4720, or nents made. Include any prior year overpayment Form 8868	6069, enter a allowed as a	any refundable credits and estimate credit and any amount paid previou	d tax isly 8b \$	0.
c Bala EFT	nce due. Subtract line 8b from line 8a. Include yo S (Electronic Federal Tax Payment System) Se	our payment ee instructions	with this form, if required, by using s	8c \$	0.
	Signature and Verifi	ication mu	st be completed for Part II or	nly.	
Under penaltic correct, and c	es of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form	accompanying sch	nedules and statements, and to the best of my ki	nowledge and belief, it is true,	
Signature -	Title	► CPA		Date > 8	4/2012
BAA	7 7 7	FIFZ0502L	07/29/11	Form 8868 (Rév 1-2012)
	<i>'</i> /				