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### Form 990-PF Department of the Treasury

Internal Revenue Service

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

Treated às a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation THE MULLANE FOUNDATION DTD 6/11/02 51-0428474 KEVIN MULLANE, CO-TRUSTEE Room/suite B Telephone number Number and street (or P O box number if mail is not delivered to street address) 608-274-8989 2871 WOODS EDGE COURT City or town, state, and ZIP code C If exemption application is pending, check here 53711-5172 FITCHBURG, D 1. Foreign organizations, check here G Check all that apply: Initial return Initial return of a former public charity Amended return Final return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 7,324. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income , , , <del>, .</del> 5,526 Contributions, gifts, grants, etc., received 77521 Check if the foundation is not required to attach Sch B · . Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 5a Gross rents - 1 - A - A b Net rental income or (loss) 4.50 经民间的 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a ÷-0 7 Capital gain net income (from Part IV, line 2) ş, Net short-term capital gain Income modifications 0 Gross sales less returns and allowances 100 . . . . . e v ال -ور 34, --- -b Less Cost of goods sold c Gross profit or (loss) 11 Other income 5,526 0. Ο. Total. Add lines 1 through 11 0 0 0. 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 0. 0 850 STMT 1 **b** Accounting fees S c Other professional fees 17 Interest ... and Administrative Taxes ...... 19 Depreciation and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses Operating 24 Total operating and administrative 0 0. 0 850 expenses. Add lines 13 through 23 19,276 19,276. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 19,276. 20,126. 0 Add lines 24 and 25 Subtract line 26 from line 12: ,600. cess of revenue over expenses and disbursements 0 ٠,′.٬ Net investment income (if negative, enter -0-) 0 C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

THE MULLANE FOUNDATION DTD 6/11/92

	30-PF (2011) KEVIN MULLANE, CO-TRUST			04284/4 Page
art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	f year (c) Fair Market Value
1,	Cash - non-interest-bearing	21,924.	<del></del>	
2	Connect and towns on the sales to	21,724.	7,524.	1,324
1	Asset As		:	
٦	Accounts receivable Less; allowance for doubtful accounts		A will be with	
	Dist.	and the state of		J. S \$ 1,72 at 1
1	Less; allowance for doubtful accounts	The minument has	La come	manatakhenata
5	One-to-serve ship		<del></del> _	
1 -	Receivables due from officers, directors, trustees, and other			
"				
7	disqualified persons			1 2 3 5 H 3
'	Less: allowance for doubtful accounts		***	
R	Investment of the section of the sec			
1 -	Dronand avanage and deferred shares			
ı	Investments - U.S. and state government obligations			
	lavonimento, normarete steni.			
,	Investments cornerate hands			
ĺ	Investments - Land, buildings, and equipment basis	1,		Q 2 - 2 - 2 - 3 - 5 - 7 - 7
' '	Less accumulated depreciation		and the second second	
12	Investments - mortgage loans			<del></del>
13	Investments other			<del></del>
	Land, buildings, and equipment basis		-	
14	Less accumulated depreciation	· / ×		
15	Other assets (describe			
15	Other assets (describe	<u></u>		<u> </u>
16	Total assets (to be completed by all filers)	21,924.	7,324.	7.324
_	Accounts payable and accrued expenses		, / 3 = 1	
18	Grants payable	-		
19	Deferred revenue		<del></del>	
20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>	, , , , , , , , , , , , , , , , , , , ,
21	Mortgages and other notes payable			÷ '
22	Other liabilities (describe )			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			, , , , , , , , , , , , , , , , , , , ,
24	Unrestricted	21,924.	7,324.	
25	Temporarily restricted			,
	Permanently restricted			
	Foundations that do not follow SFAS 117, check here			• -
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	_		;
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances	21,924.	7,324.	4.0
		.,		
31	Total liabilities and net assets/fund balances	21,924.	7,324.	- 
art	III Analysis of Changes in Net Assets or Fund B	alances	· · · ·	
	<del></del>		<del></del>	
	net assets or fund balances at beginning of year - Part II, column (a), line	ა		21 024
-	st agree with end-of-year figure reported on prior year's return)		···	21,924
	r amount from Part I, line 27a		2	<14,600
	r increases not included in line 2 (itemize)			7 324
	lines 1, 2, and 3		<u>4</u>	7,324
Decr	eases not included in line 2 (itemize)  net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		5	0 7,32 <u>4</u>
<b>-</b>			6	1 47/1

		JLLANE, CO-TI			<del></del>	51-042	28 <b>474</b> Page 3
Part IV Capital Gains		sses for Tax on Inviduals of property sold (e.g.,		tincome	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
		or common stock, 200 shs.			P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
<u>1a</u>							
b NO	NE				<del></del>		
d d		-	<del></del>	•		<del></del>	<del> </del>
е			·				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (los: (e) plus (f) minus	
<u>a</u>							
b c				<del></del>			
d	·····				<del></del>		
е							
Complete only for assets showing		· · · · · · · · · · · · · · · · · · ·				(I) Gains (Col. (h) gair ol. (k), but not less tha	n minus
(i) F.M.V. as of 12/31/69	()	as of 12/31/69		cess of col. (I) col. (J), if any		Losses (from col.	(h)) 
<u>a</u>							·
b c	<del>_</del>						
d						· · · · · · · · · · · · · · · · · · ·	
е							
2 Capital gain net income or (net ca	pıtal loss)	If gain, also enter if (loss), enter -0-	n Part I, line in Part I, line	7 7	} 2		
3 Net short-term capital gain or (los	s) as defir	•					
If gain, also enter in Part I, line 8,	column (c	).			<b>}</b>		
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder S	ection 4940(e) for	 Reduced	Tax on Net	Investment In	come	
(For optional use by domestic private					<del></del>		
If section 4940(d)(2) applies, leave th	ue nart hla	nk					
Was the foundation liable for the sect if "Yes," the foundation does not qual					uod?		Yes X No
1 Enter the appropriate amount in a							
(a) Base period years		(b)		······································	(c)	Distri	(d) bution ratio
Calendar year (or tax year beginnir	ng In)	Adjusted qualifying distr		Net value of no	ncharitable-use assets	s (col. (b) dı	vided by col. (c))
2010		11	.,225.		8,118		1.382730
2009 2008			137.		5,431 5,431		.025226 1.736697
2007			350.		30,642		1.153645
2006			,445.		50,73		1.092749
2 Total of line 1, column (d)						2	5.391047
3 Average distribution ratio for the 5 the foundation has been in exister						3	1.078209
the realitation has been in exister	100 11 1033 1	y cars		• ••	•• • • • •		2.070203
4 Enter the net value of noncharitab	le-use ass	ets for 2011 from Part X, lir	ne 5			4	14,617.
5 Multiply line 4 by line 3					•	5	15,760.
6 Enter 1% of net investment incom	ie (1% of F	Part I, line 27b)				6	0.
7 Add lines 5 and 6						7	15,760.
8 Enter qualifying distributions from	ı Part XII, I	ine 4				8	19,276.
If line 8 is equal to or greater than	line 7, che	ck the box in Part VI, line 1	b, and comp	lete that part usin	g a 1% tax rate.		
See the Part VI instructions.		· · · · · · · · · · · · · · · · · · ·	<del></del>				000 DE (2011)

THE MULLANE FOUNDATION DTD 6/11/02

Form 990-PF (2011) KEVIN MULLANE, CO-TRUSTEE 51-04	28474	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se		
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	· · · · · ·	40
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	100	, * ,
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1.	0.
of Part I, line 27b	· · · ·	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		, , , , , , , , , , , , , , , , , , ,
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		0.
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-		0.
6 Credits/Payments:		 ε'
a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a	a distribution	
b Exempt foreign organizations - tax withheld at source 6b		
c Tax paid with application for extension of time to file (Form 8868) 6c 6c		
d Backup withholding erroneously withheld	`	
7 Total credits and payments. Add lines 6a through 6d 7		0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_	
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax		
Part VII-A Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	2	res 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?	1c	X
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 .		. `   .,, -'
e 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	X
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?	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.		١., ١
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
By language in the governing instrument, or		
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>	'	
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	<u>X</u>
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)	_	,
CT	_	
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 SEE STATEMENT 2	8b	<u>X</u> _
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		·   ,
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	. 9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

	THE MODILANE FOUNDATION DID 0/11/02	<b></b>			
<u>Forn</u>	n 990-PF (2011) KEVIN MULLANE, CO-TRUSTEE	<u> 1-0428</u>	<u>474</u>		Page 5
P	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 pri	vileges?			
	If "Yes," attach statement (see instructions)		12		X
13	The state of the s		13	_X_	
	Website address ► N/A				
14	The books are in care of ▶ DENIS F MULLANE Telephone no. ▶	-561-7 <u>3</u>	<u>5-7</u>	886	
		ZIP+4 ▶33			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			. ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	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	-			
	country				
Pá	art 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
1:	a During the year did the foundation (either directly or indirectly):			١,	.!
		X No	, .	., -	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				•
	a disqualified person?	X No	ı	-	1
		X No	_		•
	(a) 1 minute grants (in the contract of the co	X No	∹.		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	110	*,		
		X No			
		140			- 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		١	-	1
	If the foundation agreed to make a grant to or to employ the official for a period after	X No		<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·	יוח בבב		,	•
- 1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	NT / 7\	16		•
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	Ŋ/A ►□	1b	٠.	<del></del>
	Organizations relying on a current notice regarding disaster assistance check here			-	;
(	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				v
	before the first day of the tax year beginning in 2011?	••	1c		<u> </u>
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	a 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				, !
		X No			
_	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			_	
1	h 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	3T / 3	ا م		
	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.				,
	·				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	[ <b>15</b> ]			
		X No	١ ٠		
l	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons afte				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	pose			٠.
	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_		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a_		<u>X</u>
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that			٠
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b	_DF /	<u>X</u>
		C		4.1L /	nΩ44\

2	Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE				1
					i
_					
					:
Tot	al number of other employees paid over \$50,000			L	

▶

All other program-related investments. See instructions.

Total. Add lines 1 through 3

KEVIN MULLANE, CO-TRUSTEE 51-0428474 Page 8 Form 990-PF (2011) 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: 0. a Average monthly fair market value of securities 1a 14,840. Average of monthly cash balances 1b c Fair market value of all other assets 1c 14,840. Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 14,840. Subtract line 2 from line 1d . . . . . . 3 3 223. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 4 14,617. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 6 Minimum investment return. Enter 5% of line 5 6 731. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) 731. Minimum investment return from Part X, line 6 2a Tax on investment income for 2011 from Part VI, line 5 2a b Income tax for 2011. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 731. Distributable amount before adjustments. Subtract line 2c from line 1 3 0. Recoveries of amounts treated as qualifying distributions 4 731. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 19,276. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a **b** Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 19,276. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Form **990-PF** (2011)

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

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a)	(b)	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
line 7	5,		The second secon	731.
2 Undistributed income, if any, as of the end of 2011	200	\$4 35 (\$\frac{1}{2}) \$\frac{1}{2}\$	7	, , , <del>, , , , , , , , , , , , , , , , </del>
a Enter amount for 2010 only	English Committee Committe		0.	3
b Total for prior years:			, , , , , ,	
	8 . 3 12 . 4	0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 55,445.			1 5 9	
b From 2007 35,350.		in the second se		
c From 2008 . 9,432.				
d From 2009 10,004. e From 2010 10,819.	-, 1		, , , , , , , , , , , , , , , , , , , ,	
	121,050.			
f Total of lines 3a through e  Qualifying distributions for 2011 from	121,030.	- " " - " - " - " - " - " - " - " - " -	, , ,	,
Part XII, line 4: ►\$ 19,276.	•			2.3
a Applied to 2010, but not more than line 2a			0.	· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior	*		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		0.	1, 人 二二二	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Treated as distributions out of corpus		,		
(Election required - see instructions)	0.		7.7.3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Applied to 2011 distributable amount		, ,,,	21	731.
e Remaining amount distributed out of corpus	18,545.	1 2 2 2 3 3	* * * * * * * * * * * * * * * * * * * *	
Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.		A Property of the Control of the Con	0.
must be shown in column (a) )	. '	- , - ,		-
6 Enter the net total of each column as		44.	1 (5	1
indicated below:	139,595.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5  b Prior years' undistributed income. Subtract	139,393.	·	3.5	
line 4b from line 2b		0.		
c Enter the amount of prior years'				-
undistributed income for which a notice of				( )
deficiency has been issued, or on which the section 4942(a) tax has been previously				- :
assessed		0.		
d Subtract line 6c from line 6b. Taxable	,			. ,
amount - see instructions		0.	3	
e Undistributed income for 2010. Subtract line		ي.		
4a from line 2a. Taxable amount - see instr.		- , , ,	0.	
f Undistributed income for 2011. Subtract			-3	
lines 4d and 5 from line 1. This amount must be distributed in 2012	,			0.
7 Amounts treated as distributions out of		,		- 1
corpus to satisfy requirements imposed by		r _	,	* 1
section 170(b)(1)(F) or 4942(g)(3)	0.	* , *		
8 Excess distributions carryover from 2006			21 2	
not applied on line 5 or line 7	55,445.			
9 Excess distributions carryover to 2012.		· .	ن	
Subtract lines 7 and 8 from line 6a	84,150.		· · · · · · · · · · · · · · · · · · ·	
10 Analysis of line 9:	4)	,		,
a Excess from 2007 35,350.		, .		,
b Excess from 2008 9,432.		•		
c Excess from 2009 10,004.				i , , -
d Excess from 2010 10,819. e Excess from 2011 18,545.				
e Excess from 2011 18,545.	<u> </u>	J	l	Form 000-DE (2011)

c Any submission deadlines:

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

b The form in which applications should be submitted and information and materials they should include:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY CHARITABLE ADOPTIONS TOGETHER NONE CONTRIBUTION 10230 NEW HAMPSHIRE AVE #200 500. SILVER SPRING, MD 20903 PUBLIC CHARITY CHARITABLE ALZHEIMER'S ASSOCIATION NONE 2900 CURRY LANE ST. A CONTRIBUTION 250. GREEN BAY, WI 54311 PUBLIC CHARITY AMVETS NONE CHARITABLE P.O. BOX 96175 CONTRIBUTION 50. WASHINGTON DC 20090 CHAMINADE HIGH SCHOOL NONE PUBLIC CHARITY CHARITABLE 340 JACKSON AVENUE CONTRIBUTION-MINEOLA, NY 11501-2441 DEVELOPMENT FUND 2,000. CITY YEAR MILWAUKEE NONE PUBLIC CHARITY CHARITABLE CONRIBUTION 648 N. PLANKINTON AVE STE 190 MILWAUKEE, WI 53203 500 CONTINUATION SHEET(S) SEE ▶ 3a 19,276. Total b Approved for future payment NONE **≥** 3b Total Form 990-PF (2011)

KEVIN MULLANE, CO-TRUSTEE

er gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
_	Code		+	-	
ab	·		+		
	1				
cd	l I		-		
		_,	+		
·			+		
g Fees and contracts from government agencies		<del></del>	+		
			+-		
Membership dues and assessments			<del> </del>		
nterest on savings and temporary cash	i		1		
nvestments		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
ovidends and interest from securities			<del> </del>	12 1 2 2	1 , 5
let rental income or (loss) from real estate:	<u> </u>		+-		٠ ١٠ ٠
Debt-financed property			4—		
Not debt-financed property					
let rental income or (loss) from personal					
roperty	.				
Other investment income					
ain or (loss) from sales of assets other					
an inventory	l	<u></u>			
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue:					
	<del> </del>		_		
	·		+		
	1 '	<del></del>	+	0.	
	4	Λ			
Subtotal. Add columns (b), (d), and (e)	, 3	0	•	·	
subtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)		0		·	
oubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.)					
oubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.)					
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations.)  THE XVI-B Relationship of Activities (	to the Acco	mplishment of E	xemp	t Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations.)  THE XVI-B Relationship of Activities to the foundation below how each activity for which incompany to the foundation below	to the Acco	mplishment of E	xemp	t Purposes	
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industrial. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations.)  Int XVI-B Relationship of Activities to  e No. Explain below how each activity for which incompany to the foundations of the conditions of the conditio	to the Acco	mplishment of E	xemp	t Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  IRT XVI-B Relationship of Activities to e No. Explain below how each activity for which income	to the Acco	mplishment of E	xemp	t Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  Eworksheet in line 13 instructions to verify calculations.)  FOR THE RELATIONSHIP OF ACTIVITIES (C)  END. Explain below how each activity for which income	to the Acco	mplishment of E	xemp	t Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  IRT XVI-B Relationship of Activities to e No. Explain below how each activity for which inco-	to the Acco	mplishment of E	xemp	t Purposes	
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.)  rt XVI-B Relationship of Activities to	to the Acco	mplishment of E	xemp	t Purposes	
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculations.)  THE XVI-B Relationship of Activities to the foundation below how each activity for which incompany to the foundation below	to the Acco	mplishment of E	xemp	t Purposes	

123621 12-02-11

51-0428474 KEVIN MULLANE, CO-TRUSTEE

Form 990-PF (2011) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							,	Yes	No	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									,	,-r.
а		from the reporting founda						~~~~	,	~ ~
•	(1) Cash		Ation to a nonunanable of	Nompt organ				1a(1)	,	x
	(2) Other		• • • • • • • • • • • • • • • • • • • •		• • • • •	• •	• •	1a(2)		X
h	Other tran	• •					** * *	14(2)		
U			hla avamat arganization					1b(1)		X
		s of assets to a noncharitat						1b(2)		X
		hases of assets from a nor	•	-						X
		al of facilities, equipment, o						1b(3)		X
		bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		
		ormance of services or mei			••			1b(6)		X
		if facilities, equipment, mai						1 <u>c</u>		<u> </u>
d					• •		narket value of the goods, ot		ets,	
					less than fair market valu	ie in any transaction	ı or sharıng arrangement, sh	ow in		
	<del></del>	d) the value of the goods, o								
(a) L	ine no	(b) Amount involved	- '		empt organization	(d) Description	of transfers, transactions, and sh	arıng an	angeme	nts
				N/A						
			_							
							.,			
								-		
					<del></del>					
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			<u> </u>							
			·							
	<del> </del>		<u> </u>		<del></del>					
			-			<del>-</del>	<del></del>			
								_		
2a		ndation directly or indirectly				zations described	_	٦		٦
		501(c) of the Code (other		or in section	527?		, . └_	」 Yes	LX.	No
b	If "Yes," co	omplete the following sche		· · · · · · · · · · · · · · · · · · ·		r				
		(a) Name of orga	anization	()	b) Type of organization		(c) Description of relationshi	p		
		N/A								
		penalties of perjury, I declare the					May	he iRS c	liscuss t	his
Sig	and be	elief, It is true, correct, and com	plete. Declaration of preparer	(other than ta	xpayer) is based on all inform	nation of which preparer	has any knowledge return	with the	prepare (see inst	er
He		Kom P Whe	illan		11-12-12	CO-TRU		Yes	(300 1113)	No
	Sign	nature of officer or trustee		•	Date	Title				
	1 - 3.	Print/Type preparer's nai	me Prer	parer's sign		Date	Check If PTIN			
		TERENCE J.		V	11/1/1/20	, ,	self- employed			
Pa	id	CPA	TATIVALIVIII,	/m/		11/2/12	P00	171	806	
	•	Firm's name > SANS	DIAEKI' KIW	DALL (	& CO, L.L.P	•	rims EIN > U5-U2	J D 1	13	
US	e Only	Foods at 1 = 2 = 2	<del></del>			<del> </del>	ļ			
		1	7 AIRPORT RO							
		WES	STERLY, RI	02891	-3420		Phone no. (401)		<u>6-2</u>	
							Forr	n <b>990</b>	-PF (	2011)

Page 13

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CRC RECOVERY FOUNDATION 309 NE 1ST STREET DEL RAY BEACH, FL 33483	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,00
DIOCESE OF MADISON P.O. BOX 44983 MADISON, WI 53744	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	25
EDGEWOOD HIGH SCHOOL 2219 MONROE STREET MADISON, WI 53711	NONE	PUBLIC CHARITY	SCHOOL FUNDRAISER	3,50
FIREFIGHTERS CHARITABLE FOUNDATION P.O. BOX 15227 WEST PALM BEACH, FL 33416	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2
FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS 367 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	25
JDFR RIDE TO CURE DIABETES 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	10
MARINE TOYS FOR TOTS FOUNDATION 8251 QUANTICO GATEWAY DRIVE PRIANGLE, VA 22172	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION- TOYS FOR TOTS	25
MARQUETTE UNIVERSITY L250 W. WISCONSIN AVE. P.O. BOX 1881 MILWAUKEE, WI 53201	NONE	PUBLIC CHARITY	ANNUAL GIFT	2,00
NOTRE DAME CLUB OF WI 8064 OAK LEAF CIRCLE MADISON, WI 53711	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION- GOLF SPONSORSHIP	1,00
NOTRE DAME MEN'S ROWING CLUB P.O. BOX 519 NOTRE DAME, IN 46556	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,00

3 Grants and Contributions Paid During the Y		<del>,</del>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
DLBRICH GARDENS	NONE	PUBLIC CHARITY	CUADTWADIE	
3330 ATWOOD AVENUE	NOINE	FOBLIC CHARITI	CONTRIBUTION	
MADISON , WI 53704				50
RED CROSS TOLEDO CHAPTER	NONE	PUBLIC CHARITY	CHARITABLE	
3100 WEST CENTRAL			CONTRIBUTION	
OLEDO, OH 43606				25
SORIN SOCIETY	NONE	PUBLIC CHARITY	CHARITABLE	
DEPT OF DEVELOPMENT 1100 GRACE HALL			CONTRIBUTION	
NOTRE DAME, IN 46556				1,50
SPECIAL OLYMPICS, CT- SIMSBURY 2666 STAE STREET STE 1	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
IAMDEN. CT 06517			CONTRIBUTION	50
		-		
STEWARDSHIP SUNDAY	NONE	PUBLIC CHARITY	CHARITABLE	
33 GLEASON STREET			CONTRIBUTION	4 50
DEL RAY BEACH, FL 33483				1,50
THE BADGER CHILD HOOD CANCER NETWORK	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 5624			CONTRIBUTION	
MADISON, WI 53705				15
THE PARENT PLEDGE	NONE	PUBLIC CHARITY	CUARTTARLE	
2219 MUNROE STREET	NONE	PODDIC CHARTIT	CONTRIBUTION -CAPITAL	
MADISON, WI 53711			CONTRIBUTION	50
THE ROAD HOME	NONE	PUBLIC CHARITY	CHRITABLE CONTRIBUTION	
110 S. RIO GRANDE STREET SALT LAKE CITY, UT 84101				1,50
HE SOUP KITCHEN	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 741155 BOYNTON BEACH, FL 33474			CONTRIBUTION	10
THE USO	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 96860			CONTRIBUTION	
ASHINGTON, DC 20077  Total from continuation sheets	<u> </u>	<u> </u>	<u> </u>	10

## Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization Employer identification number THE MULLANE FOUNDATION DTD 6/11/02 51-0428474 KEVIN MULLANE, CO-TRUSTEE 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(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

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

Name of organization

THE MULLANE FOUNDATION DTD 6/11/02

KEVIN MULLANE, CO-TRUSTEE

Employer identification number

5	1	_	0	4	2	8	4	7	4	
			_	_		_			_	-

Part I	Contributors (see instructions) Use duplicate copies of Part I r	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DENIS F MULLANE  19 COUNTRY ROUD SOSUTH  VILLAGE OF GOLF, FL 33436	\$5,526.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate 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)

Employer identification number

THE MULLANE FOUNDATION DTD 6/11/02

KEVIN MULLANE, CO-TRUSTEE

51-0428474

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

	•			
THE	MULLANE	FOUNDATION	DTD	6/11/02

Name of org	ganization	·	Employer identification number			
	ULLANE FOUNDATION DTD 6/	11/02				
REVIN Part III	MULLANE, CO-TRUSTEE  Exclusively religious, charitable, etc., indivivers. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	dual contributions to section 501(c)(7), (e following line entry. For organizations co, contributions of \$1,000 or less for the y	8), or (10) organizations that total more than \$1,000 for the mpleting Part III, enter ear. (Enter this information once)			
(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	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
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	d ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(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.	-					
(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	d ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	850.	0.	0.	0.		
TO FORM 990-PF, PG 1, LN 16B	850.	0.	0.	0.		

EXPLANATION

NONE REQUIRED

Form 8868 (Rev. 1-2012)					Page :	
If you are filing for an Additional (Not Automatic) 3-Month Ex	dension,	complete only Part II and check the	s box		<b>&gt;</b> X	
Note. Only complete Part II if you have already been granted an						
If you are filing for an Automatic 3-Month Extension, comple					· <del></del>	
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no	copies	needed).	
		Enter filer's	identif	ying numl	ber, see instructions	
Type or Name of exempt organization or other filer, see instructions Emplo				nployer identification number (EIN) or		
print THE MULLANE FOUNDATION DTD	6/11/	02				
File by the KEVIN MULLANE, CO-TRUSTEE		<del></del>	X	<u>51~</u>	0428474	
due date for Number, street, and room or suite no. If a P.O. box, s			Social	security n	umber (SSN)	
return. See C/O TERENCE J. MALAGHAN CPA	<u>, 107</u>	AIRPORT ROAD				
City, town or post office, state, and ZIP code. For a forward MESTERLY, RI 02891	oreign add	Iress, see instructions.				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Audiosti	Datum	Anningting			Patrica	
Application	Return	Application Is For			Return	
Is For Form 990	Code 01	THE POST OF THE PO		·		
Form 990-BL	02	Form 1041-A		<del></del> -	08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above)	06	Form 8870 11				
STOP! Do not complete Part II if you were not already granted		<del></del>	iously fi	led Form	<del></del>	
DENIS F MULLANE				<u> </u>		
• The books are in the care of > 19 COUNTRY ROAL		TH - VILLAGE OF GO	LF,	FL 33	436	
Telephone No. ► 561-735-7886		FAX No. 🕨				
If the organization does not have an office or place of business	in the Un	•			_ <b>&gt;</b> □	
If this is for a Group Return, enter the organization's four digit (						
box ▶ . If it is for part of the group, check this box ▶						
4 I request an additional 3-month extension of time until	10VEMI	BER 15, 2012.				
5 For calendar year 2011, or other tax year beginning		, and ending	J		·	
6 If the tax year entered in line 5 is for less than 12 months, ch	neck reaso	on: Initial return	Final	return		
Change in accounting period						
7 State in detail why you need the extension					<del></del>	
INFORMATION NEEDED TO PREPARE	A COM	IPLETE AND ACCURATI	E RE	rurn :	IS NOT YET	
AVAILABLE.						
		<del> </del>		<del></del>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any			٥	
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	-		1 - , ,			
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid	-	┤ ू	0.	
previously with Form 8868.		this form if required by using	8b	\$		
c Balance due. Subtract line 8b from line 8a. Include your pay		i this form, it required, by using		\$	0.	
EFTPS (Electronic Federal Tax Payment System). See Instru Signature and Verification		t be completed for Part II or	l 8c nlv.	1.4	<u>~</u>	
				of my know	ledge and helief.	
Under penalties of perjum, I declare that I have examined this form, including the true, correct, and installete, and that I am thorized to prepare this for	m		5001	10	,	
Signature W / Title (	CPA		Date	. 8//	4/12_	
		·····			n 8868 (Rev. 1-2012)	