

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

FOR	calen	dar year 2011 or tax year beginning AUC	29, 2011	, and ending	DEC 31, 201.	L
Nai	ne of	foundation			A Employer identificatio	n number
_ D	AN	<u>IEL A AND SHEILA M SAKI</u>	AD FOUNDATIO	N	45-3211321	L
Nur	nber a	nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_2	44	0 NORTH DOGWOOD LANE			616-316-27	717
City	or to	own, state, and ZIP code			C if exemption application is	pending, check here
C	HA	RLOTTESVILLE, VA 22903	<u> </u>			•
G	heck	all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations m 2, check here and attach o	eeting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1	
I Fa	ır ma	rket value of all assets at end of year J Account	ng method: X Cash	Accrual	F If the foundation is in a	
(fr	om F	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
	\$	970,705. (Part I, colu	mn (d) must be on cash b	pasis)		, ,
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	973,280.	-	N/A	
	2	Check If the foundation is not required to attach Sch. 8				
	3	Interest on savings and temporary cash investments		-		
	4	Dividends and interest from securities	7,809.	6,782.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
a)	6a	Net gain or (loss) from sale of assets not on line 10	19,765.			
Š	b Gross sales price for all 1,308,410.					
Revenue	7	Capital gain net income (from Part IV, line 2)		<u> 19,765.</u>		
Œ	8	Net short-term capital gain				iriy .
	9	Income modifications Gross sales less returns			0 110 2 7 20	
	10a	and allowances		<u> </u>	J. HUU A S ZI	
	þ	Less Cost of goods sold		·	194 - 195 P. COLO	F 30 20 20 20 20 20 20 20 20 20 20 20 20 20
	C	Gross profit or (loss)				-
	11	Other income	1 222 254	06 545		
	12	Total. Add lines 1 through 11	1,000,854.	26,547.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
nse.		Legal fees Accounting fees				
×	D	Other professional fees STMT 2	1,586.	1,583.		
SCANNED allegand Administrative Expen	17	Interest	1,300.	I,303.		0.
aţį	18	Taxes STMT 3	132.	132.		0.
CTS.	10	Depreciation and depletion	1.72.	154.		· ·
18	20	Occupancy		· · · · · · · · · · · · · · · · · · ·		
Agh	21	Travel, conferences, and meetings			<u> </u>	
=	22	Printing and publications				
$\sigma_{\underline{a}}^2$	23	Other expenses				
品	24	Total operating and administrative				
C.		expenses Add lines 13 through 23	1,718.	1,715.		0.
<u>S</u>	25	Contributions, gifts, grants paid	32,700.			32,700.
ş	26	Total expenses and disbursements.	527,000			32,700.
Z		Add lines 24 and 25	34,418.	1,715.		32,700.
8	27	Subtract line 26 from line 12:				327,301
46		Excess of revenue over expenses and disbursements	966,436.			
		Net investment income (if negative, enter -0-)		24,832.		
	ľ	Adjusted net income (if negative, enter -0-)			N/A	
						,



For	m 99	0-PF(2011) DANIEL A AND SHEILA M S	AKLAD FOUNDATIO	N 45-3	3211321 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
뜨	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1.	<u>1.</u>
	2	Savings and temporary cash investments		29,293.	29,293.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►]		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		Less: allowance for doubtful accounts ▶ 0.		1,961.	1,961.
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 4	0.	298,717.	297,443.
		Investments - corporate bonds STMT 5	0.	367,691.	372,669.
	1	Investments - land, buildings, and equipment basis			
	' '	Less accumulated depreciation	1 !		
	12	Investments - mortgage loans			
	l	Investments - other STMT 6	0.	268,773.	269,338.
		Land, buildings, and equipment: basis			
	' '	Less accumulated depreciation	1		
	15	Other assets (describe ▶	0.	0.	0.
	16	Total assets (to be completed by all filers)	0.	966,436.	970,705.
_		Accounts payable and accrued expenses			
	18	Grants payable			
w	19	Deferred revenue			
Liabilities	l .	Loans from officers, directors, trustees, and other disqualified persons			
١	21				
Ë		Other liabilities (describe)			
		Certai naumino (associato)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	20	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
Bali	26	Permanently restricted		-	
<u> </u>	20	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	966,436.	
et /	30	Total net assets or fund balances	0.	966,436.	
Z	30	Total fiet assets of fully buildings		700,1001	
	31	Total liabilities and net assets/fund balances	0.	966,436.	
=			······································	30071301	
LF	art	III Analysis of Changes in Net Assets or Fund 8	Balances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	e 30		
•		st agree with end-of-year figure reported on prior year's return)		1	0.
2	•	r amount from Part I, line 27a		2	966,436.
3		r increases not included in line 2 (itemize)		3	0.
_		lines 1, 2, and 3	·	4	966,436.
5		eases not included in line 2 (itemize)		5	0.
6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	966,436.
<u>~</u>	. 5 0	Taking			Form 990-PF (2011)

		321:			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instr	uctio	ns)
18	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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<u> </u>		4	197.
	of Part I, line 27b	}			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			4	197.
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-			4	197.
6	Credits/Payments:				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 100.				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d			1	00.
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			3	97.
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				
Pa	rt 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 in			Yes	No
	any political campaign?		1a		X
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 published or				
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		10	l	х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ▶ \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			·	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A	4b		
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				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	● By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	х	}
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		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT	7	10	X	

	1990-PF (2011) DANIEL A AND SHEILA M SAKLAD FOUNDATION 45-321	<u> 1321</u>		Page (
	art 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?			1
	If "Yes," attach statement (see instructions)	12		<u>X</u>
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 ► <u>WELLS_FARGO_WEALTH_MANAGEMENT</u> Telephone no. ► <u>616-3</u> :			
	Located at ▶90 SOUTH 7TH STREET 10TH FLOOR, MINNEAPOLIS, MN ZIP+4 ▶5!	<u> 5402</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \square$
	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,	. 1	Yes	No
	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	1		
	country	<u> </u>		
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) 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)	1 1	1	
	a disqualified person?			
	(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		ľ	
	for the benefit or use of a disquálified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	
	if the foundation agreed to make a grant to or to employ the official for a period after]]	- 1	
	termination of government service, if terminating within 90 days.)		ĺ	
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)?	15		
	Organizations relying on a current notice regarding disaster assistance check here		į	
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?	1c		Х
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	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			
	before 2011? Yes X No			
	If "Yes," list the years			
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			
	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 [
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		l	
	during the year?	1 1		
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			
	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,			
	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
	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	- 1	х

Form **990-PF** (2011)

Form 990-PF (2011) DANIEL A AND SHEILA M SA			45-32113	21 Page (
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir			
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or	for		
the prevention of cruelty to children or animals?		Y(es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5 b
Organizations relying on a current notice regarding disaster assistance check h	•		▶ □	
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		} }
expenditure responsibility for the grant?			es No	
If "Yes," attach the statement required by Regulations section 53.494		•/		, ,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			[]
a personal benefit contract?	pay promising on	□ v ₄	es X No	ļļ
b Did the foundation, during the year, pay premiums, directly or indirectly, on a g	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870	orsonal benefit contract:		 	- A
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 10	. —	7b
Information About Officers Directors Trust		nagers Highly		101
Part VIII Paid Employees, and Contractors	ees, i ouridation ma	inagers, riigini	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
DANIEL SAKLAD	 	EASURER	compensation	anowanees
2440 NORTH DOGWOOD LANE		BIIDOREIC		
CHARLOTTESVILLE, VA 22901	4.00	0.	0.	0.
	VICE PRESIDEN			<u> </u>
2440 NORTH DOGWOOD LANE	VICE PRESIDEN	1 SECKE	IAKI	
CHARLOTTESVILLE, VA 22901	4.00	0.	0.	0.
	BOARD MEMBER	· ·		
101 ST BRIDES COURT	DOARD MEMBER			
CARY, NC 27518	0.50	0.	٠ .	0
	BOARD MEMBER	<u> </u>	0.	0.
14992 62ND AVENUE N	DOARD MEMBER			
MAPLE GROVE, MN 55311	0.50	0.	0.	0
MAPDE GROVE, MN 33311 2 Compensation of five highest-paid employees (other than those inc				0.
E Bombonion of the manage ball ombiologo (onto) than alloco me	(b) Title, and average	Little HOILE	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
NONE				
		 		
				
		 		
Total number of other employees paid over \$50,000				0

Form 990-PF (2011) DANIEL A AND SHEILA M SAKLAD FOUNDATION		3211321 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Manager Paid Employees, and Contractors (continued)	rs, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	Type of service	(c) Compensation
NONE		
#F0.000 / /		D 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
<u> </u>	h aa tha	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sucnumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	in as trie	Expenses
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	-	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2011)

DANIEL A AND SHEILA M SAKLAD FOUNDATION 45-3211321 Page 8 Form 990-PF (2011) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 731,310. a Average monthly fair market value of securities 1a 10,699. Average of monthly cash balances 16 c Fair market value of all other assets 1c 742,009. 1đ d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 742,009. 3 Subtract line 2 from line 1d 11.130. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 730,879. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 12,515. Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here
and do not complete this part.) 12,515. Minimum investment return from Part X, line 6 497. Tax on investment income for 2011 from Part VI, line 5 2a Income tax for 2011. (This does not include the tax from Part VI.) 2b 497. 2c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 018. 5 6 n Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26

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:		
a	Suitability test (prior IRS approval required)	3 a	
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	32,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,700
	Note. The amount on line 6 will be used in Part V. column (h) in subsequent years when calculating whether the found:	ation qualifies for the	section

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2011)

32,700.

Part XIII Undistributed Income (see instructions)

a Excess from 2007 b Excess from 2008 c Excess from 2010 d Excess from 2011 20,682.					
1. Distributable amount for 2011 from Part XI, Intel® 2					
Inter 12,018.	Distributable amount for 2011 from Part XI	Оограз	Tours prior to 2010	2010	2011
2. Unadabused excern, a large, as of the end of 2011 a. Enter amount 12x 2010 only b. Total for prior years; 3. Excess distributions carryover, if amy, to 2011; a. From 2006 b. From 2007 c. From 2008 d. From 2010 1. Total of times 3 through e 4. Quadrying distributions for 2011 from 7 Part XII, line 4; № 5 3.2, 7.00 a. Applied to 2010, but not more than line 2a b. Applied to 2010, but not more than line 2a b. Applied to undistributed more of prior vers (Election required - see instructions) c. Treated as distributions of or dorpus c. Treated as distributions of or dorpus 5. Excess distributions of very explained about 12x, 0.18 5. Excess distributions of the see and time 2a b. Prior years' undistributed more of prior 2.0, 68.2. 5. Excess distributions or dorpus 5. Excess distributions or dorpus 6. Enter the nat total of each column as indistributed income. Subtract line 46 from line 2b c. Carron Add time 3x, 4c, and 4c Subtract line 4c from line 2b c. Carron Add time 3x, 4c, and 4c Subtract line 4c from line 2b c. Line 4b from line 6b c. Line 4	·				12.018.
Enter the articular describer activations activation a		- ··· , · ·· , · · · · · · · · · · · · ·			22/010
\$ Excess distributions curyover, if any, to 2011: a From 2006 b From 2007 c From 2009 e From 2010 1 Total of time 3s throughe 4 Quadrying distributions for 2011 from Part XII, lime 4; ** * * * \$ 32, 700. a Applied to undertroused more at prior Part XII, lime 4; ** * * \$ 32, 700. a Applied to undertroused more at prior Part XII, lime 4; ** * * \$ 32, 700. a Applied to undertroused assentitutions of correct control of the corr				0.	
3 Excess distributions carryover, if any, to 2011: a From 2008 b From 2007 c From 2009 d From 2010 f Total of time Sa through e 4 Qualying distributions for 2011 from Part XII, line 4: PS 32, 700 a Applied to 2010, but not more than line 2a b Applied to 2010, but not more than line 2a b Applied to 2010, but not more than line 2a b Applied to 2011 distributions out of corpus (Election required - see instructions) d Applied to 2011 distributions out of corpus (Election required - see instructions) d Applied to 2011 distributions are Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2011 distributions are Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2011 distribution are indicated below: a Corpus Additional sea in	-				
a From 2006 b From 2007 c From 2008 d From 2009 e From 2009 e From 2009 d From 2009 e From 2009 e From 2009 e From 2009 e From 2010 1 Total of lines 3a through a 0 Qualitying distributions for 201 from Part XII, line 4 ► ► \$ 32,700 a Applied to 10, but not more lam into 2a b Applied to 10, but not more lam into 2a b Applied to 10, but not more lam into 2a b Applied to 10 flosh think between the structions) (Election required - see instructions) (Election required - see instructions) (I related as obstributions out of cropus (Election required - see instructions) 0 Quality of the structions of the same emount manual appears in editing the same emount makes a from a columnia) 5 Cense destribution acroyinve appears 10 Quality of the same emount makes a from a columnia) 6 Cense Additional express an epitem fold, the same emount makes a from a columnia) 7 De From years in underfruited more for which a notice of deficiency based in a columnial to the same and the surface that the same and the surface that the same and the surface that the same and surface the surface and the surface that the same and the surface that the surface and the sur	,		0.	į	
From 2007	3 Excess distributions carryover, if any, to 2011:				
e From 2008 d From 2009 d From 2009 e From 2009 1 Total of lines Sa through e 1 Qualifying distributions for 2011 from Part XII, line 4: P\$ 3.2,700. a Applied to 2010, but not more than line 2a b Applied to undistributed income of pror years (Election required - see instructions) 0. 4 Applied to 2011 distributials amount e Remaining amount distributed out of corpus 5 Excess distributions out of corpus 5 Excess distributions out of a sea and subtractions of the sea and	a From 2006				
d From 2010 Total of lines 3a through e	b From 2007				
e From 2010	c From 2008				
1 Total of lines 3a through e 0	d From 2009				
4 Qualifying distributions for 2011 from Part XII, line 4; PS 32,700, a Applied to Q101, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) C releade as distributions out of corpus (Election required - see instructions) C displication of the properties of t	e From 2010				
Part XII, line 4: NS 32,700. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Fraetic as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover explied to 2011 rior an amount appears in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be aboven in octoring (bit has aemis amount must be distributed in octoring (bit has aemis amount must be distributed in octoring (bit has aemis amount must be distributed in octoring (bit has aemis amount) a Subtract line of from line (bit has aemis amount must be distributed in octoring (bit has aemis amount) a Undistributed in octoring (bit has aemis amount) b Undistributed in octoring (bit has aemis amount) a Undistributed in octoring (bit has aemis amount) b Undistributed in octoring (bit has aemis amount) a Undistributed in octoring (bit has aemis amount) b Undistributed in octoring (bit has aemis amount) a Undistributed in octoring (bit has aemis amount) b Undistributed in octoring (bit has aemis amount) a Undistributed in octoring (bit has aemis amount) b Undistributed in octoring (bit has	f Total of lines 3a through e	0.			
a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 6 Excess distributions carryove exples to 2011 of an amount appears in column (d), the same amount must be above in obtaining to the second of the se	4 Qualifying distributions for 2011 from	·			
b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryver we applied to 2011 and the same amount must be shown in column (b) 6 Enter the national papers in column (b) 6 Enter the national form line 2 to 20,682. D Prior years' undistributed income. Subtract line 4 b from line 2 to Enter the amount of prior years' undistributed income for which a notice of deticiency has been sized, or on which the section 4942(a) tax has been previously assessed 4 Subtract line 6 from lin	Part XII, line 4: ►\$ 32,700.				
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributable amount be Excess distributions carryover applied to 2011 must be shown in column (s)) Enter the net total of each column as indicated below: a Corpus And lines 3f. 40, and 4e Subtract line 5 b 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 assued, or or which it as section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed momer for 2011. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed momer for 2011. Subtract line 4a from line 6 72011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 Amounts treated as distributions out of corpus to salisty requirements imposed by section 170(b)(1)(f) or 4942(a)(3) Excess distributions carryover from 2006 not applied on line 5 or line 7 9. Excess distributions carryover from 2006 not applied on line 5 or line 7 9. Excess from 2007 Excess from 2008 Excess from 2009 d Excess from 2011	a Applied to 2010, but not more than line 2a			0.	
c Treated as distributions out of corpus (Electron required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 6 Enter the net total of each column as indicated below: a Corpus Add Innes 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been sized, or on which the section 4942(a) tax has been previously assessed 4 Subtract line 6b from line 6b. Taxable amount - see inistr. Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see inistr. Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 A mounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b) (1)(f) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess from 2007 9 Excess from 2009 4 Excess from 2011 2 0 , 682. 9 . 9 . 9 . 9 . 9 . 9 . 9 .	b Applied to undistributed income of prior				
(Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributable amount e Remaining appears in column (b): 5 Encess distributions carryover applied to 2011 (if an amount appears in column (b): 6 Enter the nat total of each column as indicated below: a Corpus Add Iners 3f. 4c., and 4e Subtract line 5 b Priory years' undistributed income for which a notice of deficiency has been issued, or on which the section 342(2) at Nat Seber previously assessed 4 Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4 far from line 2. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution of 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution of 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution of 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution of 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution 2012 7 Amounts treated as distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover from 2006 not applied on line 6 or line 7 9 Excess from 2009 10 Excess from 2009 11 Excess from 2009 12 Excess from 2009 13 Excess from 2009 14 Excess from 2011 12 0, 682.	years (Election required - see instructions)		0.		
d Applied to 2011 distributable amount e Remaining amount distributed out of corpus Excess distributions earryower applied to 2011 (If an amount appears in column (d), the same amount it an amount appears in column (d), the same amount it and the delow. a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b E Enter the amount of prior years' undistributed income for which a notice of deficiency has been sisued, or on which the section 494(2) at a has been previously assessed 4 Subtract line 6b from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e 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(q)(3) 8 Excess distributions carryover from 206 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 d Excess from 2009 d Excess from 2009 d Excess from 2009 d Excess from 2001 e Excess from 2001	c Treated as distributions out of corpus				-
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 6 Enter the net total of each column as indicated below: 8 Corpus Add lines 31, 46, and 4e Subtract line 5 b Prior years' undistributed income, Subtract line 5 b 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 4 Subtract line 6c from line 6b. Taxable amount - see instructions 9 Undistributed income for 2010. Subtract line 4 afrom line 2a. Taxable amount - see instructions 1 Undistributed income for 2011. Subtract line 4 afrom line 2. Taxable amount - see instructions 1 Undistributed income for 2011. Subtract lines 4 d 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(a)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 d Excess from 2009 d Excess from 2009 d Excess from 2001 e Excess from 2011 20, 682.	(Election required - see instructions)	0.			
5 Excess distributions carryover polled to 2011 (fria amount papera in oclimin (d), the same amount must be shown in column (a) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income of deficiency has been sused, or on which the section 4942(a) tax has been previously assessed 4 Subtract line 6b from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount rese instructions e 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) 8 Excess distributions carryover fron 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 a Excess from 2009 d Excess from 2009 d Excess from 2010 e Excess from 2010 e Excess from 2010 e Excess from 2011 c Excess from 2011 c Enter the and subtract line 9. 30 Community from 4 Subtract line 9. 31 Community from 4 Subtract line 9. 32 Community from 4 Subtract line 9. 32 Community from 4 Subtract line 9. 33 Community from 4 Subtract line 9. 4 Community from 4 Subtract line 9. 4 Community from 4 Subtract line 9. 4 Community from 5 Amount from 5 Amount from 5 Amount from 6 Amou	d Applied to 2011 distributable amount				12,018.
(if an amount appears in column (d), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f. 4c., and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b e 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 d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. I Undistributed income for 2011. Subtract line 4a from line 2. Taxable 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 b Excess from 2009 c Excess from 2009 d Excess from 2010 e Excess from 2010 e Excess from 2010 e Excess from 2011	e Remaining amount distributed out of corpus	20,682.			
6 Enter the net total of each column as indicated below: a Corpus Acti Innes 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494(2a) tax has been previously assessed d Subtract line 6b from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 J Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 8a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20, 682.	(If an amount appears in column (d), the same amount	0.			0.
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6b from line 6b. Taxable amount - see instructions e 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 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2008 c Excess from 2009 d Excess from 2009 d Excess from 2011 20,682.	6 Enter the net total of each column as				
b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e 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 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) Excess distributions carryover from 2006 not applied on line 5 or line 7 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2008 c Excess from 2011 e Excess from 2011 2 0, 682.		20.682.			
line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 20,682. 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.		20/0021			
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been sixed, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. 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(q)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011 20,682.	-		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e 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 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) Excess distributions carryover from 2006 not applied on line 5 or line 7 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2007 b Excess from 2007 d Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.					
d Subtract line 6c from line 6b. Taxable amount - see instructions e 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	F				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr. 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 20,682. 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	†		0.		
4a from line 2a. Taxable amount - see instr. 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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	ļ-				
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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	j.			0.	
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) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	f Undistributed income for 2011. Subtract				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	lines 4d and 5 from line 1. This amount must				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	be distributed in 2012				0.
section 170(b)(1)(F) or 4942(g)(3) 8	7 Amounts treated as distributions out of				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	corpus to satisfy requirements imposed by				
not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 d Excess from 2011 20,682.	section 170(b)(1)(F) or 4942(g)(3)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011 20,682.	8 Excess distributions carryover from 2006				
Subtract lines 7 and 8 from line 6a 20,682. 10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 e Excess from 2011 20,682.	not applied on line 5 or line 7	0.			
10 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2010 d Excess from 2010 e Excess from 2011 20,682.	9 Excess distributions carryover to 2012.				
a Excess from 2007 b Excess from 2008 c Excess from 2010 d Excess from 2011 20,682.	Subtract lines 7 and 8 from line 6a	20,682.			
b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.	10 Analysis of line 9:				
c Excess from 2009 d Excess from 2010 e Excess from 2011 20,682.					
d Excess from 2010 e Excess from 2011 20,682.					
e Excess from 2011 20,682.	· · · · · · · · · · · · · · · · · · ·				
			`		
	e Excess from 2011 20,682.				5 000 DE (004)

For	m 990-PF (2011) DANIEL	A AND SHEIL	A M SAKLAD	FOUNDATION	45-32:	11321 Page 1
P	art XIV Private Operating For	oundations (see in:	structions and Part VII	·A, question 9)	N/A	
1	a If the foundation has received a ruling or	r determination letter that	it is a private operating			
	foundation, and the ruling is effective for	2011, enter the date of t	he ruling	>		
	b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or 494	12(j)(5)
2	a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Totai
	investment return from Part X for					
	each year listed					
	b 85% of line 2a					
	c Qualifying distributions from Part XII,					
	line 4 for each year listed					
	d Amounts included in line 2c not					
	used directly for active conduct of					
	exempt activities					
	e Qualifying distributions made directly					
	for active conduct of exempt activities.	 				
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon: a "Assets" alternative test - enter:					
•	(1) Value of all assets	, ,				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	b "Endowment" alternative test - enter					
,	2/3 of minimum investment return					
	shown in Part X, line 6 for each year				}	
	listed					
(c "Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			,,,,,		
	(3) Largest amount of support from					
	an exempt organization		<u> </u>			
P	(4) Gross investment income art XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5 000 or mo	re in assets
٠٠٠٠	at any time during the			. tilo loulluution	1144 40,000 01 1110	10 III 400015
1	Information Regarding Foundation	n Managers:		 -		
•	a List any managers of the foundation who	•	than 2% of the total contr	ubutions received by the	foundation before the close	e of any tax
	year (but only if they have contributed m			administration by the		, or any tax
SE	EE STATEMENT 8					
	b List any managers of the foundation who	own 10% or more of the	e stock of a corporation (or an equally large portion	n of the ownership of a par	tnership or
	other entity) of which the foundation has			. , , , ,		
NC	ONE					
2	Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
	Check here X If the foundation or				ot accept unsolicited reque	sts for funds. If
	the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations ui	nder other conditions, co	mplete items 2a, b, c, and	j.
	a The name, address, and telephone numb	per of the person to whor	n applications should be	addressed:		
	, , , ,	•	.,	·		
	b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include:		
						
	c Any submission deadlines:					
	d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kınds of institutions, or c	ther factors:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor **Amount** status of contribution Name and address (home or business) recipient a Paid during the year LOWER CAPE FEAR HOSPICE 501(C)(3) SUPPORT 1406 PHYSICIANS DRIVE WILMINGTON, NC 28401 1,200. BRECK SCHOOL 501(C)(3) SUPPORT 123 OTTAWA AVENUE NORTH GOLDEN VALLEY MN 55422 8,000. CAPE FEAR COMMUNITY COLLEGE 501(C)(3) SUPPORT NORTH 3RD STREET WILMINGTON, NC 28401 1,500. ST JUDES CHILDRENS RESEARCH HOSPITAL 501(C)(3) SUPPORT 262 DANNY THOMAS PLACE MEMPHIS, TN 238105 2,000. CHILDRENS CANCER RESEARCH FUND 501(C)(3) SUPPORT 7301 OHMS LANE SUITE 460 MINNEAPOLIS MN 55439 10,000. SEE CONTINUATION SHEET(S) ▶ <u>3a</u> Total 32,700. b Approved for future payment NONE

▶ 3b

Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	Amount	- Idilication income
a					
ь			<u> </u>		
C					
d			ļ		
e					
	<u> </u>				·
g Fees and contracts from government agencies			-		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments			_		
3 Interest on savings and temporary cash			,		
investments				7 000	
4 Dividends and interest from securities			14	7,809.	
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	<u> </u>				
7 Other investment income					
8 Gain or (loss) from sales of assets other			1.0	10 555	
than inventory			18	19,765.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			-		 -
11 Other revenue:					
a					
b			-		· · · · · · · · · · · · · · · · · · ·
<u> </u>					
d			-		
e		' 0.		27,574.	
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)					<u>0.</u> 27,574.
(See worksheet in line 13 instructions to verify calculations.)				13	41,314.
					
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incon	ne is reported i	in column (e) of Part XVI-A	contrib	outed importantly to the accomi	olishment of
the foundation's exempt purposes (other than b			00111110	atou importantly to the docom	July 11 10 11 Co
			-		
			_		
~					
					

Form 99 Part				M SAKLAD FO and Transactions			211321 charitable		age 13
	. Exempt Organ								
1 Did	the organization directly or ind	irectly engage in any of	the following	ng with any other organiza	tion described in sec	tion 501(c) of		Yes	No
the	Code (other than section 501(c)(3) organizations) or i	n section 52	27, relating to political org	anizations?				
a Tra	ansfers from the reporting found	dation to a noncharitable	e exempt or	ganization of:					!
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
b Otl	ner transactions:								1
(1)	Sales of assets to a noncharita	able exempt organizatio	n				1b(1)		X
(2)	Purchases of assets from a no	oncharitable exempt org	anization				1b(2)		X
(3)	Rental of facilities, equipment,	, or other assets					1b(3)		X
(4)	Reimbursement arrangements	S					1b(4)		X
	Loans or loan guarantees						1b(5)		X
٠,	Performance of services or m	•	-				1b(6)		X
	aring of facilities, equipment, ma	· ·	•	• •			1c		X
or	he answer to any of the above is services given by the reporting i	foundation. If the founda	ation receiv	ed less than fair market va				ets,	
	umn (d) the value of the goods,				 - - - - - - - - - 				
(a) Line r	o (b) Amount involved	(c) Name of no		e exempt organization	(d) Description	n of transfers, transactions	and sharing an	angeme	ents
			N/A						
		-							
						- ·			
									
									
		-					-		
						···········			-
							<u> </u>		
	*								
					-				
		-		 -					
					-				
ın :	the foundation directly or indirect section 501(c) of the Code (other Yes," complete the following sch	er than section 501(c)(3			nizations described		Yes	X] No
	(a) Name of or			(b) Type of organization		(c) Description of rela	tionship		
	N/A	· -			T		•		
	<u> </u>				1				
•									·
								-	
Sign Here	Under penalties of perjury, I declare and belief; us true, correct, and opposite the strue, correct, and opposite the structure the structure that correct the structure the structure the structure the structure that correct the structure that correct the structure the structure the structure the structure that correct the structure that correct the structure the structure that correct the structure the structure that correct	mplete Declaration of prepa				r has any knowledge	May the IRS of return with the shown below X Yes	prepar	er
	Print/Type preparer's n		reparer's s		Date	Check If P	TIN		
	,	-		~ 0.0	1 , 1	self- employed			
Paid	VIOLET PRI	CE	Vwie	1 X. Pi	8/21/12		P00550	429	
Prep				/ 	<u></u>	Firm's EIN ▶ 42			

Form **990-PF** (2011)

910-762-9623

Phone no.

Use Only

Firm's address ► 300 NORTH 3RD STREET, FIFTH FLOOR WILMINGTON, NC 28401

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

DANIEL A AND SHEILA M SAKLAD FOUNDATION 45-3211321 Organization type (check one). Filers of: Section: 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 Form 990-PF X 501(c)(3) exempt private foundation 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)(vi) 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

DANIEL A AND SHEILA M SAKLAD FOUNDATION

45-3211321

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	DANIEL & SHELIA SAKLAD 2440 NORTH DOGWOOD LANE CHARLOTTESVILLE, VA 22901	_ \$ <u>973,280.</u>	Person Payroll Noncash X (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 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 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.)

Name of organization

Employer identification number

DANIEL A AND SHEILA M SAKLAD FOUNDATION

45-3211321

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art 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
1	INVESTMENTS	\$\$.	10/07/12
(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
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			0, 990-EZ, or 990-PF) (2011)

Name of organization Employer identification number DANIEL AND SHEILA M SAKLAD FOUNDATION 45-3211321 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of aift (e) Transfer of gift Transferee's name, address, and 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 gift Transferee's name, address, and 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 gift Transferee's name, address, and 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

DANIEL A AND SHEILA M SAKLAD FOUNDATION 45-3211321

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
ARY ACADEMY		501(C)(3)	SUPPORT	
500 NORTH HARISON AVENUE ARY, NC 27513				
ARI, NC 27313				8.0
HILDREN'S FOUNDATION		501(C)(3)	SUPPORT	
O BOX 1443		501(0)(3)	SUPPORT	
OVELAND 80539			<u> </u>	2,00
		 		
		-		
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
				<u> </u>
Total from continuation sheets		-	<u> </u>	10.00

Part IV Capital Gains and Lo	sses for lax on investment income				
(a) List and 2-story bi	describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 65428.17 SH WF	ADV ULTRA SH-T	RM MUNI INC	P	10/13/11	VARIOUS
	NAHER CORP		D		10/11/11
	OLAB INC		D		10/11/11
	AVELERS COS INC		D		10/11/11
	LLS FARGO & CO		D		10/11/11
	HLUMBERGER		D		10/11/11
g 5200.00 SH IS	HARES GOLD TRUST		D		10/11/11
h 2000.00 SH SP	DR GOLD TRUST		D		10/11/11
CAPITAL GAINS	DIVIDENDS				
	· · · · · · · · · · · · · · · · · · ·				
_k					
<u>m</u>					
n				 	
0		4.20-4		\ \(\text{Co.p. c. (!-c.)}	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	n) (e)) Gain or (loss) blus (f) minus (g)	
a 315,000.	(or anomasis)	315,364.	(0)		-364.
		196,975.		 	6,085.
b 203,060. c 3,344.		3,265.			79.
d 110,578.		109,493.			1,085.
e 257,095.		250,300.			6,795.
f 10,416.		10,080.			336.
g 84,446.		83,358.			1,088.
h 324,294.		319,810.			4,484.
177.					177.
k					
1					
m					
<u>n</u>					
0	(5)	h - f			
Complete only for assets snowl	ng gain in column (h) and owned by	r		sses (from col. (h)) of col. (h) gain ove	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		ot less than "-0-")	COI. (K),
	40 01 1270 1700	over con (), in any			-364.
<u>a</u> b					6,085.
C					79.
d					1,085.
e					6,795.
f					336.
9					1,088.
h					4,484.
1					177.
k					
<u> </u>					
<u>m</u>					
n					
0	<u> </u>	<u> </u>			
2 Capital gain net income or (net ca	apıtal loss) { If gain, also enter If (loss), enter "-C	r in Part I, line 7	2		19,765.
3 Net short-term capital gain or (lo		, I			
If gain, also enter in Part I, line 8,	column (c).) (O).			
If (loss), enter "-0-" in Part I, line			3	N/A	

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A))
WELLS FARGO			7,986.		177.	7,80)9.
TOTAL TO FM 990-PF, PART I, I	LN 4		7,986.		177.	7,80	9.
FORM 990-PF (OTHER	PROFES	SIONAL F	EES		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
WELLS FARGO		1,586.	1	,583.			0.
TO FORM 990-PF, PG 1, LN 16C		1,586.	1	,583.			0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		
FOREIGN		132.		132.		·····	0.
TO FORM 990-PF, PG 1, LN 18		132.		132.			0.
FORM 990-PF	CO	RPORAT	E STOCK			STATEMENT	4
DESCRIPTION				вос	OK VALUE	FAIR MARKET VALUE	<u>,</u>
ISHARES IBOXX \$ INVESTMENT GREEN					59,081. 35,000.	59,15 33,92	
MORGAN STANLEY INSTITUTIONAL							
MORGAN STANLEY INSTITUTIONAL MARKETS DEBT PIMCO HIGH YIELD FUND INSTITUTED FUND STANDARD FOR STANDARD	JTIONA				20,000.	20,23	
MORGAN STANLEY INSTITUTIONAL MARKETS DEBT PIMCO HIGH YIELD FUND INSTITUTIONAL	JTIONA				20,000. 164,636. 20,000.	20,23 164,29 19,83	5.

FORM 990-PF COR	PORATE BONDS		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE	Т
ISHARES RUSSELL 2000	-	31,674.	33,1	
ISHARES S & P SOD INDEX FUND		126,172.	130,9	
ISHARES TR RUSSELL MIDCAP INDEX FD		48,488.	50,1	
ISHARES MSCI EAFE		93,119.	91,1	
ISHARES TR MSCI EMERGING MARKETS	_	68,238.	67,1	54.
TOTAL TO FORM 990-PF, PART II, LINE	10C	367,691.	372,6	69.
FORM 990-PF OTHE	R INVESTMENTS		STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
DIAMOND HILL LONG-SHORT FUND CLASS	COST			
T	COSI	36,000.	37,9	nα
EATON VANCE GLOBAL MACRO ABSOLUTE	COST	30,000.	31,3	05.
RETURN FUND CLASS		35,994.	35,83	18.
HUSSMAN STRATEGIC GROWTH FUND	COST	36,000.	34,90	
MERGER FD SH BEN INT	COST	36,000.	35,70	02.
CREDIT SUISSE COMMODITY RETURN	COST			
STRATEGY COMMON FUND		49,550.	48,18	87.
SPDR DJ WILSHIRE INTERNATIONAL REAL	COST	40 244	20.00	2 2
ESTATE ETF VANGUARD REIT VIPER	COCM	40,344.	38,83	
VANGUARD REIT VIPER	COST	34,885.	37,99	90.
TOTAL TO FORM 990-PF, PART II, LINE	13	268,773.	269,3	3.8

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 7
PART VII-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

DANIEL & SHELIA SAKLAD 2440 NORTH DOGWOOD LANE CHARLOTTESVILLE, VA 22901

FORM 990-PF PART XV - LINE 1A STATEMENT 8
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

DANIEL SAKLAD SHELIA SAKLAD

Form **8868**

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

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	•	
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.	
Electron	ic filing (e-file) . You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of tir	ne to file (i	6 months for a c	orporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With	Certain
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details	on the ele	ctronic filing of t	nis form,
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofits).				
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I on	у					
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	
to file inc	ome tax returns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification n	umber (EIN) or
print						
-	DANIEL A AND SHEILA M SAKL	AD FO	UNDATION	X	45-3211	321
File by the due date for	Number, street, and room or suite no. If a P O. box, s	ee instruc	tions.	Social se	curity number (S	 SSN)
filing your	2440 NORTH DOGWOOD LANE					•
return See	City, town or post office, state, and ZIP code. For a fe	oreign add	dress, see instructions.		·· <u>·</u>	
	CHARLOTTESVILLE, VA 22901	-				
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
	· · · · · · · · · · · · · · · · · · ·	•	,			
Applicat	ion	Return	Application			Return
Is For		Code	is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069		· · · · ·	11
	O-T (trust other than above)	06	Form 8870			12
<u> </u>	WELLS FARGO WE					<u></u>
• The b	ooks are in the care of > 90S 7TH STREET	10TH	FLOOR - MINNEAPOL	IS, M	N 55402	
	none No. ► 616-316-2717		FAX No. ▶			
=	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit			If this is fo	r the whole grou	p. check this
box 🕨	If it is for part of the group, check this box	,	· · · · · · · · · · · · · · · · · · ·			
	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization nam		The extension	
us f	or the organization's return for:	J				
>	X calendar year 2011 or					
	tax year beginning	. an	ad endina			
					'	
2 f t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on. Initial return	Final retur	'n	
<u> </u>	Change in accounting period		on	i inanictai	••	
L	Onlinge in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 o	inter the tentative tax loss any	T	<u> </u>	
	nrefundable credits. See instructions.	o, 0000, c	into the terminative tax, less arry	20	s	100.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a_	-	
	• •					0.
_	imated tax payments made. Include any prior year overg			3b	\$	
	lance due. Subtract line 3b from line 3a. Include your pa		•		ا ۾ ا	100.
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	
Caution.	If you are going to make an electronic fund withdrawal	with this Fo	orm 8853 See Form 8453 EO and F	<u>orm 8879</u> -	EO for payment	instructions.

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

Number, street, and room or suite no. If a P O box, see instructions O SOUTH 7TH STREET MAIL CODE N9305-101	Form 8868 (Rev. 1-2012)					Page 2
e If you are filing for an Automatic 3-Month Extension, complete only Part II on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Time 7	If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this	box		X
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously fi	led Form	8868	
Type or Name of exempt organization or other filer, see instructions Print Print						
Name of exempt organization or other filer, see instructions	Part II Additional (Not Automatic) 3-Month E	xtensio				
DANIEL A AND SHEILA M SAKLAD FOUNDATION X			Enter filer's	identifyir	ng number, see in	structions
DANIEL A AND SHEILA M SAKLAD FOUNDATION Variety See Secul security number (SSN)						
Notifiers seem stream is setting to sold the The Strick T MAIL CODE N9305-101 City, town or post office, state, and ZIP code For a foreign address, see instructions MINNEAPOLIS, MN 55402 Enter the Return code for the return that this application is for (file a separate application for each return) O		D FOU	NDATION	\mathbf{X}	45-32113	21
Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Application Return Application Separate application for each return) Form 990. Enter the Return code for the return that this application is for (file a separate application for each return) Possible form 990. Enter the Return code for the return that this application is for (file a separate application for each return) Form 990. Enter the Return Code Is Form 1041.A Deform 990.B Enter 1990.F	due date for Number street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)					
Enter the Return code for the return that this application is for (file a separate application for each return) Application		DE N9	305-101			
Application Return Application Return Application Ser	City, town or post office, state, and zir code For a r	oreign add	lress, see instructions			
Application Is For Code Is For	Enter the Return code for the return that this application is for (fil	e a senara	te application for each return)			04
Is For Code Series Code			to approation to saon reterry			نتيت
Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BC Form	Application	Return	Application			Return
Form 990-BL Form 990-EZ Form	Is For	Code	ls For			Code
Form 990-EZ Form 990-FF	Form 990	01				
Form 990-PF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. WELLS FARGO WEALTH MANAGEMENT Telephone No. ▶ 616-316-2717 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and Elbs of all members the extension is for. NOVEMBER 15, 2012 Tocalendar year □, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason. □ initial return □ Final return □ Change in accounting period ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 100. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	Form 990-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. WELLS FARGO WEALTH MANAGEMENT The books are in the care of \$\infty\$ 00 SOUTH 7TH STREET 10TH FLOOR - MINNEAPOLIS, MN 55402 Telephone No. \$\infty\$ 616-316-2717 FAX No. \$\infty\$ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and ElNs of all members the extension is for. If request an additional 3-month extension of time until NOVEMBER 15, 2012. For calendar year or trat year beginning OCT 7, 2011 and ending DEC 31, 2011 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period The state in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 C Balance due. Subtract line 8b from line 8a Include your payment with this form, inf required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	Form 990-EZ	01	Form 4720			09
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. WELLS FARGO WEALTH MANAGEMENT The books are in the care of \$\infty\$ 90 SOUTH 7TH STREET 10TH FLOOR - MINNEAPOLIS, MN 55402 Telephone No. \$\infty\$ 616-316-2717 FAX No. \$\infty\$ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box \$\infty\$ and attach a list with the names and EliNs of all members the extension is for. If the group return in the extension of time until NOVEMBER 15, 2012. OCT 7, 2011 and ending DEC 31, 2011 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Ba C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	Form 990-PF	04	Form 5227			10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. WELLS FARGO WEALTH MANAGEMENT The books are in the care of ▶ 90 SOUTH 7TH STREET 10TH FLOOR - MINNEAPOLIS, MN 55402 Telephone No.▶ 616-316-2717 If the organization does not have an office or place of business in the United States, check this box If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for. If this is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for. If the tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The state in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba \$ 100. Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions with sorm, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions with sorm, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions with sorm, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete, and that I am authorized to prepare this form.	Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
WELLS FARGO WEALTH MANAGEMENT The books are in the care of ▶ 90 SOUTH 7TH STREET 10TH FLOOR - MINNEAPOLIS, MN 55402 Telephone No. ▶ 616-316-2717 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2012. To realendar year, or other tax year beginning OCT 7, 2011, and ending DEC 31, 2011 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ 100. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	Form 990-T (trust other than above)					12
The books are in the care of ▶ 90 SOUTH 7TH STREET 10TH FLOOR - MINNEAPOLIS, MN 55402 Telephone No.▶ 616-316-2717 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box ▶ □ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ □ If it is for part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. 4 I request an additional 3-month extension of time until NOVEMBER 15, 2012. 5 For calendar year, or other tax year beginning ○CT 7, 2011, and ending □DEC 31, 2011 6 If the tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System) See instructions 8a S 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				ously file	ed Form 8868.	
Telephone No. ▶ 616-316-2717 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If the star year entered in line 5 is for less than 12 months, check reason. OCT 7, 2011				EAPOL	IS, MN 55	402
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)						
and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until For calendar year, or other tax year beginning, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, final return, final return, final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, final return, final return, final return	·	s in the Ur				
and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until For calendar year, or other tax year beginning, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, Final return, final return, final return, final return, or other tax year entered in line 5 is for less than 12 months, check reason, initial return, final return, final return, final return	If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	this is fo	r the whole group,	check this
For calendar year, or other tax year beginning OCT 7, 2011, and ending DEC 31, 2011 ff the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<u> </u>					
If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Ba \$ 100. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.					-	
If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Ba \$ 100. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	5 For calendar year, or other tax year beginning	OCT 7	, 2011 , and ending	DEC	31, 2011	
State in detail why you need the extension ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 100. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ 100. c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	6 If the tax year entered in line 5 is for less than 12 months, or			Final r	return	-
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 100. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ 100. c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	ADDITIONAL TIME NEEDED TO FIL	E A C	OMPLETE AND ACCURA	re re	TURN.	
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	8a If this application is for Form 990-BL 990-PE 990-T 4720.	or 6069 e	nter the tentative tax less any		<u> </u>	
If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	• • • • • • • • • • • • • • • • • • • •	J. 0000, 0	no the terrain ear, less arry	8a	s	100.
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.		. enter anv	refundable credits and estimated	- • ••		
EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	••	•		- 1		
EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				8b	\$	100.
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	c Balance due. Subtract line 8b from line 8a Include your p	ayment wit	th this form, if required, by using			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.					\$	0.
it is true, correct, and complete, and that I am authorized to prepare this form.			•	•		
	Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this f	ding accomp orm.	panying schedules and statements, and to	the best o	if my knowledge and	belief,
	Signature Title			Date	•	