

***Modernized e-File (MEF) Test Package for Exempt
Organization Filings***

Form 990 - Return of Organization Exempt From Income Tax

Form 990-EZ - Return of Organization Exempt From Income Tax

***Form 990-N – Electronic Notice (e-Postcard) for Tax Exempt
Organizations not Required to File Form 990 or 990-EZ***

***Form 990-PF – Return of Private Foundation or Section 4947(A)(1)
Trust Treated as a Private Foundation***

***Form 1120-POL - U.S. Income Tax Return for Certain Political
Organizations***

***FORM 8868 - Application for Extension of Time to File an Exempt
Organization Return***

TAX YEAR 2010



**INTERNAL REVENUE SERVICE
MISSION STATEMENT**

**PROVIDE AMERICA'S TAXPAYERS TOP QUALITY
SERVICE BY HELPING THEM UNDERSTAND AND
MEET THEIR TAX RESPONSIBILITIES, AND BY
APPLYING THE TAX LAW WITH INTEGRITY AND
FAIRNESS TO ALL.**

Table of Contents

1	NEW INFORMATION – TY2010	4
1.1	REVISED FORM 990-EZ FILING THRESHOLD	4
2.	FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING TY2010.....	5
2.1	WHO MUST TEST?	5
2.2	WHY TEST?.....	6
2.3	WHAT IS TESTED?	6
2.4	FORMATTING THE ENTITIES	7
2.5	PASSWORDS/STRONG AUTHENTICATION	7
2.5.1	INTERNET FILING APPLICATION (IFA).....	7
2.5.2	APPLICATION TO APPLICATION (A2A).....	7
2.6	WHEN TO TEST	8
2.7	TESTING GUIDELINES FOR SOFTWARE DEVELOPERS.....	8
2.8	ELECTRONIC SIGNATURES.....	8
2.9	REVIEWING ACKNOWLEDGEMENT (ACK) FILES AND CORRECTING TESTS.....	10
2.10	FINAL TRANSMISSION.....	10
2.11	COMMUNICATIONS TEST FOR THE E-FILE SYSTEM.....	10
2.12	USING YOUR OWN TEST DATA	10
3.	FED/STATE ACCEPTANCE TESTING (ATS) PROCEDURES	11
4.	EXHIBITS.....	11
	EXHIBIT 1 - STANDARD POSTAL SERVICE STATE ABBREVIATIONS AND ZIP CODES.....	11
	EXHIBIT 2 - FOREIGN COUNTRY CODES	11
	EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS	11
	EXHIBIT 4 – VALID ENTITY INFORMATION.....	13
5.	TEST SCENARIOS.....	14

1 NEW INFORMATION – TY2010

1.1 REVISED FORM 990-EZ FILING THRESHOLD

Beginning with the 2010 tax year, organizations with gross receipts over \$200,000 and gross receipts over \$500,000 cannot file Form 990-EZ. Instead, Form 990 must be used by these filers. Also, starting with the 2010 tax year, the filing threshold for organizations required to file Form 990-N (the e-postcard) increases from \$25,000 to \$50,000.

1.2 FORM 8868, APPLICATION FOR ADDITIONAL TIME TO FILE AN EXEMPT ORGANIZATION RETURN

- Effective January 2011, MeF will accept all Forms 8868, Parts I and II. All exclusions for filing Forms 8868 have been removed with the exception of extensions filed for Forms 8870. Forms 8868 filed for Forms 8870 must be sent in paper format to:

Department of the Treasury
Internal Revenue Service Center
Mail Stop 1112
Ogden, UT 84201-0045

- Forms 8868, Parts I and II, are now accepted by MeF for the following:
 - Extensions for organizations not recognized as exempt (application pending etc.)
 - Extensions for short periods
 - Extensions for Form 990-BL and Form 6069
 - Extensions for group returns
 - Extensions for composite and consolidated Forms 990-T
- The 2010 Form 8868 is redesigned to require a two-digit Form Code identifying the return the Form 8868 is extending (similar to the Form Code required on Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns).
- A new element “Reason Code” has been added to Part II to facilitate population of Line 7, a required field for Form 8868 Part II. Reasons 1, 2, and 3 will populate Line 7 with pre-scripted text explaining the reason additional time to file is needed. If none of the pre-scripted Reasons 1-3 are adequate, Reason 4 (other) can be selected. Reason 4 requires a ShortExplanationType be attached containing the filers reason for needing additional time to file.

2. FORMS 990/990-EZ/990-N/990-PF/1120-POL/8868 ASSURANCE TESTING TY2010

2.1 WHO MUST TEST?

All software developers and transmitters are required to perform the tests in this Test Package before they will be accepted into the electronic filing program for the 2011 (Tax Year 2010) filing season. Anyone who plans to transmit must perform a communications test and be accepted.

Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN), Electronic Filer Identification Number (EFIN) and password through the application process.

Refer to Publication 3112, IRS e-file Application Package, at the following link <http://core.publish.no.irs.gov/pubs/pdf/25992c09.pdf> for procedures for completing Form 8633, Application to Participate in IRS e-file Program. For the On-Line application procedures, refer to the [e-services – Online Tools for Tax Professionals](#) website.

The transmitter must also register the system(s) that will be used to conduct business with Modernized e-File (MeF) in order to obtain a systemID. If a transmitter and/or system(s) are not registered, the transmitter cannot access MeF for Fed/State processing.

Software Developers:

Software developers will be assigned a test ETIN to be used for software testing. This test ETIN will remain in “Test” status, and will not be moved to a production status. This allows a developer to test year round.

Transmitters:

The ETIN for transmitters will be set to “Test” status until the transmitter passes required communication testing with the IRS, at which time the ETIN will be moved to “Production” status. A transmitter may then request a Test ETIN, which can be used to continue testing once the original ETIN has been moved to Production status. The transmission status (Test or Production) of the ETIN being used must match the Test/Production Indicator in the Message Header or the return will be rejected.

If a transmitter fails to revise its IRS e-file application to indicate it will be transmitting using the Modernized e-File (MeF) Internet XML transmission method, and/or fails to check the appropriate MeF form types (990, 990-EZ, 990-PF, 1120-POL, etc.), the ETIN will not be valid, and any submissions will be rejected.

The transmission status (Test or Production) of the ETIN used to transmit must match the Test/Production Indicator in the Message Header; otherwise, the message will be rejected.

2.2 WHY TEST?

The purpose of testing prior to live processing is to ensure that:

- Filers transmit in the correct format and meet the Internal Revenue Service (IRS) MeF electronic filing specifications;
- Returns have few validation or math errors;
- IRS can receive and process the electronic returns;
- Filers understand and are familiar with the mechanics of electronic filing.

Please note that the Modernized e-File (MeF) Assurance Testing System (ATS) is not configured exactly the same as the MeF Production system. Therefore, a tester should not expect the same response time when testing in the ATS environment versus the production environment especially regarding performance or load testing, including testing a single extremely large return in one transmission; a significant number of returns in one transmission; a number of large returns in one transmission; or a large number of concurrent transmissions.

2.3 WHAT IS TESTED?

The test package for the 2010 Assurance Testing System (ATS) for Exempt Organizations consists of sixteen (16) scenarios. There are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and four (4) scenarios for Form 8868. Several of the test scenarios include a limited number of forms and schedules that are accepted for electronic filing.

Every conceivable condition cannot be represented in the scenarios; therefore, once you pass the tests, you may want to test any additional conditions you believe are appropriate as long as you use the predefined entity information contained in the test scenarios (see [Exhibit 4](#)).

The test scenarios provide information needed to prepare the selected forms and schedules. You must correctly prepare and compute these returns before transmitting the tests. The IRS strongly recommends each return be run against an XML parser prior to being transmitted to the IRS. The IRS will run each return against a parser and reject any return that does not pass.

Below are some XML resources regarding XML schemas, software tools and parsers. These resources are provided for information only; the IRS does not endorse any product. You may choose any third party parser toolkit or use your own.

- W3C XML Home Page: <http://www.w3.org/XML/>
- W3C XML Schema Home Page: <http://www.w3.org/XML/Schema>
- XML Spy: <http://www.xmlspy.com/>
- Apache Xerces parser toolkit: <http://xml.apache.org/>
- Microsoft Core XML Services: <http://msdn.microsoft.com/xml/default.aspx>

2.4 FORMATTING THE ENTITIES

The entities presented in the test scenarios are shown in common usage with commas and periods. Refer to XML e-file Types in Publication 4164 for proper formatting for the business name lines and addresses. No commas or periods are allowed.

Example:

Test Scenario:

Walnut Housing Corporation, Inc.
655 Bradford St.
Willow Springs, NV 89424

XML Format:

Walnut Housing Corporation Inc (BusinessNameLine1Type)
655 Bradford St (StreetAddressType)
Willow Springs (CityType)
NV (StateType)
89424 (ZipCodeType)

2.5 PASSWORDS/STRONG AUTHENTICATION

2.5.1 Internet Filing Application (IFA)

New or renewing applicants who will be transmitting to the IRS through the Internet will use the same eight-digit alphanumeric password for both testing and production. Applicants will choose their password during On-Line Registration.

2.5.2 Application to Application (A2A)

The IRS is offering strong authentication, which will affect authentication techniques for all A2A Web services. The strong authentication certificate will replace the password and will require a modification to the Web Services Description Language (WSDL). Each Transmitter and State will be required to register their certificate with MeF through the Automated Enrollment (AE) application

Note: MeF was scheduled to stop supporting passwords after December 2008 and require all A2A systems use certificates for authentication beginning January 2009. This change was not implemented. Passwords will continue to be accepted until IRS notifies transmitters that certificates must be used.

It's recommended that, prior to converting existing client applications over to using strong authentication, a new ATS client be added for developing and testing your digital signature code for MeF processing.

A Strong Authentication User Guide is available which explains the integration and use of this IRS-provided client code sample to support certificate-based authentication for MeF A2A Web services. In addition to the code itself, the User

Guide provides necessary information that developers may use when integrating the new feature into client software that communicates with the IRS A2A Web services. This guidance is relevant both to client code that will be developed in the future and to pre-existing code not currently using digital signatures to sign Simple Object Access Protocol (SOAP) messages. If interested in obtaining the Strong Authentication User Guide, please contact IRS at: 1-866-255-0654.

Additional information on strong authentication can also be found in Publication 4164, Modernized e-File Guide for Software Developers and Transmitters.

2.6 WHEN TO TEST

When you are ready to test, call the e-file Help Desk at **1-866-255-0654**. They will assist you in all preparations necessary to begin testing and assign you a software ID to use when submitting your returns.

2.7 TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

Software does not have to provide for all forms or schedules, or for all occurrences of a particular form or schedule. You must advise the Help Desk at 1-866-255-0654 of all limitations to your software package(s) at the time of first contact, before testing begins. You must test the complete form with no field limitations except for the number of occurrences.

Note: Although you may intermingle test scenarios for Form 1120-POL with the other Exempt Organization forms when testing, you will be required to have a separate software ID for Form 1120-POL. The same software ID may be used for Forms 990, 990-EZ, 990-N, 990-PF and 8868.

2.8 ELECTRONIC SIGNATURES

The following information applies to Forms 990, 990-EZ, 990-N, 990-PF, 1120-POL and Form 8868, Part I and Part II. A signature is not required when filing Form 8868, Part I, unless a payment is attached. A signature and a reason for needing additional time to file on Part II, line 7, are always required when filing Form 8868, Part II.

Tax Professionals have two options of filing a totally paperless return for their clients using the Practitioner PIN method or the scanned Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, method. The selected signature option must be identified in the Return Header. IRS validates the presence of a signature for each return with a payment attached.

If the filer uses a PIN to sign the return, all appropriate PIN information must be present in the return header.

If the filer elects to sign a Form 8453-EO, the scanned Form 8453-EO must be attached to the return.

If the electronic return does not contain the required signatures, the return will be rejected.

- **Practitioner PIN**

The Practitioner PIN option can only be used if the organization uses an Electronic Return Originator (ERO). It cannot be used if an organization is filing through an On-Line Provider. If the signature option of "PIN Number" is chosen, both the filer and ERO will be required to sign the return with a personal identification number (PIN). The Practitioner PIN option consists of two PINs – one for the organization and one for the practitioner:

1. Organization PIN – The filer chooses the PIN that they wish to use to sign their organization's return. The filer's PIN must be 5 numeric characters and cannot contain all zeros.
2. Practitioner PIN – The ERO selects an eleven-character PIN to sign the return. The first 6 positions of the Practitioner PIN will be the EFIN of the ERO and the next 5 positions will be 5 numeric characters self-selected by the ERO.

The filer must decide whether they want to enter their own PIN or whether to authorize the ERO to enter the PIN they choose as their signature. This authorization is made on Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization. The ERO must retain completed Forms 8879-EO for 3 years from the return due date or the IRS received date, whichever is later.

The following fields are required for the Practitioner PIN method. If not present, the return will be rejected:

- Practitioner PIN
- PIN Entered By Indicator
- Name of Officer
- Title of Officer
- Taxpayer PIN
- Date Signed

- **Scanned Form 8453-EO**

The scanned Form 8453-EO method must be used if the filer decides not to use the Practitioner PIN method for signing the return. The Form 8453-EO will be completed and signed by all required parties and then scanned as a PDF file. The appropriate signature option of "Binary Attachment 8453 Signature Document" must be identified in the Return Header.

If this option is chosen, the filer and ERO (if applicable) must sign the paper 8453-EO. The signed Form 8453-EO must then be scanned into a PDF document and inserted into the electronic return as a binary attachment. The binary attachment must be named "8453 Signature Document."

2.9 REVIEWING ACKNOWLEDGEMENT (ACK) FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you have no math errors and receive no error messages. All Business Rule violations must be corrected in order to pass ATS testing.

While you are solving problems, you may transmit only the problem returns until you have no rejects and all math fields are correct.

2.10 FINAL TRANSMISSION

Once you receive no rejects, you will be required to transmit the test scenarios in two separate, same-day transmissions in order to test the ability of your software to increment the transmission ID number that appears in the Transmission Header. Because not all software developers may be developing all six form types, you may group the test scenarios in any manner, as long as there is a minimum of two scenarios in each transmission.

2.11 COMMUNICATIONS TEST FOR THE e-File SYSTEM

IRS allows two means of transmission for MeF: Internet Filing Application (IFA); and Application to Application (A2A).

If you are a Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other). Transmitters who have passed the communications test and want to continue to test must request a test ETIN.

If you will be transmitting returns through the Internet Filing Application (IFA), you will need to perform the communications test through IFA.

If you will be transmitting through A2A, you will need to perform the communications test through A2A. If you will be transmitting through both the A2A and IFA portals, communications tests must be performed through both systems.

NOTE: A Software Developer who will not transmit need not perform a communications test.

2.12 USING YOUR OWN TEST DATA

If you are a Software Developer and have been notified that you have passed the ATS test, you may test with your own data using the same password and ETIN. If you are a Transmitter, you will need to get a new Test ETIN to continue testing, as your original ETIN will have been moved to “production” status once you have passed the Communications Test. Call the e-Help Desk at 1-866-255-0654 using the Andover Service Center prompt to obtain a new Test ETIN.

You must use the same taxpayer entity information (Name Controls, EINs, Group Exemption Numbers, Organization Type and Fiscal Year Month) provided in [Exhibit 4](#) for your independent tests. DO NOT use any other combinations.

3. FED/STATE ACCEPTANCE TESTING (ATS) PROCEDURES

The Fed/State program is a vehicle for filers to send their state returns (or other required filings) to the participating states through the IRS MeF process.

Participating states will allow filers to transmit state charity requirements as either a “linked” or “unlinked” submission. With a “linked” submission, the associated IRS Form 990, 990-EZ or 990-PF must have been filed and accepted by the IRS at the same time or before the state portion of the transmission will be forwarded on to the participating state. With an “unlinked” (sometimes referred to as “state stand alone”) submission, the state return or other document is forwarded on to the participating state regardless of whether or not an IRS Form 990, 990-EZ or 990-PF has been filed and accepted. Each participating state sets its own requirements for when to use a “linked” or “unlinked” submission.

There will not be separate ATS for states. Any of the test returns may be used if you will be participating in the Fed/State electronic filing program. Fed/State returns must be transmitted through A2A or IFA. Inform the e-Help Desk (1-866-255-0654) of which test you will be using. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from the participating states.

It is the responsibility of each state charity office to determine whether or not you pass their software testing. Each state’s requirements and procedures may be found on their web site. For further information on state charity office testing procedures, please contact the participating state charity office.

4. EXHIBITS

EXHIBIT 1 - STANDARD POSTAL SERVICE STATE ABBREVIATIONS AND ZIP CODES

Standard Postal Service State Abbreviations and ZIP Codes can be found on the irs.gov web at the following link:

<http://www.irs.gov/efile/article/0,,id=171946,00.html>

EXHIBIT 2 - FOREIGN COUNTRY CODES

Foreign Country Codes can be found on the irs.gov web at the following link:

<http://www.irs.gov/efile/article/0,,id=175595,00.html>

EXHIBIT 3 - ACCEPTED FORMS AND SCHEDULES FOR EXEMPT ORGANIZATIONS

<http://www.irs.gov/efile/article/0,,id=231484,00.html>

The forms and schedules accepted for the TY2010 IRS Modernized e-File Program for Exempt Organizations and the maximum number that may be submitted with each return can be found on the irs.gov website at the following link:

http://www.irs.gov/pub/irs-utl/exempt_organizations_ty2008a.pdf

EXHIBIT 4 – VALID ENTITY INFORMATION

Following is the valid entity information to be used with the various test scenarios:

Scenario	EIN	Name Control	Group Exemption Number (GEN)	Org Type	Sub-section Code	Fdn Code	Fiscal Year Month
990-1	11-9000001	WALN	0000	501(c)(3)	03		12
990-2	11-9000004	NATI	0000	501(c)(4)	04		12
990-3	11-9000005	HICK	0000	4947(a)(1)	91		05
990EZ-1	11-9000007	MAGN	0000	501(c)(3)	03		06
990EZ-2	11-9000010	MAHO	0000	527	82		12
990PF-1	11-9000021	SHIL	0000	501(c)(3)	03	02	06
990PF-2	11-9000023	HOLL	0000	4947(a)(1)	92	00	12
990PF-3	11-9000024	PENN	0000	501(c)(3)	03	04	09
990N-1	11-9000025	SUPP	0000	501(c)(3)	03	17	12
990N-2	11-9000026	LOCA	2495	501(c)(4)	04		12
990N-3	11-9000027	VETE	0000	501(c)(19)	19		06
990N-4	11-9000028	NATU	0000	501(c)(3)	03	15	12
1120POL-1	11-9000015	KOLK	0000	n/a			12
1120POL-2	11-9000004	NATI	0000	n/a			12
8868-1	11-9000022	ECHI	0000	501(c)(4)			12
8868-2	11-9000004	NATI	0000	501(c)(4)			12
8868-3	11-9000022	ECHI	0000	501(c)(4)			12
8868-4	11-9000004	NATI	0000	501(c)(4)			12

5. TEST SCENARIOS

Following are three (3) scenarios for Form 990, two (2) scenarios for Form 990-EZ, four (4) scenarios for Form 990-N, three (3) scenarios for Form 990-PF, two (2) scenarios for Form 1120-POL and four (4) scenarios for Form 8868.

These scenarios are for testing purposes only. They should not necessarily be construed as examples of ideal, or even adequate, form completion. Many numeric fields contain commas for readability purposes. We know that commas are not permissible characters in the amount fields. These scenarios are generally prepared well before final versions of the forms are available. Therefore, do not rely on them for creating style sheets or similar purposes.

All information for each scenario is contained on either the form itself or on additional information provided within each file. All data required for any dependency attachment is also shown in the supplemental text data (see [Exhibit 3](#) for accepted forms and schedules).

Following is the necessary data for each scenario:

TY2010 990 Test Scenario #1

PreparerFirm

EIN – not permitted

PreparerFirmBusinessName – Roberts Enterprises

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN -- 15512

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType -- 990

TaxPeriodBeginDate – 1/1/2010

TaxPeriodEndDate -- 12/31/2010

Filer

EIN – 11-9000001

Name – Walnut Hospital, Inc.

NameControl -- WALN

USAddress - 655 Bradford St Nixon NV 89424

Officer

Name – Penn Oak

Title -- President

Phone – 775-555-1313

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

AuthorizeThirdParty -- Y

Preparer

Name – Robert R Roberts

PTIN – not permitted

Phone – 775-555-1212

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount – 1

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**2010****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning		, 2010, and ending		, 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Walnut Hospital Inc.</u> Doing Business As <u>Walnut Medical Center</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>655 Bradford Street</u> City or town, state or country, and ZIP + 4 <u>Nixon NV 89424</u>			D Employer identification number <u>11-9000001</u>	
	F Name and address of principal officer: <u>Dr. Jane Maple</u> <u>655 Bradford Street Nixon NV 89424</u>			E Telephone number <u>775-555-1313</u>	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ <u>34,378,823</u>	
	J Website: ▶ <u>www.walnuthospital.org</u>			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶	
L Year of formation: <u>1936</u>			M State of legal domicile: <u>NV</u>		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To provide medical care to residents of Nixon, Nevada and the surrounding area</u>				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>16</u>		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>14</u>		
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>233</u>		
	6	Total number of volunteers (estimate if necessary)	6	<u>100</u>		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>93,593</u>	
b		Net unrelated business taxable income from Form 990-T, line 34	7b	<u>22,481</u>		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	<u>36,597</u>	Current Year	<u>81,254</u>
	9	Program service revenue (Part VIII, line 2g)	<u>22,883,358</u>	<u>24,833,306</u>		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,205,877</u>	<u>6,365,046</u>		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>136,592</u>	<u>162,412</u>		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25,262,424</u>	<u>31,442,018</u>		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>10,690,607</u>	<u>11,342,954</u>		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>0</u>			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>13,551,776</u>	<u>14,346,948</u>		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>24,242,383</u>	<u>25,689,902</u>		
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>1,020,041</u>	<u>5,752,116</u>		
	20	Total assets (Part X, line 16)	Beginning of Current Year	<u>64,267,313</u>	End of Year	<u>67,363,916</u>
			<u>20,162,856</u>	<u>19,790,092</u>		
			<u>44,104,457</u>	<u>47,573,824</u>		

Part II Signature Block

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

Sign Here	Signature of officer _____	Date _____		
	Type or print name and title _____			
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer taxpayer identification number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____		EIN ▶ _____	Phone no. ▶ _____

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:To provide medical care to residents of Nixon, Nevada and the surrounding area**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 15,082,471 including grants of \$) (Revenue \$ 24,507,971)
Patient services, including general medicine (2,050 patients), surgery (681 patients), cardiology (613 patients), and obstetrics (1,579 patients)**4b** (Code:) (Expenses \$ 5,826,288 including grants of \$) (Revenue \$)
Community wellness programs, serving approximately 5,700 individuals**4c** (Code:) (Expenses \$ 2,496,981 including grants of \$) (Revenue \$)
Medical education programs, including medical residency & nurse training programs**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 23,405,740

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	✓
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a ✓	
b Did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operate one or more hospitals must attach audited financial statements	20b ✓	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 233	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ✓	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b ✓	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the aggregate amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		<input checked="" type="checkbox"/>
13 Does the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Walnut Medical Center, 655 Bradford Street, Nixon, NV 89424 776-555-1313

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr. Jane Maple President & Board Chair	45	✓		✓				196,120	0	0
(2) Albert Astilbe Director	5	✓						0	0	0
(3) Dr. Herbert Hellebore Director	5	✓						0	0	0
(4) Redd Oak Secretary	5	✓		✓				0	0	0
(5) Loblolly Pine Director	5	✓						0	0	0
(6) Dr. Bradford Pear Vice President	5			✓				0	0	0
(7) Penn Oak Treasurer	5			✓				0	0	0
(8) Dr. Hosta Daylily Chief of Surgery	55					✓		278,225	0	0
(9) Dr. Daisy Daffodil Head, Obstetrics Dept	55					✓		289,007	0	0
(10) Rhoda Boxwood Nursing Director	55					✓		173,000	0	0
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
1b Sub-total								936,352	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								936,352	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Nixon Health Services 3456 Salem St Nixon NV 89424	physician contract	954,975
Investment Managers Inc 4567 Salem St Nixon NV 89424	investment mgmt	119,094
Nixon Nurses 789 Salem St Nixon NV 89424	nursing services	875,026

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	81,254			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			81,254		
Program Service Revenue	Business Code						
	2a	Patient revenue		24,507,971	24,507,971		
	b	Parking		139,397			139,397
	c	Cafeteria		94,145			94,145
	d	Fitness center		69,517		69,517	
	e	Billing Service		22,276		22,276	
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶			24,833,306		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,704,538			1,704,538
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
		(i) Real	(ii) Personal				
	6a	Gross Rents	218,806				
	b	Less: rental expenses	56,394				
	c	Rental income or (loss)	162,412				
	d	Net rental income or (loss) ▶		162,412		1,800	160,612
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7,540,919	(ii) Other			
	b	Less: cost or other basis and sales expenses	2,880,411				
	c	Gain or (loss)	4,660,508				
	d	Net gain or (loss) ▶		4,660,508			4,660,508
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			31,442,018	24,507,971	93,593	6,759,200

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	196,120	162,235	33,885	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,253,273	8,557,807	695,466	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	396,067	366,299	29,768	
9	Other employee benefits	822,489	760,672	61,817	
10	Payroll taxes	675,005	627,179	47,826	
11	Fees for services (non-employees):				
a	Management				
b	Legal	93,885	982	92,903	
c	Accounting	20,912		20,912	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	119,094		119,094	
g	Other	2,103,388	1,906,697	196,691	
12	Advertising and promotion	286,544	47,790	238,754	
13	Office expenses	5,307,133	5,212,089	95,044	
14	Information technology				
15	Royalties				
16	Occupancy	799,047	772,056	26,991	
17	Travel	11,346	8,443	2,903	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,463	11,620	6,843	
20	Interest	735,681	735,324	357	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,343,659	2,135,774	207,885	
23	Insurance	366,926	20,844	346,082	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Bad debts	1,237,605	1,237,605		
b	Contract labor	625,308	621,659	3,649	
c	Taxes	33,631		33,631	
d	Other	244,326	220,665	23,661	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,689,902	23,405,740	2,284,162	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	995,677	1	1,154,567
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,837,239	4	2,641,702
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	329,091	8	353,671
	9 Prepaid expenses and deferred charges	226,319	9	236,091
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 40,850,409		
	b Less: accumulated depreciation	10b 18,075,548	10c	22,774,861
	11 Investments—publicly traded securities	36,290,319	11	39,170,730
	12 Investments—other securities. See Part IV, line 11	263,144	12	343,161
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	536,845	15	689,133
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,267,313	16	67,363,916	
Liabilities	17 Accounts payable and accrued expenses	2,776,267	17	2,966,750
	18 Grants payable	24,282	18	0
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	16,377,000	20	15,854,500
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	985,307	25	968,842
	26 Total liabilities. Add lines 17 through 25	20,162,856	26	19,790,092
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,880,738	27	46,430,916
	28 Temporarily restricted net assets	864,062	28	739,261
	29 Permanently restricted net assets	359,657	29	403,647
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	44,104,457	33	47,573,824
	34 Total liabilities and net assets/fund balances	64,267,313	34	67,363,916

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,442,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,689,902
3	Revenue less expenses. Subtract line 2 from line 1	3	5,752,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,104,457
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,469,367
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47,573,824

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 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 organizations 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 Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer “No” on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
----------------------	--------------------------------

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Walnut Medical Center Foundation 655 Bradford Street Nixon NV 89424	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

- **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☒ Preservation of an historically important land area
☒ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☒ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,223,719				
b Contributions					
c Net investment earnings, gains, and losses	44,101				
d Grants or scholarships					
e Other expenditures for facilities and programs	143,912				
f Administrative expenses					
g End of year balance	1,123,908				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ 0 %
b Permanent endowment ☐ 36 %
c Term endowment ☐ 64 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		285,721		285,721
b Buildings		22,200,196	10,845,328	11,354,868
c Leasehold improvements				
d Equipment		18,364,492	7,230,220	11,134,272
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,774,861

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	343,161 F	
(2) Closely-held equity interests		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	343,161	

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

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

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

(a) Description	(b) Book value
(1) Deferred financing costs	415,776
(2) Investment in subsidiaries	273,357
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	689,133

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) Due to 3rd party payors	808,080	
(3) Interest payable	83,443	
(4) Miscellaneous	77,319	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	968,842	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,442,018
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,689,902
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,752,116
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-119,094
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-6,179,297
9	Total adjustments (net). Add lines 4 through 8	9	-6,298,391
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-546,275

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

1	Total revenue, gains, and other support per audited financial statements	1	25,099,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	103,935
e	Add lines 2a through 2d	2e	103,935
3	Subtract line 2e from line 1	3	24,995,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	6,446,299
c	Add lines 4a and 4b	4c	6,446,299
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	31,442,018

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

1	Total expenses and losses per audited financial statements	1	25,645,929
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	149,719
e	Add lines 2a through 2d	2e	149,719
3	Subtract line 2e from line 1	3	25,496,210
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	119,094
b	Other (Describe in Part XIV.)	4b	74,598
c	Add lines 4a and 4b	4c	193,692
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,689,902

Part XIV Supplemental Information

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

Part V, line 4 - intended use of endowment funds - purchase of equipment & medical education programs

Part X, line 2 - The impact of adopting FIN 48 had no material effect on the consolidated financial statements.

Part XI, line 8 - See explanations for Part XII, lines 2d and 4b and Part XIII, lines 2d and 4b

Part XII, line 2d - revenues from subsidiaries

Part XII, line 4b - realized gains and other income not included on financial statements

Part XIII, line 2d - adjustments for transactions with subsidiaries

Part XIII, line 4b - taxes and other income included on financial statements

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
6b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	6	9000	2,500,000	500,000	2,000,000	7.8%
b Unreimbursed Medicaid (from Worksheet 3, column a)			300,000	100,000	200,000	.8%
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	6	9000	2,800,000	600,000	2,200,000	8.6%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,000,000	100,000	900,000	3.5%
f Health professions education (from Worksheet 5)			2,000,000	200,000	1,800,000	7%
g Subsidized health services (from Worksheet 6)			1,000,000	500,000	500,000	1.9%
h Research (from Worksheet 7)			1,500,000	750,000	750,000	2.9%
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,000,000		1,000,000	3.9%
j Total. Other Benefits			6,500,000	1,550,000	4,950,000	19.3%
k Total. Add lines 7d and 7j	6	9000	9,300,000	2,150,000	7,150,000	27.8%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		✓
2 Enter the amount of the organization's bad debt expense (at cost)	2 1,237,605		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3 123,760		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 9,999,999		
6 Enter Medicare allowable costs of care relating to payments on line 5	6 8,888,888		
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7 1,111,111		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a		✓
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name and address

1 Walnut Medical Center

655 Bradford St.

Nixon, NV 89424

2 Walnut Urgent Care Center

850 Bradford St.

Nixon, NV 89424

3**4****5****6****7****8****9****10****11****12****13****14****15****16**

Licensed hospital

General medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

✓

✓

✓

✓

✓

✓

non-emergency care facility

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Walnut Medical Center**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1 ✓	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>0</u> <u>9</u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	✓
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	✓
5 Did the hospital facility make its Needs Assessment widely available to the public?	5 ✓	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 ✓	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8 ✓	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals?	9 ✓	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> %		

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	10	✓
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amount (check all that apply):	11	✓
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	✓
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	13	✓
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to all billing invoices		
c <input type="checkbox"/> The policy was posted at all times in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	✓
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	✓
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)***Policy Relating to Emergency Medical Care**

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate the reasons why (check all that apply):		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts generally billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?			✓
If "Yes," explain in Part VI.			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?			✓
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Walnut Urgent Care Center**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1 ✓	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>0</u> <u>9</u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	✓
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	✓
5 Did the hospital facility make its Needs Assessment widely available to the public?	5 ✓	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 ✓	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8 ✓	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals?	9 ✓	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> %		

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %	10	✓
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amount (check all that apply):	11	✓
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	✓
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	13	✓
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to all billing invoices		
c <input type="checkbox"/> The policy was posted at all times in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	✓
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	✓
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)***Policy Relating to Emergency Medical Care**

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate the reasons why (check all that apply):		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts generally billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?			✓
If "Yes," explain in Part VI.			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?			✓
If "Yes," explain in Part VI.			

Part V Facility Information *(continued)***Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part III, line 4: [costing methodology and footnote sample texts]

Part III, line 8: [Medicare costing methodology sample text]

Part VI, line 2: [community needs assessment sample text]

Part VI, line 3: [patient education sample text]

Part VI, line 4: [community information sample text]

Part VI, line 5: no community building activities

Part VI, line 6: [other exempt purpose sample text]

Part VI, line 7: Nevada

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	✓									
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <table><tbody><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		✓								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		✓								
c Participate in, or receive payment from, an equity-based compensation arrangement?		✓								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		✓								
b Any related organization?		✓								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		✓								
b Any related organization?		✓								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		✓								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		✓								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Dr. Jane Maple	(i)	196,120				196,120	190,000
		(ii)						
2	Dr. Hosta Daylily	(i)	278,225				278,225	275,000
		(ii)						
3	Dr. Daisy Daffodil	(i)	289,007				289,007	280,000
		(ii)						
4	Rhoda Boxwood	(i)	173,000				173,000	170,000
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Dr. Bradford Pear	Officer of organization	5,805	Lease of office space		✓
(2) Dr. Jane Maple	Officer of organization	6,651	Officer of entity with bus relationship		✓
(3) Penn Oak	Officer of organization	8,500	Officer of entity with bus relationship		✓
(4)					
(5)					
(6)					

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part VI, Section B, line 11: The Form 990 is distributed to the board of directors 2 weeks before the meeting at which it is approved. At the meeting of the board, there is a discussion period at which time the board members can ask questions or make comments about the Form 990. A resolution to adopt the Form 990, either as presented or with changes, is then put to a vote of the board.

Part VI, Section B, line 15a: Process for determining CEO's compensation sample text.

Part VI, Section C, line 19: Audited financial statements are available on the organization's website. The organization's conflict of interest policy and governing documents are available upon request.

Part XI, line 5:

See Schedule D, Parts XII through XIV.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization		Employer identification number
--------------------------	--	--------------------------------

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Walnut Physician Associates LLC 655 Bradford St. Nixon NV 29424 11-9000088	Phys. primary care	NV	220,534	138,538 NA	
(2) Nixon Properties LLC 655 Bradford St. Nixon NV 89424 11-9000077	Property management	NV	580,000	8,500,000 NA	
(3) Walnut Urgent Care LLC 655 Bradford St. Nixon NV 89424 11-9000066	Urgent care services	NV	305,000	162,000 NA	
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
(1) Walnut Medical Center Foundation 655 Bradford St. Nixon NV 11-9000055	Supporting org	NV	501(c)(3)	11 NA			✓
(2) Walnut Children's Care Center Inc. 655 Bradford St. Nixon, NV 11-9000044	Ctr serves children	NV	501(c)(3)	3 NA			✓
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Walnut Real Estate Group Inc. 655 Bradford St. Nixon NV 89424	Own real estate	NV	NA	C corp	27,626	136,402	100%
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Supplemental Information

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

[illegible]

**WALNUT HOSPITAL, INC.
INDEPENDENT AUDITOR'S REPORT
AND AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2010**

TY2010 990 Test Scenario #2

PreparerFirm

EIN – not permitted

PreparerFirmBusinessName --

PreparerFirmAddress --

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy -- *Taxpayer*

SignatureOption -- *Pin Number*

ReturnType – 990

TaxPeriodBeginDate – 1/1/2010

TaxPeriodEndDate -- 12/31/2010

Filer

EIN – 11-9000004

Name – National Hyrax Association

NameControl -- NATI

USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

Officer

Name -- Test U. Phrozintows

Title -- Treasurer

Phone – 714-555-1212

EmailAddress --

DateSigned – self-select

TaxpayerPIN – self-select

Preparer

Name – Test J. Caesar

PTIN – not permitted

Phone – 703-555-1212

EmailAddress --

DatePrepared – self select

SelfEmployed -- Y

binaryAttachmentCount – 0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**2010****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning		, 2010, and ending		, 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>National Hyrax Association</u>			D Employer identification number <u>11-9000004</u>	
	Doing Business As				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number <u>714-555-1212</u>	
	<u>1234 Weeping Willow Lane</u>				
	City or town, state or country, and ZIP + 4 <u>Anaheim CA 92812</u>				
F Name and address of principal officer: <u>Test K Insightful</u> <u>1234 Weeping Willow Lane Anaheim CA 92812</u>			G Gross receipts \$ <u>9,822,398</u>		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: ▶ <u>www.hyraxassn.org</u>			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶		
L Year of formation: <u>1987</u>			M State of legal domicile: <u>CA</u>		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To educate the public on the merits of the hyrax</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>7</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>4</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>61</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>0</u>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>6,844,118</u>	<u>5,238,916</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>160,559</u>	<u>111,461</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>7,687,423</u>	<u>4,311,693</u>
			<u>14,692,140</u>	<u>9,662,070</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>7,559,087</u>	<u>4,343,609</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>417,217</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>8,081,176</u>	<u>5,745,816</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>15,640,263</u>	<u>10,089,425</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>-948,123</u>	<u>-427,355</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>3,035,923</u>	<u>2,452,377</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>906,224</u>	<u>750,033</u>
		<u>2,129,699</u>	<u>1,702,344</u>	

Part II Signature Block

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

Sign Here	Signature of officer _____	Date _____		
	Type or print name and title _____			
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer taxpayer identification number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____		EIN ▶ _____	
			Phone no. ▶ _____	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:To educate the public on the merits of the hyrax**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,911,842 including grants of \$) (Revenue \$)
Research and public education, including lobbying activities**4b** (Code:) (Expenses \$ 2,103,255 including grants of \$) (Revenue \$)
Publications - bimonthly magazine, monthly newsletter, brochures**4c** (Code:) (Expenses \$ 1,855,487 including grants of \$) (Revenue \$)
Broadcast and other media, including internet**4d** Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses **▶** 7,870,584

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	✓
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	✓
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	✓
b Did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operate one or more hospitals must attach audited financial statements	20b	✓

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	61
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7		
b Enter the number of voting members included in line 1a, above, who are independent 1b 4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b		<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9a		<input checked="" type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a		<input checked="" type="checkbox"/>
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a		<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c		
13 Does the organization have a written whistleblower policy? 13		<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy? 14		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Test U Phrozintows 1234 Weeping Willow Lane Anaheim CA 92812 714-555-1212

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Test K Insightful President	40	✓		✓				145,000	0	0
(2) Test U Phrozintows Treasurer	40	✓		✓				105,877	0	0
(3) Test N Blownapart Secretary	40	✓		✓				60,263	0	0
(4) Pink Camellia Director	2	✓						0	0	0
(5) Howard Honeysuckle Director	2	✓						0	0	0
(6) Gambol N Frivol Director	2	✓						0	0	0
(7) Andrew Astilbe Director	2	✓						0	0	0
(8) Mary Marigold Research Director	40					✓		127,890	0	0
(9) Freda Forsythia Publications Editor	40					✓		115,234	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
1b Sub-total								554,264		0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								554,264		0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Lobbyist, Inc. 9999 K St NW Washington, DC 20006	lobbying	438,152
Another Lobbyist, Inc. 8888 K St NW Washington, DC 20006	lobbying	175,261
Yet Another Lobbyist, Inc. 7777 K St NW Washington, DC 20006	lobbying	116,840

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	73,435			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,165,481			
	g	Noncash contributions included in lines 1a-1f: \$		160,328			
	h	Total. Add lines 1a-1f ▶		5,238,916			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		111,106			111,106
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		160,683			
	b	Less: cost or other basis and sales expenses		160,328			
	c	Gain or (loss)		355			
	d	Net gain or (loss) ▶		355			355
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue			Business Code				
11a	Reimbursement from NHF		4,311,693	4,311,693			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		4,311,693				
12	Total revenue. See instructions. ▶		9,662,070	4,311,693	0	111,461	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	311,140	85,019	214,839	11,282
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,243,334	2,129,122	877,091	237,121
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	131,440		131,440	
9	Other employee benefits	392,190	327,271	6,451	58,468
10	Payroll taxes	265,505	166,584	68,669	30,252
11	Fees for services (non-employees):				
a	Management				
b	Legal	49,510	41,601	7,909	
c	Accounting	42,956	5,903	37,053	
d	Lobbying	730,253	730,253		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	781,309	776,674		4,635
13	Office expenses	1,452,419	1,362,180	49,872	40,367
14	Information technology	1,095,379	976,625	110,266	8,488
15	Royalties				
16	Occupancy	240,710	33,223	207,487	
17	Travel	298,932	211,738	61,428	25,766
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	188,923	188,923		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Miscellaneous	865,425	835,468	29,119	838
b	-----				
c	-----				
d	-----				
e	-----				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,089,425	7,870,584	1,801,624	417,217
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	995,848	947,215	0	48,633

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,134,669	1	476,144
	2 Savings and temporary cash investments	1,085,263	2	1,649,845
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	377,613	4	236,385
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	438,378	9	90,003
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,035,923	16	2,452,377	
Liabilities	17 Accounts payable and accrued expenses	906,224	17	750,033
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	906,224	26	750,033
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,129,699	27	1,702,344
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,129,699	33	1,702,344
	34 Total liabilities and net assets/fund balances	3,035,923	34	2,452,377

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,662,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,089,425
3	Revenue less expenses. Subtract line 2 from line 1	3	-427,355
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,129,699
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,702,344

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 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 organizations 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 Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer “No” on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
----------------------	--------------------------------

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	E. P. Alexander 1515 Foxglove Drive Washington DC 20224	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	George W. Kirk 6 Caladium Ct Washington DC 20224	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	George Thomas 1 Hayfield Rd Fairfax VA 22031	\$ 120,246	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Belle Hood 980 Tiarella Trail Chestnut Hill, MA 02467	\$ 40,082	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Mr & Mrs John Burford 730 Daylily Drive Nixon, NV 89424	\$ 5,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Mrs. Eva Law 5604 Walnut Way Cologne MN 55322	\$ 8,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	5,000 shares XYZ Corporation	\$ 120,246	7 / 14 / 2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	275 shares ABC Corporation	\$ 40,082	2 / 22 / 2010
(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
		\$	/ /

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,662,070
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,089,425
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-427,355
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-427,355

1	Total revenue, gains, and other support per audited financial statements		1	9,662,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	9,662,070
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,662,070

1	Total expenses and losses per audited financial statements		1	10,089,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	10,089,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,089,425

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	2	160,328	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe)				
26 Other (describe)				
27 Other (describe)				
28 Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed *Part IV, Donee Acknowledgement* 29 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

**To be completed by organizations to provide additional information for responses to
specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

Part VI, Section A, line 8b - There are no committees with authority to act for the governing body.

Part VI, Section B, line 11 - Form 990 is reviewed at a special meeting of the Board of Directors before it is filed.

Part VI, Section C, line 19 - Audited financial statements are available on the organization's website. We do not have a formal conflict of interest policy, but other documents are available upon request.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization		Employer identification number
--------------------------	--	--------------------------------

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
(1) National Hyrax Foundation 11-9000099 1234 Weeping Willow Lane Anaheim CA 92812	education	CA	501(c)(3)	7 NA			✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

TY2010 990 Test Scenario #3

PreparerFirm

EIN – 11-9000022

PreparerFirmBusinessName – Camellia Bookkeeping Service

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType – 990

TaxPeriodBeginDate – 6/1/2010

TaxPeriodEndDate -- 5/31/2011

Filer

EIN – 11-9000005

Name – Hickory Charitable Trust

NameControl -- HICK

USAddress -- 1234 Hickory Lane, Fairfax, VA 22031

Officer

Name – Bank Trustee

Title -- Trustee

Phone – 703-555-1212

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

Preparer

Name – Test N. Camellia

PTIN - P00000001

Phone – 775-555-1313

EmailAddress --

DatePrepared – self select

SelfEmployed -- N

binaryAttachmentCount – 0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**2010****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning June 1, 2010, and ending May 31, 20 11		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Hickory Trust</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1234 Hickory Lane</u> City or town, state or country, and ZIP + 4 <u>Fairfax VA 22031</u>	D Employer identification number <u>11-9000005</u>
	E Telephone number <u>703-555-1212</u>	G Gross receipts \$ <u>1,129,480</u>
	F Name and address of principal officer: <u>Bank Trustee</u> <u>1234 Hickory Lane Fairfax VA 22031</u>	
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input checked="" type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1986</u> M State of legal domicile: <u>VA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>grants to tax-exempt charitable organizations</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 1		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0		
	6 Total number of volunteers (estimate if necessary) 6 0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0		
b Net unrelated business taxable income from Form 990-T, line 34 7b 0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	894,498	957,056
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	894,498	957,056
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	627,542
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		36,933	39,516
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		500	578
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		664,975	690,577
19 Revenue less expenses. Subtract line 18 from line 12	229,523	266,479	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,736,359	16,889,814
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		16,736,359	16,889,814

Part II Signature Block

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

Sign Here	Signature of officer _____	Date _____		
	Type or print name and title _____			
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer taxpayer identification number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____		
				Phone no. ▶ _____

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

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:grants to tax-exempt charitable organizations**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 654,435 including grants of \$ 650,483) (Revenue \$)
The Trust makes grants to various charities as required by the will of A.B. Hickory and related documents**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses **▶** 654,435

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	✓
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	✓
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	✓
b Did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operate one or more hospitals must attach audited financial statements	20b	✓

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c ✓	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? 4a		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g ✓	✓	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h ✓	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a ✓	✓	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the aggregate amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 1		
b Enter the number of voting members included in line 1a, above, who are independent 1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b		<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9a		<input checked="" type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a		<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a		<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c		
13 Does the organization have a written whistleblower policy? 13		<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy? 14		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► VA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Bank Trustee 1234 Hickory Lane Fairfax VA 22031 703-555-1212

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bank Trustee Trustee	1	✓						42,225	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
1b Sub-total								42,225	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								42,225	0	0

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		✓
4		✓
5		✓

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		793,949			793,949
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
				335,531			
	b	Less: cost or other basis and sales expenses		172,424			
	c	Gain or (loss)		163,107			
	d	Net gain or (loss) ▶		163,107			163,107
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances a					
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶		957,056	0	0	957,056	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	542,070	542,070		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	108,413	108,413		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	39,516	3,952	35,564	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	563		563	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Miscellaneous	15		15	
b	-----				
c	-----				
d	-----				
e	-----				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	690,577	654,435	36,142	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	16,736,359	11	16,889,814
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16,736,359	16	16,889,814
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	16,716,294	30	16,869,682
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	20,065	32	20,132
	33 Total net assets or fund balances	16,736,359	33	16,889,814
	34 Total liabilities and net assets/fund balances	16,736,359	34	16,889,814

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	957,056
2	Total expenses (must equal Part IX, column (A), line 25)	2	690,577
3	Revenue less expenses. Subtract line 2 from line 1	3	266,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,736,359
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-113,024
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,889,814

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations.

See instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (to be completed by all organizations) (See instructions)

The organization is not a private foundation because it is: (Please check only **one** applicable box.)

- 1 ☐ A church, convention of churches, or association of churches. **Section 170(b)(1)(A)(i).**
- 2 ☐ A school. **Section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization. **Section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital. **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. **Section 170(b)(1)(A)(iv).** (Complete the *Support Schedule* in Part II.)
- 6 ☐ A federal, state, or local government or governmental unit. **Section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. **Section 170(b)(1)(A)(vi).** (Complete the *Support Schedule* in Part II.)
- 8 ☐ A community trust. **Section 170(b)(1)(A)(vi).** (Complete the *Support Schedule* in Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. **Section 509(a)(2).** (Complete the *Support Schedule* in Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. **Section 509(a)(4).** (See instructions.)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☒ Type II c ☐ Type III—Functionally Integrated d ☐ Type III—Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) a family member of a person described in (i) above? ☐
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section.)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Child Care Society	11-9000051	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Common Association	11-9000052	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Church Home	11-9000053	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	108,414
Small College	11-9000054	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	216,828
Old Folks Home	11-9000055	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	108,413
Total									650,483

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered
"Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Part V (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
(1) North America	0	0	grants to recipients		108,413
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		0			108,413
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		0			108,413

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ **0**
 Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	housing for	108,413	wire transfer	0		
(2)				elderly					
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3** Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☐ **Yes** ☒ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A (see instructions for Forms 3520 and 3520-A)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see instructions for Form 5471)* ☐ **Yes** ☒ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713)* ☐ **Yes** ☒ **No**

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

The recipient provides an annual report of its use of the funds.



Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 2, for any recipient who received more than \$5,000.

Employer identification number

2009

Open to Public Inspection

--

- Part II** **Grants and Other Assistance to Governments in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule I-1 if additional space is needed.

[illegible]

Schedule I (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

**To be completed by organizations to provide additional information for responses to
specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

Part VI, Section A, line 8b: There are no committees with authority to act for the governing body.

Part VI, Section B, line 11: Sample text

Part VI, Section C, line 19: Audited financial statements are available upon request.

Part XI, line 5: The adjustment of \$113,024 was based on uncollected pledges recorded as revenue in a prior period.

TY2010 990-EZ Test Scenario #1

PreparerFirm

EIN – not permitted

PreparerFirmBusinessName – Roberts Enterprises

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – 15512

PinEnteredBy -- ERO

SignatureOption -- Pin Number

ReturnType – 990EZ

TaxPeriodBeginDate – 7/1/2010

TaxPeriodEndDate -- 6/30/2011

Filer

EIN – 11-9000007

Name – Magnolia Civic Foundation

NameControl -- MAGN

USAddress -- 3522 W. Paseo Segundo
Tucson, AZ 85701

Officer

Name – John Dogwood

Title -- President

Phone – 520-555-1212

EmailAddress --

DateSigned – self-select

TaxpayerPIN – self-select

Preparer

Name – Robert R Roberts

PTIN – not permitted

Phone – 775-555-1212

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount – 0

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning** July 1 , 2010, and ending June 30 , 20 11**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Magnolia Civic Foundation

Number and street (or P.O. box, if mail is not delivered to street address)

3522 W Paseo Secundo

Room/suite

City or town, state or country, and ZIP + 4

Tucson AZ 85701

D Employer identification number

11-9000007

E Telephone number

520-555-1212

F Group Exemption

Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts; If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

66,569

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	18,424
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	29
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 4,600 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c	44,329	
d	Net income or (loss) from gaming and fundraising events (Add lines 6a, and 6b and subtract line 6c)	6d	3,787	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,240
	10	Grants and similar amounts paid (list in Schedule O)	10	32,671
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	499
	17	Total expenses. Add lines 10 through 16	17	33,170
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,930
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18,125	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,195	

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17,212	22 12,900
23	Land and buildings		23
24	Other assets (describe in Schedule O)	913	24 1,325
25	Total assets	18,125	25 14,225
26	Total liabilities (describe in Schedule O)	0	26 7,030
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,125	27 7,195

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
-----------------	--

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? to raise funds for other charities

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Funds were disbursed to non-profit organizations for charitable, civic, educational and similar purposes		
	(Grants \$ 32,671) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	32,671
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	32,671

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year, and that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ AZ		
42a The organization's books are in care of ▶ Jean Boxwood Telephone no. ▶ 520-555-1212 Located at ▶ 3522 W Paseo Segundo Tucson AZ ZIP + 4 ▶ 85701		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

- | | | Yes | No |
|---|------------|-----|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | | ✓ |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ | 45a | | ✓ |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- | | | Yes | No |
|--|------------|-----|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 0

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 0

- 52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	Date		
	Signature of officer			
Paid Preparer Use Only	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33¹/₃% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the test listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,885	2,860	5,574	12,737	18,424	42,480
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	18,584	19,542	17,336	21,819	48,116	125,397
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21,469	22,402	22,910	34,556	66,540	167,877
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						167,877

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	21,469	22,402	22,910	34,556	66,540	167,877
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25	21	16	27	29	118
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25	21	16	27	29	118
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,149	8,419				12,568
13 Total support. (Add lines 9, 10c, 11, and 12.)						180,563
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	93.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	89.4 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.07 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.07 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, line 12: The other income reported here is from miscellaneous fees.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 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 organizations 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 Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on Form 990, Part VIII, line 1h, and line 1 of Form 990-EZ. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer “No” on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
----------------------	--------------------------------

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	International Foundation 4567 Stokesia Drive Tucson AZ 85701	\$ 6137	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

.....

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Disaster T-Shirts (event type)	(b) Event #2 Golf tournament (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	32,766	10,010	9,940	52,716
	2 Less: Charitable contributions	0	4,600	0	4,600
	3 Gross income (line 1 minus line 2)	32,766	5,410	9,940	48,116
Direct Expenses	4 Cash prizes		500		500
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,949	3,987	7,893	43,829
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(44,329)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				3,787

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I, line 10:

Activity:	Grantee Name:	Grantee Address:	Amount:	Relationship:
Medical equipment	Dental Chair Fund	7654 Camellia Place, Audubon NJ 08106	\$6337	None
Scholarships	High School	987 Hollyhock Road Evanston IL 60201	10,993	None
Vocational Education	International Foundation	4567 Stokesia Drive Tucson AZ 85701	14,341	None
Student of the Year	High School	5 Plaintain Street Tucson AZ 85701	1,000	None

Part I, line 16:

Other Expenses:	Amount:
State corporation commission	\$10
Accounting	250
Miscellaneous	31
Bank charges	95
Bad debts	113

Part II, line 24:

Description:	BOY Amount:	EOY Amount:
Member receivables	\$913	\$1,325

Part II, line 26:

Description:	BOY Amount:	EOY Amount:
Due to International	0	\$3,890
Due to Wholesaler	0	1,140
Accounts payable	0	2,000

TY2010 990-EZ Test Scenario #2

PreparerFirm

EIN -- not permitted

PreparerFirmBusinessName -- none

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- n/a

SignatureOption -- Binary Attachment 8453 Signature Document

ReturnType --990EZ

TaxPeriodBeginDate -- 1/1/2010

TaxPeriodEndDate -- 12/31/2010

Filer

EIN -- 11-9000010

Name -- Mahonia Political Action Committee

NameControl -- MAHO

USAddress -- 980 Tiarella Trail
Belmont, MA 02478

Officer

Name -- Belle Hood

Title -- President

Phone -- 617-555-1212

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

Preparer

Name -- Richard Roe

PTIN -- not permitted

Phone -- 404-555-1414

EmailAddress --

DatePrepared -- self select

SelfEmployed -- Y

binaryAttachmentCount --1

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning****, 2010, and ending****, 20****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Mahonia Political Action Committee

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

980 Tiarella Trail

City or town, state or country, and ZIP + 4

Belmont MA 02478

D Employer identification number

11-9000010

E Telephone number

617-555-1212

F Group Exemption

Number ►

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☒ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts; If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

27,508

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	25,735
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,200
	4	Investment income	4	573
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a, and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	27,508
	10	Grants and similar amounts paid (list in Schedule O)	10	16,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	1,200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	67
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	17,267
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,241
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	5,191
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,432

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,191	22 15,432
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	5,191	25 15,432
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,191	27 15,432

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
-----------------	--

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? to support political candidates

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 made contributions to six candidates

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ► ☐

30a

31	Other program services (describe in Schedule O)	
-----------	---	-----------	--

--	--

(Grants \$) If this amount includes foreign grants, check here ► ☐

31a

32	Total program service expenses (add lines 28a through 31a)	▶
-----------	---	-----------	---

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year, and that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		
41 List the states with which a copy of this return is filed. 41		
42a The organization's books are in care of Benjamin Butler Telephone no. 617-555-1212 Located at 980 Tiarella Trail Belmont MA ZIP + 4 02478		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	<input type="checkbox"/>	<input type="checkbox"/>

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 16,000
- 3 Volunteer hours 2,500

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part IV **Supplemental Information** *(continued)*

Part I-A, line 1:

The Organization made direct contributions to six political candidates.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I, line 10:

Activity:	Grantee Name:	Grantee Address:	Amount:	Relationship:
-----------	---------------	------------------	---------	---------------

Political campaign contribution	Ivy Trellis	22 Lily Place, Garden City, NY 11530	\$6000	None
---------------------------------	-------------	--------------------------------------	--------	------

The balance of the contributions were each \$5,000 or less.

TY2010 990-PF Test Scenario #1

PreparerFirm

EIN – not permitted
PreparerFirmBusinessName – n/a
PreparerFirmAddress – n/a
MultipleSoftwarePackagesUsed – no

Originator

EFIN – as assigned
Type – ERO
PractitionerPIN
EFIN – as assigned
PIN –

PinEnteredBy – n/a

SignatureOption -- Binary Attachment 8453 Signature Document

ReturnType – 990PF

TaxPeriodBeginDate – 7/1/2010

TaxPeriodEndDate – 6/30/2011

Filer

EIN – 11-9000021
Name – Shiloh Gardens Foundation
NameControl – SHIL
Phone – 703-555-4444
USAddress – 4567 Hickory Lane, Fairfax, VA 22031

Officer

Name – George W. Kirk
Title – President
Phone – 703-555-4444
EmailAddress --
DateSigned – self select
TaxpayerPIN – self select

Preparer

Name – John Doe
SSN or PTIN – not permitted
Phone – 703-555-2222
EmailAddress --
DatePrepared -- self select
SelfEmployed -- Y

TaxYear – 2010

binaryAttachmentCount – 1

**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.**2010****For calendar year 2010, or tax year beginning** July 1 **, 2010, and ending** June 30 **, 20** 11**G** Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation <u>Shiloh Gardens Foundation</u>		A Employer identification number <u>11-9000021</u>
Number and street (or P.O. box number if mail is not delivered to street address) <u>4567 Hickory Lane</u>	Room/suite	B Telephone number (see page 10 of the instructions) <u>703-555-4444</u>
City or town, state, and ZIP code <u>Fairfax VA 22031</u>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <u>2,049,706,757</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part 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) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	<u>4,561,728</u>			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	<u>630,850</u>	<u>630,850</u>	<u>630,850</u>	
	4 Dividends and interest from securities	<u>47,411,630</u>	<u>47,411,630</u>	<u>47,411,630</u>	
	5a Gross rents	<u>1,103,069</u>	<u>1,103,069</u>	<u>1,103,069</u>	
	b Net rental income or (loss) <u><279,741></u>				
	6a Net gain or (loss) from sale of assets not on line 10	<u>58,930,165</u>			
	b Gross sales price for all assets on line 6a <u>3,259,630,162</u>				
	7 Capital gain net income (from Part IV, line 2)		<u>58,532,370</u>		
	8 Net short-term capital gain			<u>35,029,931</u>	
	9 Income modifications			<u>5,010,494</u>	
	10a Gross sales less returns and allowances <u>691,957</u>				
Operating and Administrative Expenses	b Less: Cost of goods sold <u>277,277</u>				
	c Gross profit or (loss) (attach schedule)	<u>414,680</u>		<u>414,680</u>	
	11 Other income (attach schedule)	<u>3,074,355</u>	<u>154,908</u>	<u>154,908</u>	
	12 Total. Add lines 1 through 11	<u>116,126,477</u>	<u>107,832,827</u>	<u>89,755,562</u>	
	13 Compensation of officers, directors, trustees, etc.	<u>733,908</u>	<u>0</u>	<u>0</u>	<u>669,688</u>
	14 Other employee salaries and wages	<u>31,985,675</u>	<u>0</u>	<u>0</u>	<u>33,282,666</u>
	15 Pension plans, employee benefits	<u>12,288,040</u>	<u>0</u>	<u>0</u>	<u>12,819,312</u>
	16a Legal fees (attach schedule)	<u>520,413</u>	<u>0</u>	<u>0</u>	<u>520,413</u>
	b Accounting fees (attach schedule)	<u>122,849</u>	<u>0</u>	<u>0</u>	<u>122,849</u>
	c Other professional fees (attach schedule)	<u>6,519,353</u>	<u>3,154,186</u>	<u>3,154,186</u>	<u>3,365,167</u>
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	<u>240,686</u>	<u>202,364</u>	<u>202,364</u>	<u>38,322</u>
	19 Depreciation (attach schedule) and depletion	<u>5,494,126</u>	<u>321,886</u>	<u>321,886</u>	
	20 Occupancy	<u>2,485,052</u>	<u>118,035</u>	<u>118,035</u>	<u>2,337,457</u>
	21 Travel, conferences, and meetings	<u>2,075,154</u>	<u>0</u>	<u>0</u>	<u>2,111,482</u>
	22 Printing and publications	<u>209,624</u>	<u>0</u>	<u>0</u>	<u>213,294</u>
	23 Other expenses (attach schedule)	<u>27,120,870</u>	<u>740,524</u>	<u>740,524</u>	<u>24,894,296</u>
	24 Total operating and administrative expenses. Add lines 13 through 23	<u>89,795,750</u>	<u>4,536,995</u>	<u>4,536,995</u>	<u>80,374,946</u>
	25 Contributions, gifts, grants paid	<u>1,452,820</u>			<u>1,452,820</u>
	26 Total expenses and disbursements. Add lines 24 and 25	<u>91,248,570</u>	<u>4,536,995</u>	<u>4,536,995</u>	<u>81,827,766</u>
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<u>24,877,907</u>			
	b Net investment income (if negative, enter -0-)		<u>103,295,832</u>		
	c Adjusted net income (if negative, enter -0-)			<u>85,218,567</u>	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,806,647	1,882,732	1,882,732
	2 Savings and temporary cash investments	103,088,126	121,451,867	121,457,227
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 15,267			
	Less: allowance for doubtful accounts ▶ 0	17,393	15,267	15,267
	8 Inventories for sale or use.	527,900	383,950	383,950
	9 Prepaid expenses and deferred charges	440,930	349,860	349,860
	10a Investments—U.S. and state government obligations (attach schedule)	289,506,910	327,828,699	328,591,745
	b Investments—corporate stock (attach schedule)	1,104,314,030	1,107,316,443	1,246,495,299
	c Investments—corporate bonds (attach schedule)	173,164,446	157,965,679	162,577,129
Liabilities	11 Investments—land, buildings, and equipment: basis ▶ 31,264,284			
	Less: accumulated depreciation (attach schedule) ▶ 2,236,502	29,349,668	29,027,782	29,459,921
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	109,344,840	102,508,607	105,320,792
	14 Land, buildings, and equipment: basis ▶ 67,512,556			
	Less: accumulated depreciation (attach schedule) ▶ 20,941,479	58,277,122	46,571,077	46,594,269
	15 Other assets (describe ▶)	6,505,180	6,578,566	6,578,566
	16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I)	1,876,343,192	1,901,880,529	2,049,706,757
	17 Accounts payable and accrued expenses	8,433,209	9,254,336	
	18 Grants payable			
	19 Deferred revenue.			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	3,360,507	3,198,810	
	23 Total liabilities (add lines 17 through 22).	11,793,716	12,453,146	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,864,549,476	1,889,427,383	
	25 Temporarily restricted			
	26 Permanently restricted			
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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 (see page 17 of the instructions)	1,864,549,476	1,889,427,383	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,876,343,192	1,901,880,529	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return).	1	1,864,549,476
2 Enter amount from Part I, line 27a.	2	24,877,907
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,889,427,383
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30.	6	1,889,427,383

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	58,532,370		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	35,029,931		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009			
2008			
2007			
2006			
2005			
2 Total of line 1, column (d)	2		
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3		
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4		
5 Multiply line 4 by line 3	5		
6 Enter 1% of net investment income (1% of Part I, line 27b)	6		
7 Add lines 5 and 6	7		
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8		

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>3/18/96</u> (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1		N/A
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		
3	Add lines 1 and 2	3		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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.</i>		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
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? <i>If "Yes," attach a conformed copy of the changes</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
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?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► <u>VA MD DC WV PA OH KY TN IN IL</u>		
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? <i>If "No," attach explanation</i>	✓	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	✓	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

Part 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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ► www.shilohgardens.org				
14	The books are in care of ► The Organization	Telephone no. ►	703-555-4444	
	Located at ► 4567 Hickory Lane Fairfax VA	ZIP+4 ►	22031	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.	►	<input type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►			✓

Part 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? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 20 of the instructions)? . . .	1b	✓
	Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
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 2010?	1c	✓
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)):		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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 page 20 of the instructions.)	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. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 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 2010.)	3b	✓
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued***5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☒ Yes ☐ 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? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ☒ **5b** ☐ ☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☒ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** ☒
If you answered "Yes" to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b** ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). 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
Robert Palm 4567 Hickory Lane Fairfax VA 22031	Pres & CEO 40	323,146	121,021	3,000
Jane Hickory 4567 Hickory Lane Fairfax VA 22031	Chief Op Officer 40	253,792	9,450	0
John Oak 4567 Hickory Lane Fairfax VA 22031	CFO 40	215,000	18,000	0
Pierre L'Enfant 4567 Hickory Lane Fairfax VA 22031	Dir Development 40	221,458	18,000	0
Gambol N. Frivol 4567 Hickory Lane Fairfax VA 22031	Dir Horticulture 40	193,542	6,581	0

Total number of other employees paid over \$50,000 ☐ **270**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued***3** Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Big Broker 5 Smellgood Street Cologne MN 55322	invest. consulting	2,606,051
Bigger Broker 7842 Willow Way Audubon NJ 08106	invest. custodian	510,044
Consultants LLC 6 Daylily Drive Chantilly, VA 20151	consulting	234,880
More Consultants 16 Calla Court Fairfax VA 22031	consulting	190,000
Out of Town Consultants 555 Madison Avenue New York NY 10028	consulting	186,762
Total number of others receiving over \$50,000 for professional services		16

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Received 1,417,000 visitors to gardens and historic mansion	45,723,112
2 Provided environmental education seminars to 15,782 participants	27,548,989
3 Developed and distributed environmental education program to 363 elementary schools and 276 high schools	8,555,665
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
All other program-related investments. See page 25 of the instructions.	
3	
Total. Add lines 1 through 3	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,675,398,624
b	Average of monthly cash balances	1b	140,992,942
c	Fair market value of all other assets (see page 25 of the instructions)	1c	55,911,073
d	Total (add lines 1a, b, and c)	1d	1,872,302,639
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	19,110,998
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,872,302,639
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)	4	28,084,540
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,844,218,099
6	Minimum investment return. Enter 5% of line 5	6	92,210,905

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for from Part VI, line 5	2a	
b	Income tax for 2010 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 26 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see page 26 of the 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	1a	81,827,766
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	81,827,766
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	81,827,766

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.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ _____				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (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				
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 page 27 of the instructions				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. 05/25/1974

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Prior 3 years				(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	85,218,567	45,006,277	74,982,066	73,496,857	278,703,767
b 85% of line 2a	72,435,782	38,255,335	63,734,756	62,472,328	236,898,202
c Qualifying distributions from Part XII, line 4 for each year listed	81,827,766	114,315,848	128,684,935	136,683,044	461,511,593
d Amounts included in line 2c not used directly for active conduct of exempt activities	1,452,820	94,900	8,932,953	1,824,179	12,304,852
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	80,374,946	114,220,948	119,751,982	134,858,865	449,206,741
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 % of minimum investment return shown in Part X, line 6 for each year listed	61,473,937	65,169,313	88,125,889	89,314,981	304,391,489
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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Preservation Fund 1010 Penn Ave NW Wash DC 20224		509(a)(1)	program support	484,273
Nature Association 7696 Oak Street Annandale MN 55313		n/a	program support	484,273
Advance Charity 7 Daylily Drive Chantilly VA 20151		509(a)(1)	program support	484,274
Total			3a	1,452,820
b <i>Approved for future payment</i>				
Total			3b	

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	✓
	(2) Other assets	1a(2)	✓
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	✓
	(3) Rental of facilities, equipment, or other assets	1b(3)	✓
	(4) Reimbursement arrangements	1b(4)	✓
	(5) Loans or loan guarantees	1b(5)	✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If “Yes,” complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2010

Name of organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 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 organizations 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 Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number
.....**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 2,435,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 2,019,569	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Ann Astilbe Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 59,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Homer Hollyhock Unitrust ----- c/o Hickory Bank & Trust 222 Daylily Drive ----- Chantilly VA 20151 -----	\$ 43,223	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number
: :
: :**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	7,053 shares of Walnut Partners Ltd	\$ 59,800	11 / 23 / 2010
<u>4</u>	5164 shares of Walnut Partners Ltd	\$ 43,223	2 / 22 / 2011
_____	\$ / /	
_____	\$ / /	
_____	\$ / /	
_____	\$ / /	

Part IV (Capital Gains & Losses)

<i>Description</i>	<i>P/D</i>	<i>Date Acq.</i>	<i>Date Sold</i>	<i>Sales Price</i>	<i>Depr.</i>	<i>Cost/Basis</i>	<i>Gain or Loss</i>	<i>Total Gains/Losses</i>
Publicly traded securities (LTCG)				1308835761		1285333322	23502439	23502439
Publicly traded securities (STCG)				1950794401		1915764470	35029931	35029931

Part VIII (Officers, Directors, Trustees)

<i>Name</i>	<i>Address</i>	<i>Title</i>	<i>Hours</i>	<i>Compensation</i>	<i>EB Plans</i>	<i>Exp. Acct.</i>
George W. Kirk	6 Caladium Ct Washington DC 20224	Trustee Emeritus	7	90092	13888	0
D. H. Hill	123 Oak St Fairfax VA 22031	Trustee	16	77778	0	0
Henrietta Heth	4567 Hickory Lane Fairfax VA 22031	Secretary	17	111113	13888	
E. P. Alexander	1515 Foxglove Dr Washington DC 20224	Treasurer	14	53332	6668	
Steven Holly	4567 Hickory Lane Fairfax VA 22031	Trustee	16	77778	0	0
Mary Ann Marigold	4567 Hickory Lane Fairfax VA 22031	Trustee	9	77778	0	0
Rebecca Rosebud	4567 Hickory Lane Fairfax VA 22031	Vice Chair	15	111113	13888	0
Karen Holly	4567 Hickory Lane Fairfax VA 22031	Chairman	15	127113	15888	0

GainLossFromSaleOtherAssetsSchedule (Part I, line 6a)

Description Land
 Date acquired 4/1993
 How acquired Purchase
 Date sold 9/2010
 Purchaser Name Hickory Insurance Co.
 Gross sales price \$6,931,601
 Basis \$6,533,806
 Basis method Cost
 Sales Expense -0-
 Accum. depr. -0-

SalesOfInventorySchedule (Part I, line 10c)

Description	Gross Sales	COGS	Gross Profit
Garden café & gift shop	691957	277277	414680

OtherIncomeSchedule2 (Part I, line 11)

Description	Rev & Exp per Books	Investment Income	Adj Net Income
Miscellaneous	300,000	154,908	154,908
Admission fees	2,335,394	0	0
Visitor service fees	438,961	0	0

LegalFeesSchedule (Part I, line 16a)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Law Firm #1	95,326			95,326
Law Firm #2	418,282			418,282
Settlement Costs	1,250			1,250
Various Attorneys & Costs	5,555			5,555

AccountingFeesSchedule (Part I, line 16b)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Accounting Firm #1	80,823			80,823
Accounting Firm #2	35,160			35,160
Accounting Firm #3	6,866			6,866

OtherProfessionalFeesSchedule (Part I, line 16c)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Investment consulting	2,606,051	2,606,051	2,606,051	
Investment custodian	510,044	510,044	510,044	
Investment advisors	38,091	38,091	38,091	
Consulting	3,365,167			3,365,167

TaxesSchedule (Part I, line 18)

<i>Description</i>	<i>Exp. per Books</i>	<i>Net Invest. Inc.</i>	<i>Adj. Net Inc.</i>	<i>Char. Purposes</i>
Excise & B&O taxes	12,381			12,381
Property taxes – rental	202,364	202,364	202,364	
Property taxes	22,267			22,267
Sales & use taxes	3,674			3,674

Depreciation Schedule (Part I, line 19)

<i>Description</i>	<i>Date acq</i>	<i>Cost/Basis</i>	<i>Prior Depr</i>	<i>Method</i>	<i>Rate/Life</i>	<i>Depr Exp</i>	<i>Net Invest</i>	<i>Adj Net Income</i>
Building - investment	2/22/2004	9233948	1755222	S/L	35	301560	301560	301560
Tenant improvements - investment	6/26/2002	622378	159394	S/L	30	20326	20326	20326
Building	11/11/2002	35290807	9663634	S/L	30	3212766	0	0
Furniture & equipment	8/30/2008	20716431	5672752	S/L	6.25	1860637	0	0
Automobiles	3/17/2009	806375	220809	S/L	5	72424	0	0
Leasehold improvements	10/1/2001	774368	212044	S/L	30	26413	0	0

OtherExpensesSchedule (Part I, line 23)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Garden maintenance	18,554,184			17,068,134
Advertising & promotion	26,034			26,034
Automobile expense	160,557			160,557
Data Processing	26,430			26,430
Software & fixed assets < \$500	509,250			509,250
Equipment rental/lease	1,145,341			1,145,341
Dues & memberships	179,591			179,591
Staff training & development	577,242			577,242
Office supplies & postage	681,870			681,870
Repairs & maintenance	1,085,835			1,085,835
Temporary help	92,610			92,610
Communications	1,834,894			1,834,894
Miscellaneous	33,934			33,934
Moving expense	125,727			125,727
Recruitment expenses	101,614			101,614
BOT Deferred gains	135,685			135,685
Liability insurance	1,109,548			1,109,548
Rental property expenses	518,674	518,674	518,674	
Repairs & maint. – investment	221,850	221,850	221,850	

OtherNotesLoansReceivableLongSchedule (Part II, line 7b)

Borrower Name	Walnut Ins. Co.
Relationship	none
Original amount	50000
Balance due	15267
Date of note	1/2003
Maturity date	12/2011
Repayment terms	on demand
Interest rate	.0625
Security	none
Purpose of loan	business relocation
Lender consideration	none
FMV consideration	0

InvestmentsGovtObligationsSchedule (Part II, line 10a(B))

	Book Value	FMV
U.S. govt obligations	218552466	219061164
State & local govt obligations	109276233	109530581

InvestmentsCorpStockSchedule (Part II, line 10b(B))

Description	Book Value	FMV
2662 shares Maine Fund	6372062	12251447
7406 shares Requirement Fund	7526558	8037921
3060 shares Certification Group	8171635	5265751

Description	Book Value	FMV
3310 shares Updated Ltd	5136569	11494695
9491 shares Authorization Group	3373176	11346619
3044 shares That Fund	4842795	5388733
2899 shares Incorporated Group	10653455	12486068
6806 shares Provisions Company	6410648	11573826
3832 shares Well Fund	10270700	9892556
8096 shares Deletions Company	9703226	8595035
9398 shares Subordinate Group	11307672	7547082
5518 shares List Ltd	5997801	9801507
1731 shares Applicable Inc.	11603845	4567195
2893 shares Section Ltd	8380364	9225778
5297 shares Will Corp	6206996	9843622
5293 shares Employer Fund	6708066	7115535
5670 shares Exemption Company	6996509	5727924
3364 shares Remainder Inc.	5070870	8806539
4572 shares Own Ltd	3665536	5634055
4595 shares Tracking Inc.	9373105	8424865
4842 shares Described Group	7782289	8229450
8104 shares Subordinates Fund	7910244	11339845
5881 shares Group Group	4576090	11959455
4305 shares Does Ltd	6172370	5366108
4802 shares Forth Fund	3953843	5020985
3666 shares Appeal Company	9046798	12601864
6951 shares Extracted Corp	6224862	5199405
3169 shares Cincinnati Inc.	5301227	4376999
5851 shares Regarding Group	11551270	11078510
4428 shares Have Corp	6802973	4927156
1634 shares Subordinates Ltd	7361549	6233588
5699 shares Letters Corp	3362899	7753229
5663 shares Individual Group	6650199	6006945
7005 shares Withdrawal Company	5223896	11335972
8286 shares Obtain Ltd	6700057	12350898
6256 shares Duty Ltd	7353462	4860054
9781 shares Section Fund	9117322	12342835
2501 shares Because Ltd	7341708	5160029
6052 shares Section Inc.	10561200	5739238
7397 shares Than Inc.	10530032	6615960
2331 shares Should Inc.	6701326	6405106
9980 shares All Inc.	7128402	8930546
7313 shares Correspondence Group	6343117	7536547
8095 shares Necessarily Corp	8987334	4244197
3908 shares While Inc.	4082742	10759110
4434 shares Annotated Fund	5465963	6870276
2782 shares Obtained Group	3249909	10114500
7454 shares Director Inc.	9891877	6036323
2508 shares Receive Fund	5080523	9976539

Description	Book Value	FMV
4429 shares Copy Fund	8605024	11288839
6427 shares Uniform Group	11476446	6127842
3444 shares Governing Fund	10766943	9767403
8110 shares Code Ltd	7723059	5952836
2617 shares Include Corp	6083820	8812996
6307 shares Time Corp	8010817	6055454
2915 shares Ohio Fund	5142723	10993131
5185 shares Whatever Company	7918615	4679702
5034 shares Annual Corp	8647322	5070593
7603 shares Establish Group	8178173	10576886
7398 shares File Company	5741108	9310740
5971 shares Fresno Group	8257590	6235072
5294 shares Respect Ltd	8098581	9504451
6409 shares Subject Company	8671596	9174002
8907 shares More Group	9969112	8026434
2138 shares Identification Company	6333671	10014796
6382 shares Letter Inc.	3880954	8028206
6031 shares Files Group	9107531	7128344
7319 shares Cease Inc.	7371646	9691589
6745 shares Form Inc.	10087828	7547019
2381 shares Officers Inc.	6081795	5150311
1767 shares Gross Fund	6197919	11178539
3679 shares Changes Corp	4850158	9388262
5455 shares Subordinate Ltd	7013990	5643016
1816 shares Recognized Company	4860506	8657162
5502 shares Their Ltd	3451976	6514094
7363 shares Whether Fund	7988974	7276666
9457 shares Whole Inc.	5946387	11893510
6952 shares Return Corp	10800981	12437228
2264 shares Accordance Inc.	3629976	6492717
8873 shares Organization Company	3677848	11705185
7434 shares Foreign Company	5425696	11278533
7623 shares File Fund	10006552	7951869
9302 shares Letter Ltd	10060428	6268258
1071 shares Address Fund	10758189	9204002
2059 shares Day Corp	5912418	12604851
9697 shares Conditions Corp	11344481	5214203
3347 shares Subordinates Fund	9252366	11160906
9954 shares Examples Ltd	10063765	8639221
6652 shares Furnished Corp	9986456	7063869
8615 shares Under Fund	9218376	5065639
1094 shares Control Inc.	6104910	4512146
5375 shares Same Ltd	4667141	6149651
5546 shares Number Corp	9084782	4535208
9372 shares Only Ltd	6035203	5904723
4595 shares This Company	7838420	12397827

Description	Book Value	FMV
7573 shares Organized Company	3880242	7194690
3354 shares Received Group	7764609	9180620
6438 shares Fifteenth Fund	8828072	9758145
3736 shares Period Corp	10569364	7247203
9510 shares Organization Corp	3255646	5088940
8279 shares Internal Ltd	5485277	10869645
7543 shares Consideration Company	7398601	5799014
2340 shares Reinclusion Fund	6053723	6765227
6780 shares Arizona Fund	9608345	12047132
5352 shares Based Fund	5879381	4995738
3411 shares Changed Ltd	9149415	8634029
9738 shares Paragraph Corp	9633709	8760517
4545 shares From Company	8239818	7355378
5055 shares Continued Inc.	8443810	8626359
9937 shares State Corp	10910447	7310492
9931 shares Effective Corp	9889533	11640130
6972 shares Revenue Company	9047392	7338390
2135 shares Code Company	7811396	11563048
2007 shares Sometimes Group	5346987	7842729
9764 shares Included Company	3333366	12434579
6830 shares Director Corp	6191507	6349943
3544 shares Filing Group	4405994	6996498
5585 shares Following Corp	5528526	12546716
3410 shares This Ltd	3789982	10311094
1570 shares Requirements Group	7462713	9387336
2555 shares Parents Group	3584987	9637428
1915 shares Outstanding Inc.	7645844	11867135
9346 shares Issues Company	7869328	7897442
2268 shares Exempt Corp	6908211	11482216
1711 shares Satisfied Inc.	8852190	5950126
7860 shares Excepted Corp	8364336	9764028
6311 shares Letter Inc.	3382794	4762317
4617 shares Submitted Company	9373318	10345718
2219 shares Longer Inc.	10503923	9546520
6688 shares Date Ltd	9371894	11833926
1169 shares Million Ltd	3708786	11337464
7834 shares Procedures Company	4207748	4591756
7211 shares The Group	11682886	7408022
9749 shares Character Company	6617599	10158147
3873 shares Lieu Corp	5642581	11074513
4953 shares City Fund	8597706	8420226
2108 shares Done Group	10043526	6067899
2489 shares Would Inc.	5039682	5763365
7956 shares From Ltd	7590524	10128254
2009 shares Indicate Inc.	5008628	12505063
8515 shares Major Group	9915336	4885791

Description	Book Value	FMV
9088 shares Activities Company	8251414	5642277
3503 shares Affiliated Group	7665879	11251653
8757 shares Must Group	9710484	10754858
4467 shares Include Inc.	11186773	5297210
8071 shares Applying Group	10088451	5133511
7304 shares Over Fund	9637800	9746389
8856 shares Roosevelt Company	8721567	12300896
1147 shares However Company	11675070	4225204

InvestmentsCorpBondsSchedule (Part II, line 10c(B))

Description	Book Value	FMV
Filed Enterprises 6.15%, Aug 27. 2020	3338022	3194946
Optionally Corp 9.89%, Dec 06. 2011	3537068	1941324
Line International, Inc. 6.93%, Sep 19. 2011	3508645	4378622
Deduction Enterprises 6.38%, Jun 02. 2019	2366946	1911627
Filed Corp 8.75%, May 11. 2014	2309919	4466392
Partnership International, Inc. 9.78%, Jul 02. 2011	3124873	2447127
However Enterprises 7.72%, Nov 06. 2011	3378162	2131133
Entity Corp 7.55%, Aug 22. 2013	3579489	4848460
Filer International, Inc. 9.87%, May 14. 2012	5578475	3396816
Losses Enterprises 9.40%, Mar 22. 2017	2203138	3913617
Attached Corp 6.91%, Nov 29. 2015	3014390	3285402
Rules International, Inc. 8.14%, Sep 30. 2014	5932230	4558814
Who'S Enterprises 9.71%, Aug 03. 2022	3882164	4031148
Filer Corp 7.19%, Aug 12. 2012	3081974	4352010
Groups International, Inc. 5.96%, May 31. 2020	1500556	4837654
Schemas Enterprises 8.30%, Oct 22. 2011	4131011	3671502
Its Corp 5.18%, Jul 31. 2015	3546159	3945470
Data International, Inc. 8.08%, Aug 28. 2018	4998542	3786380
Definition Enterprises 5.17%, May 29. 2021	3187769	2983570
Allotted Corp 9.12%, Aug 03. 2012	1684883	2210694
Whether International, Inc. 5.35%, Sep 19. 2014	4988590	3690554
Also Enterprises 6.40%, Mar 14. 2012	2989576	2287007
Discussing Corp 8.40%, Oct 08. 2012	6092970	4954001
Schema International, Inc. 6.82%, May 25. 2012	2311612	3417613
Only Enterprises 7.79%, Sep 30. 2013	5122659	2224387
Example Corp 9.37%, Nov 23. 2020	2847366	4314614
Therefore International, Inc. 6.73%, Jul 30. 2011	4312570	4812430
Schedule Enterprises 9.11%, May 11. 2017	1607626	3063733
Required Corp 7.37%, May 23. 2016	2197177	3532584
States International, Inc. 6.49%, Jul 23. 2021	2991582	2184918
Business Enterprises 5.20%, May 06. 2012	1404564	4523797
Significantly International, Inc. 8.17%, Apr 18. 2012	2683178	3337725
Position Enterprises 6.56%, Oct 15. 2015	1276221	3613740
Requires Corp 6.70%, Feb 11. 2023	5409233	2972269
This International, Inc. 6.82%, Mar 18. 2016	3183097	4482609

Description	Book Value	FMV
Incorrect Enterprises 6.04%, Jan 22. 2022	4562282	3830352
Policy Corp 6.31%, Oct 12. 2020	5696569	2382258
Violated International, Inc. 8.32%, May 13. 2012	1232126	3432117
Personnel Enterprises 5.61%, Jun 14. 2013	1538647	3955192
Do Corp 6.20%, May 14. 2021	2681207	3166443
Requirements International, Inc. 8.52%, May 06. 2016	1436816	2965537
Really Corp 8.09%, Apr 13. 2012	2409383	3576174
From International, Inc. 5.92%, Mar 27. 2021	4530699	4696209
Higher Enterprises 7.23%, Nov 19. 2019	2770994	4562158
Question Corp 6.06%, Aug 06. 2021	5351306	2546017
Implementing International, Inc. 5.91%, Sep 20. 2012	4906232	2038905
Requiring Enterprises 9.07%, Feb 21. 2013	3546982	1721078

InvestmentsLandSchedule2 (Part II, line 11)

Description	Cost/Basis	Accum. Depr.	Book Value	FMV
Land	21407958		21407958	21418617
Building	9233948	2056782	7177166	7598646
Tenant Improvements	622378	179720	442658	442658

InvestmentsOtherSchedule2 (Part II, line 13)

Description	Basis of Valuation	Book Value	FMV
1.5% holding in Bizarre Investments LLC	cost	102508607	105320792

LandEtcSchedule2 (Part II, line 14)

Description	Cost/Basis	Accum. Depr.	Book Value	FMV
Land	9924576		9924576	9947767
Building	35290807	12833262	22457545	27643442
Furniture & equipment	20716431	7533390	13183041	8088283
Automobiles	806375	293233	513142	291374
Leasehold improvements	774367	281593	492774	623403

OtherAssetsSchedule (Part II, line 15)

Description	BOY Book Value	EOY Book Value	FMV
Interest & dividends receivable	5453160	4545679	4545679
Rent receivable	102492	67499	67499
Deposits	281524	208384	208384
Construction in progress	1522	1303533	1303533
Services agreement receivable	326864	150000	150000
Miscellaneous receivable	339618	303471	303471

OtherLiabilitiesSchedule (Part II, line 22)

Description	BOY Amount	EOY Amount
BOT deferred income & interest	2313992	2324562
RM deferred income & interest	394187	595906
Deposits from tenants	39835	46869
Unclaimed property	8889	8889
Insurance claim reserve	603604	222584

EmployeeCompensationExplanation (Part VIII, line 1)

Name	Explanation
Robert Palm	Compensation was determined to be reasonable by an impartial panel of experts.
Jane Hickory	Compensation was concluded to be equitable by an independent group of experts.
John Oak	Compensation was established as reasonable by an independent panel of specialists.
Pierre L'Enfant	Compensation was analyzed by an unbiased team of authorities.
Gambol N. Frivol	Compensation was determined to be reasonable by an impartial panel of experts.

ExpenditureResponsibilityStatement (Part VII-B, line 5c)

Grantee's name: Nature Association
 Grantee's address: 7696 Oak Street Annandale MN 55313
 Grant date: 8/31/2010
 Grant amount: \$484,273
 Grant purpose: establishment of wildlife sanctuary
 Amount expended: \$300,000
 Any diversion by grantee?: No
 Dates of reports: 11/30/2010; 2/28/2011; 5/31/2011
 Date of verification: n/a
 Results of verification: n/a

ReductionExplanationStatement (Part X, line 1e)

Shiloh Gardens Foundation has substantial investments in privately held stock of Walnut Partners Ltd included on line 1c of Part X. The Foundation owned an average of 3,546,521 shares of Walnut. The value of these securities as established by the company averages \$31,851,663. The Foundation claims a discount averaging \$19,110,998. The reduction claimed on line 1e is based on the illiquid and restricted nature of these holdings in that there is no market for the privately held Walnut shares. The Foundation hired an independent third party to perform a valuation study of these shares and the discount is based on their findings.

TY2010 990-PF Test Scenario #2

PreparerFirm

EIN – 11-9000032

PreparerFirmBusinessName – Camellia Bookkeeping Service

PreparerFirmAddress – 645 Salem St, Nixon, NV 89424

MultipleSoftwarePackagesUsed -- no

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN – as assigned

PinEnteredBy -- *ERO*

SignatureOption -- *Pin Number*

ReturnType – *990PF*

TaxPeriodBeginDate – 1/1/2010

TaxPeriodEndDate – 12/31/2010

Filer

EIN – 11-9000023

Name – Holly Trust

NameControl -- HOLL

Phone – 617-555-1212

USAddress – 980 Tiarella Trail Chestnut Hill MA 02467

Officer

Name – Steven Holly

Title -- Trustee

Phone – 617-555-1212

EmailAddress --

DateSigned – self select

TaxpayerPIN – self select

Preparer

Name – Test N. Camellia

PTIN – P00000022

Phone – 775-555-1313

EmailAddress --

DatePrepared – self select

SelfEmployed -- N

TaxYear -- 2010

binaryAttachmentCount – 0

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

OMB No. 1545-0052

2010**For calendar year 2010, or tax year beginning , 2010, and ending , 20****G** ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of organization Holly Trust		A Employer identification number 11 : 9000023
	Number and street (or P.O. box number if mail is not delivered to street address) 980 Tiarella Trail	Room/suite	B Telephone number (see page 10 of the instructions) (617) 555-1212
	City or town, state, and ZIP code Chestnut Hill MA 02467		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			D 1. Foreign organizations, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 73,083,426			D 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part 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) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	24,285	24,285		
	4 Dividends and interest from securities	1,464,640	1,464,640		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,048,806			
	b Gross sales price for all assets on line 6a	9,936,276			
	7 Capital gain net income (from Part IV, line 2)		1,048,806		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold.				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule).	181,235	-47,811		
	12 Total. Add lines 1 through 11	2,718,966	2,489,920		
	13 Compensation of officers, directors, trustees, etc.	192,875	25,000		167,875
	14 Other employee salaries and wages	196,131	36,873		159,258
	15 Pension plans, employee benefits	21,755	4,090		17,665
	16a Legal fees (attach schedule).	525			525
	b Accounting fees (attach schedule)	28,053	14,026		14,027
	c Other professional fees (attach schedule)	225,677			225,677
	17 Interest.				
	18 Taxes (attach schedule) (see page 14 of the instructions)	58,237	8,628		15,034
	19 Depreciation (attach schedule) and depletion	5,665	5,665		
	20 Occupancy	162,631	40,658		121,973
	21 Travel, conferences, and meetings	242,924			242,924
	22 Printing and publications	3,570			3,570
	23 Other expenses (attach schedule)	407,374	388,421		18,953
	24 Total operating and administrative expenses. Add lines 13 through 23	1,545,417	523,361		987,481
	25 Contributions, gifts, grants paid	2,162,735			2,162,735
	26 Total expenses and disbursements. Add lines 24 and 25	3,708,152	523,361		3,150,216
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-989,186			
	b Net investment income (if negative, enter -0-)		1,966,559		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	10,957	2,257	2,257
	2 Savings and temporary cash investments	4,173,430	3,226,285	3,226,285
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 15,000			
	Less: allowance for doubtful accounts ▶ 0	0	15,000	15,000
	8 Inventories for sale or use.	33,712	82,852	82,852
	9 Prepaid expenses and deferred charges	319,890	309,308	354,475
	10a Investments—U.S. and state government obligations (attach schedule)	40,001,211	40,754,895	62,742,762
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
Liabilities	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	7,722,340	6,421,920	6,434,464
	14 Land, buildings, and equipment: basis ▶ 208,515			
	Less: accumulated depreciation (attach schedule) ▶ 141,098	21,876	67,417	0
	15 Other assets (describe ▶)	155,837	225,331	225,331
	16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I)	52,439,253	51,105,265	73,083,426
	17 Accounts payable and accrued expenses	339,454	208,019	
	18 Grants payable	3,666,167	3,025,000	
	19 Deferred revenue.			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)		427,800	
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22).	4,005,621	3,660,819	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	48,433,632	47,444,446	
	25 Temporarily restricted			
	26 Permanently restricted			
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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 (see page 17 of the instructions)	48,433,632	47,444,446	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	52,439,253	51,105,265	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return).	1	48,433,632
2 Enter amount from Part I, line 27a.	2	-989,186
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	47,444,446
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30.	6	47,444,446

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a *****			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	1,048,806
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
 If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	3,586,131	76,523,211	.046863
2008	5,406,373	78,237,881	.069102
2007	2,945,588	72,132,615	.040836
2006	2,314,516	64,778,349	.035730
2005	2,116,769	61,658,660	.034330

2 Total of line 1, column (d)	2	.226861
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.045372
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	67,559,151
5 Multiply line 4 by line 3	5	3,065,294
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	19,666
7 Add lines 5 and 6	7	3,084,960
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8	3,150,216

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	90,009	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
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 2011 estimated tax 40,000 Refunded			

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 20 of the instructions for definition)? <i>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.</i>		<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," attach a conformed copy of the changes</i>		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered (see page 20 of the instructions) ► <u>MA</u>		
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? <i>If "No," attach explanation</i>	<input checked="" type="checkbox"/>	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 28)? <i>If "Yes," complete Part XIV</i>		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		<input checked="" type="checkbox"/>

Part 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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ► www.hollytrust.org				
14	The books are in care of ► Anne Astilbe CPA	Telephone no. ►	617-555-9876	
	Located at ► 454 Willow Way Chestnut Hill MA	ZIP+4 ►	02467	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.	►	<input checked="" type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the year	15		0
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► SZ		✓	

Part 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? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 20 of the instructions)? . . .	1b	✓
	Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
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 2010?	1c	✓
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)):		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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 page 20 of the instructions.)	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. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 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 2010.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued***5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ 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? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ☐ Yes ☒ No

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If you answered "Yes" to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). 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				

Total number of other employees paid over \$50,000 ☐ Yes ☒ No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued***3** Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1	
2	
All other program-related investments. See page 25 of the instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	65,133,994
b	Average of monthly cash balances	1b	3,194,705
c	Fair market value of all other assets (see page 25 of the instructions)	1c	259,272
d	Total (add lines 1a, b, and c)	1d	68,587,971
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	68,587,971
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)	4	1,028,820
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,559,151
6	Minimum investment return. Enter 5% of line 5	6	3,377,958

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	3,377,958
2a	Tax on investment income for 2006 from Part VI, line 5	2a	19,666
b	Income tax for 2006 . (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	19,666
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,358,292
4	Recoveries of amounts treated as qualifying distributions	4	229,046
5	Add lines 3 and 4	5	3,587,338
6	Deduction from distributable amount (see page 26 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,587,338

Part XII Qualifying Distributions (see page 26 of the 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	1a	3,150,216
b	Program-related investments—total from Part IX-B	1b	
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)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,150,216
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions)	5	19,666
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,130,550

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.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				3,587,338
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				1,543,766
e From 2009				
f Total of lines 3a through e	1,543,766			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 3,150,216				
a Applied to 2009, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2010 distributable amount				3,150,216
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	437,122			437,122
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,106,644			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	1,106,644			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				1,106,644
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. ▶
- b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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 $\frac{1}{2}$ 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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here ☒ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
-
- a** The name, address, and telephone number of the person to whom applications should be addressed:
-
- b** The form in which applications should be submitted and information and materials they should include:
-
- c** Any submission deadlines:
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
-

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> *****				
Total			3a	2,162,735
b <i>Approved for future payment</i>				
School of Medicine 135 Anemone Ave Raintown WA 98530		509(a)(1)	program support	300,000
Big Hospital 135 Anemone Ave Raintown WA 98530		509(a)(1)	clinic for indigent patients	2,500,000
University of Raintown 458 Daylily Drive Raintown WA 98530		509(a)(1)	scholarships	225,000
Total			3b	3,025,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

the instructions.)	
1 Program service revenue:	
a _____	
b _____	
c _____	
d _____	
e _____	
f _____	
g Fees and contracts from government agencies	
2 Membership dues and assessments	
3 Interest on savings and temporary cash investments	14 24,285
4 Dividends and interest from securities	14 1,464,640
5 Net rental income or (loss) from real estate:	
a Debt-financed property	
b Not debt-financed property	
6 Net rental income or (loss) from personal property	
7 Other investment income	
8 Gain or (loss) from sales of assets other than inventory	18 1,048,806
9 Net income or (loss) from special events.	
10 Gross profit or (loss) from sales of inventory	
11 Other revenue: a Refunded pledges	1 229,046
b Through partnerships	531,390 -48,631
c Royalties	14 820
d _____	
e _____	
12 Subtotal. Add columns (b), (d), and (e)	-48,631 2,767,597
13 Total. Add line 12, columns (b), (d), and (e)	13 2,718,966

(See worksheet in line 13 instructions on page 26 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	✓
	(2) Other assets	1a(2)	✓
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	✓
	(3) Rental of facilities, equipment, or other assets	1b(3)	✓
	(4) Reimbursement arrangements	1b(4)	✓
	(5) Loans or loan guarantees	1b(5)	✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If “Yes,” complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no.

Part IV – Capital Gains & Losses

<i>Description</i>	<i>P/D</i>	<i>Date Acq.</i>	<i>Date Sold</i>	<i>Sales Price</i>	<i>Depr.</i>	<i>Cost/Basis</i>	<i>Gain or Loss</i>	<i>Total Gains/Losses</i>
Publicly traded securities				1936276		887470	1048806	1048806

Part VIII – Officers

<i>Name</i>	<i>Address</i>	<i>Title</i>	<i>Hours</i>	<i>Compensation</i>	<i>EB Plans</i>	<i>Exp. Acct.</i>
Steven Holly	980 Tiarella Trail Anytown MA 02467	Trustee	40	100000	0	0
Andrew Astilbe	980 Tiarella Trail Anytown MA 02467	Trustee	0	0	0	0
William Wallflower	980 Tiarella Trail Anytown MA 02467	Trustee	2	2875	0	0
Arthur Anemone	980 Tiarella Trail Anytown MA 02467	Trustee	0	0	0	0
Mary Ann Marigold	980 Tiarella Trail Anytown MA 02467	Trustee	10	40000	0	0
Rebecca Rosebud	980 Tiarella Trail Anytown MA 02467	Trustee	5	25000	0	0
Karen Holly	980 Tiarella Trail Anytown MA 02467	Trustee	5	25000	0	0

Contributions Paid (Part XV, line 3a)

<i>Name</i>	<i>Address</i>	<i>Fdn Status</i>	<i>Purpose</i>	<i>Amount</i>
Added Charity	5604 Anemone Avenue Chestnut Hill MA 02467	509(a)(1)	scholarships	54000
After Fund	730 Daylily Drive Nixon NV 89424	509(a)(1)	program support	39500
Agency Foundation	9844 Walnut Way Cologne MN 55322	509(a)(1)	building fund	36250

Name	Address	Fdn Status	Purpose	Amount
Annual Association	1333 Astilbe Avenue Chantilly VA 22021	509(a)(2)	program support	30200
Appear Community Fund	3097 Tiarella Trail Fairfax VA 22031	509(a)(1)	aid to indigent	43825
Applications Charity	8152 Rosbud Road Audubon NJ 08106	509(a)(1)	program development	42860
Attachments Fund	1452 Anemone Avenue New York NY 10028	509(a)(1)	scholarships	40895
Authorization Foundation	7054 Daylily Drive Chestnut Hill MA 02468	509(a)(1)	program support	37930
Based Association	7464 Walnut Way Nixon NV 89425	509(a)(2)	building fund	43965
Basis Community Fund	9525 Astilbe Avenue Cologne MN 55323	509(a)(1)	program support	37000
Begin Charity	3380 Tiarella Trail Chantilly VA 22022	509(a)(1)	aid to indigent	31035
Calendar Fund	9782 Rosbud Road Fairfax VA 22032	509(a)(1)	program development	42070
Center Foundation	446 Anemone Avenue Audubon NJ 08107	509(a)(1)	scholarships	54105
Central Association	7828 Daylily Drive New York NY 10029	509(a)(2)	program support	53140
Change Community Fund	4166 Walnut Way Chestnut Hill MA 02469	509(a)(1)	building fund	52175
Conditions Charity	4343 Astilbe Avenue Nixon NV 89426	509(a)(1)	program support	41210
Continued Fund	1102 Tiarella Trail Cologne MN 55324	509(a)(1)	aid to indigent	50245
Control Foundation	3590 Rosbud Road Chantilly VA 22023	509(a)(1)	program development	54280
Credit Association	3541 Anemone Avenue Fairfax VA 22033	509(a)(2)	scholarships	29315
Date Community Fund	6707 Daylily Drive Audubon NJ 08108	509(a)(1)	program support	46350
Determination Charity	5353 Walnut Way New York NY 10030	509(a)(1)	building fund	47385
Discussion Fund	5136 Astilbe Avenue Chestnut Hill MA 02470	509(a)(1)	program support	46420
Each Foundation	2817 Tiarella Trail Nixon NV 89427	509(a)(1)	aid to indigent	44455
Effect Association	2911 Rosbud Road Cologne MN 55325	509(a)(2)	program development	45490

Name	Address	Fdn Status	Purpose	Amount
Exemption Community Fund	3537 Anemone Avenue Chantilly VA 22024	509(a)(1)	scholarships	40525
File Charity	5212 Daylily Drive Fairfax VA 22034	509(a)(1)	program support	47560
Filing Fund	9918 Walnut Way Audubon NJ 08109	509(a)(1)	building fund	49595
From Foundation	8463 Astilbe Avenue New York NY 10031	509(a)(1)	program support	49630
General Association	8815 Tiarella Trail Chestnut Hill MA 02471	509(a)(2)	aid to indigent	30665
Governed Community Fund	4651 Rosbud Road Nixon NV 89428	509(a)(1)	program development	47700
Governing Charity	9207 Anemone Avenue Cologne MN 55326	509(a)(1)	scholarships	46735
Have Foundation	1413 Walnut Way Fairfax VA 22035	509(a)(1)	building fund	43805
However Association	5589 Astilbe Avenue Audubon NJ 08110	509(a)(2)	program support	41840
Identification Community Fund	2216 Tiarella Trail New York NY 10032	509(a)(1)	aid to indigent	53875
Includes Charity	8253 Rosbud Road Chestnut Hill MA 02472	509(a)(1)	program development	54910
Information Fund	1132 Anemone Avenue Nixon NV 89429	509(a)(1)	scholarships	47945
Instrument Foundation	1175 Daylily Drive Cologne MN 55327	509(a)(1)	program support	36980
Letter Association	800 Walnut Way Chantilly VA 22026	509(a)(2)	building fund	39015
Mailing Community Fund	5237 Astilbe Avenue Fairfax VA 22036	509(a)(1)	program support	37050
Months Charity	3715 Tiarella Trail Audubon NJ 08111	509(a)(1)	aid to indigent	46085
Must Fund	2023 Rosbud Road New York NY 10033	509(a)(1)	program development	43120
Names Foundation	5360 Anemone Avenue Chestnut Hill MA 02473	509(a)(1)	scholarships	48155
National Association	2476 Daylily Drive Nixon NV 89430	509(a)(2)	program support	37190
Nevada Community Fund	9383 Walnut Way Cologne MN 55328	509(a)(1)	building fund	31225

Name	Address	Fdn Status	Purpose	Amount
Next Charity	7077 Astilbe Avenue Chantilly VA 22027	509(a)(1)	program support	50260
Number Fund	1991 Tiarella Trail Fairfax VA 22037	509(a)(1)	aid to indigent	46295
Obtain Foundation	8446 Rosbud Road Audubon NJ 08112	509(a)(1)	program development	47330
Office Association	1465 Anemone Avenue New York NY 10034	509(a)(2)	scholarships	47365
Ogden Community Fund	886 Daylily Drive Chestnut Hill MA 02474	509(a)(1)	program support	53780

OtherIncomeSchedule2 (Part I, line 11)

Description	Amount	Net Inv. Inc.
Through partnership investments	-48631	-48631
Cancelled pledges	203500	0
Refunded pledges	25546	0
Misc income	820	820

LegalFeesSchedule (Part I, line 16a)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Legal fees	525			525

AccountingFeesSchedule (Part I, line 16b)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Penn Oak & Co.	28053	14026		14027

OtherProfessionalFeesSchedule (Part I, line 16c)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Consulting fees	225677			225677

TaxesSchedule (Part I, line 18)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Federal excise taxes	34575	0		0
Foreign taxes withheld	5239	5239		0
NYS filing fees	1500	0		1500
Payroll taxes	16667	3133		13534
Misc taxes	256	256		0

DepreciationSchedule (Part I, line 19)

<i>Description</i>	<i>Date Acq</i>	<i>Cost/Basis</i>	<i>Prior Depr</i>	<i>Method</i>	<i>Rate/Life</i>	<i>Depr Exp</i>
Office furniture & equipment	1/5/96	208515		S/L	20	5665

OtherExpensesSchedule (Part I, line 23)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Directors liability insurance	8340	4170		4170
Custodial fees	363250	363250		0
Bank service charges	5	5		0
Insurance – office	1629	814		815
Office expense	5234	2617		2617
Postage & mailing expense	8092	4046		4046
Dues & subscriptions	2300	1150		1150
Misc expense	2665	1333		1332
Meals	314	0		314
Rental & maintenance	8085	4042		4043
Carfare	241	121		120
Management fees	1526	1526		0
Kitchen supplies	693	347		346
Amortization	5000	5000		0

AmortizationSchedule (Part I, line 19)

Description	patent amortization
Date acquired	5/12/2006
Amount amortized	\$85,000
Prior deduction	\$15,000
Amortization period	204
Current amortization	\$5,000
Total amortization	\$20000

OtherNotesLoansReceivableShortSchedule2 (Part II, line 7)

Name of Organization	Balance Due
Day Care Center	15000

InvestmentsGovtObligationsSchedule (Part II, line 10a(B))

Description	Book Value	FMV
US govt obligations	9308	9925
State & local govt obligations	300000	344550

InvestmentsCorpStockSchedule (Part II, line 10b(B))

Description	Book Value	FMV
1242 shares Charter Fund	304194	807515

Description	Book Value	FMV
1319 shares Including Company	384284	683367
4295 shares Actual Ltd.	602749	762391
7972 shares Advance Inc.	645503	710686
6174 shares Annual Corp.	274930	675553
8023 shares Application Fund	579186	561455
1540 shares Apply Company	261491	752032
2410 shares Appropriate Ltd.	679664	590437
6807 shares Authorize Inc.	526440	713599
2384 shares Based Corp.	486058	626084
5449 shares Been Fund	617770	669061
1764 shares Being Company	247891	643776
1341 shares Best Ltd.	628819	821569
5057 shares Central Inc.	206884	509792
1233 shares Change Corp.	390037	812048
4206 shares Come Fund	415138	813511
7329 shares Continued Company	540042	529978
5551 shares Copy Ltd.	545313	709161
6698 shares Cypress Inc.	444358	686112
9975 shares Described Corp.	296234	686911
2088 shares District Fund	393685	712899
3209 shares Document Company	222798	587012
6026 shares Duplicate Ltd.	592508	628817
3773 shares During Inc.	452233	812312
3759 shares Each Corp.	307078	792140
9783 shares Effect Fund	264742	715762
9536 shares Evidence Company	422533	697831
6646 shares Exempt Ltd.	644850	805445
6486 shares Exemption Inc.	591444	780128
7484 shares Exist Corp.	575945	654235
4296 shares Federal Fund	607316	621184
7527 shares Following Company	359485	755381
2167 shares From Ltd.	551886	587549
1849 shares Governmental Inc.	628781	690367
4193 shares Group Corp.	311725	781310
8166 shares Having Fund	276898	533544
8004 shares Immediate Company	214514	553836
5586 shares Included Ltd.	396983	501389
1204 shares Indicate Inc.	435142	687898
3455 shares Indicated Corp.	569371	638271
4491 shares Information Fund	409711	825753
4262 shares Information Company	557416	568145
8410 shares Instrumentality Ltd.	666351	654380
7615 shares Internal Inc.	421872	751165
6930 shares Issued Corp.	397082	545916
8690 shares Letter Fund	447847	569295

Description	Book Value	FMV
3366 shares Located Company	464204	553972
3620 shares Longer Ltd.	204411	540540
5568 shares Massachusetts Inc.	594941	540048
9870 shares Meet Corp.	340656	590189
3964 shares Method Fund	552277	558700
6257 shares Must Company	627852	729983
2556 shares Necessary Ltd.	318873	640205
7181 shares Nevertheless Inc.	350073	605852
9860 shares Notice Corp.	343390	655968
5035 shares Obtain Fund	503995	704674
8768 shares Occurred Company	511263	584540
6900 shares Office Ltd.	324944	772171
2927 shares Order Inc.	420868	679143
8497 shares Organization Corp.	623735	639722
8425 shares Present Fund	223785	746869
7023 shares Procedure Company	671819	687591
1795 shares Proposed Ltd.	326903	555182
4028 shares Provide Inc.	438013	692920
2630 shares Purposes Corp.	419085	774852
9740 shares Receipts Fund	404100	619280
8676 shares Relating Company	210740	614638
7617 shares Reports Ltd.	308325	632893
6639 shares Representative Inc.	499034	775654
9965 shares Resubmit Corp.	290689	682460
9924 shares Return Fund	207458	651180
3539 shares Returns Company	263008	583667
8367 shares Same Ltd.	677359	666981
3866 shares Section Inc.	466917	731696
7297 shares Sent Corp.	431744	524939
6764 shares Service Fund	326559	720878
3116 shares Should Company	428776	779978
8292 shares Status Ltd.	477119	808449
2683 shares Still Inc.	248616	646304
7217 shares Street Corp.	553281	573290
6090 shares Submission Fund	402879	696440
4217 shares Submit Company	232209	826139
1907 shares Subordinate Ltd.	313597	771970
1803 shares Supervision Inc.	402773	650087
5831 shares Supplemental Corp.	627851	599112
7929 shares Supplied Fund	312501	584865
6007 shares Through Company	207827	707464
2719 shares Time Ltd.	530582	633322
5672 shares Under Inc.	338497	757570
9357 shares Units Corp.	488186	584284
9277 shares Wants Fund	408061	542999

Description	Book Value	FMV
4254 shares Which Company	677655	589756
1716 shares With Ltd.	484821	743607
4785 shares Years Inc.	475463	572737

InvestmentsOtherSchedule2 (Part II, line 13)

Description	Book Value	FMV
Investment Basket	279440	291675
Masters Fund	5096160	5096160
Hotel Capital	299374	299683
Blanket Partnership	330065	330065
Opportunities Fund	216881	216881
Hi Tech Fund	135000	135000
Misc patents	65000	65000

LandEtcSchedule2 (Part II, line 14)

Description	Cost/Basis	Accum. Depr.	Book Value	FMV
Office furniture & equipment	208515	141098	67417	0

OtherAssetsSchedule (Part II, line 15)

Description	BOY Book Value	EOY Book Value	FMV
Accrued interest receivable	110455	110983	110983
Misc receivable	45382	114348	114348

MortgagesAndNotesPayableSchedule (Part II, line 21)

Lender's name	First Bank & Trust
Lender's title	N/A
Relationship to insider	none
Original amount of loan	\$ 500,000
Balance due	\$ 427,800
Date of note	7/3/2010
Maturity date	6/30/2013
Repayment terms	on demand
Interest rate	5.3%
Security provided by borrower	securities
Purpose of loan	purchase of computers
Description of lender consideration	none
Consideration FMV	

CompensationExplanation (Part VIII, line 1)

<i>Name</i>	<i>Explanation</i>
Steven Holly	Compensation was determined to be reasonable by an impartial panel of experts.
William Wallflower	Compensation was concluded to be equitable by an independent group of experts.
Mary Ann Marigold	Compensation was established as reasonable by an independent panel of specialists.
Rebecca Rosebud	Compensation was analyzed by an unbiased team of authorities.
Karen Holly	Compensation was determined to be reasonable by an impartial panel of experts.

TY2010 990-PF Test Scenario #3

PreparerFirm

EIN -- not permitted

PreparerFirmBusinessName -- none

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- *Taxpayer*

SignatureOption -- *Pin Number*

ReturnType -- *990PF*

TaxPeriodBeginDate -- 10/1/2010

TaxPeriodEndDate -- 9/30/2011

Filer

EIN -- 11-9000024

Name -- Penn Oak Foundation

NameControl -- PENN

Phone -- 510-555-1616

USAddress -- 9753 Perfume Street, Cologne, MN 55322

Officer

Name -- Patsy Pine

Title -- Chair

Phone -- 510-555-1616

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

Preparer

Name -- none

PTIN -- not permitted

Phone --

EmailAddress --

DatePrepared --

SelfEmployed --

TaxYear -- 2010

binaryAttachmentCount -- 0

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

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

OMB No. 1545-0052

2010For calendar year 2010, or tax year beginning **10/1**, 2010, and ending **9/30**, 20 **11**G ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of organization Penn Oak Foundation		A Employer identification number 11 : 9000024
	Number and street (or P.O. box number if mail is not delivered to street address) 9753 Perfume Street	Room/suite	B Telephone number (see page 10 of the instructions) (510) 555-1616
	City or town, state, and ZIP code Cologne MN 55322		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			D 1. Foreign organizations, check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,176,968,796			D 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part 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) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,000,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,500,337	3,500,337		
	4 Dividends and interest from securities	30,653,505	30,653,505		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	31,915,992			
	b Gross sales price for all assets on line 6a 12,098,938,176				
	7 Capital gain net income (from Part IV, line 2)		31,915,992		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold.				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	67,069,834	66,069,834		
	13 Compensation of officers, directors, trustees, etc.	1,385,067	301,605		1,083,462
	14 Other employee salaries and wages	1,251,120	22,745		1,228,375
	15 Pension plans, employee benefits	680,991	62,017		618,974
	16a Legal fees (attach schedule)	38,604	11,405		27,199
	b Accounting fees (attach schedule)	60,413	30,206		30,207
	c Other professional fees (attach schedule)	2,178,418	1,603,365		575,053
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	931,630			21,393
	19 Depreciation (attach schedule) and depletion	547,195			
	20 Occupancy	339,540	7,920		331,620
	21 Travel, conferences, and meetings	389,766	33,299		356,467
	22 Printing and publications	28,406	829		27,577
	23 Other expenses (attach schedule)	139,723	5,688		134,035
	24 Total operating and administrative expenses. Add lines 13 through 23	7,970,873	2,079,079		4,434,362
	25 Contributions, gifts, grants paid	111,757,485			53,083,397
	26 Total expenses and disbursements. Add lines 24 and 25	119,728,358	2,079,079		57,517,759
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<52,658,524>			
	b Net investment income (if negative, enter -0-)		63,990,755		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	50,315	19,143	19,143
	2 Savings and temporary cash investments	151,822,854	191,422,590	191,422,590
	3 Accounts receivable ▶ 239			
	Less: allowance for doubtful accounts ▶	1,512	239	239
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use.	3,995	327,542	327,542
	9 Prepaid expenses and deferred charges	338,590,953	240,553,462	240,553,462
	10a Investments—U.S. and state government obligations (attach schedule)	300,906,035	339,528,819	339,528,819
	b Investments—corporate stock (attach schedule)	250,744,443	259,258,660	259,258,660
	c Investments—corporate bonds (attach schedule)			
Liabilities	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans	259,574,986	136,394,625	136,394,625
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ 12,402,960			
	Less: accumulated depreciation (attach schedule) ▶ 2,942,560	10,007,595	9,460,400	9,460,400
	15 Other assets (describe ▶))	6,717	3,316	3,316
	16 Total assets (to be completed by all filers—see page 16 of the instructions. Also, see page 1, item I)	1,311,709,405	1,176,968,796	1,176,968,796
	17 Accounts payable and accrued expenses	543,621	423,146	
	18 Grants payable	156,397,809	165,281,545	
Net Assets or Fund Balances	19 Deferred revenue.			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶))	253,482,040	132,692,379	
Net Assets or Fund Balances	23 Total liabilities (add lines 17 through 22).	410,423,470	298,397,070	
	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
Net Assets or Fund Balances	27 Capital stock, trust principal, or current funds	815,550,406	815,550,406	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	85,735,529	63,021,320	
	30 Total net assets or fund balances (see page 17 of the instructions)	901,285,935	878,571,726	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,311,709,405	1,176,968,796	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return).	1	901,285,935
2 Enter amount from Part I, line 27a.	2	<52,658,524>
3 Other increases not included in line 2 (itemize) ▶	3	30,507,760
4 Add lines 1, 2, and 3	4	879,135,171
5 Decreases not included in line 2 (itemize) ▶	5	563,445
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30.	6	878,571,726

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a *****				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	31,915,992
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the organization does not qualify under section 4940(e). Do not complete this part.**1** Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	74,489,946	1,080,797,356	.068921
2008	103,536,439	1,185,137,388	.087362
2007	81,849,880	1,249,258,033	.065519
2006	35,203,574	1,284,541,687	.027406
2005	94,949,055	1,303,898,180	.072819

2 Total of line 1, column (d)	2	.322027
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.064405
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	1,021,812,170
5 Multiply line 4 by line 3	5	65,809,813
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	639,908
7 Add lines 5 and 6	7	66,449,721
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8	67,305,345

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 19 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: (attach copy of ruling letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	575,000	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
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 2011 estimated tax Refunded			

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 20 of the instructions for definition)? <i>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.</i>		<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," attach a conformed copy of the changes</i>		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered (see page 20 of the 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? <i>If "No," attach explanation</i>	<input checked="" type="checkbox"/>	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 28)? <i>If "Yes," complete Part XIV</i>		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<input checked="" type="checkbox"/>	

Part 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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ► www.pennoakfoundation.org				
14	The books are in care of ► Walter Oak	Telephone no. ►	510-555-1616	
	Located at ► 9753 Perfume Street Cologne MN	ZIP+4 ►	55322	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.	15	<input type="checkbox"/>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►			✓

Part 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? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 20 of the instructions)? . . .	1b	✓
	Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
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 2010?	1c	✓
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)):		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
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 page 20 of the instructions.)	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. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 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 2010.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *Continued***5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☒ Yes ☐ 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? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 23 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ☒ **5b** ☐ ☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☒ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If you answered "Yes" to 6b, also file Form 8870. **6b** ☐ ☒

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b** ☐ ☒

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 23 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

2 Compensation of five highest-paid employees (other than those included on line 1—see page 24 of the instructions). 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
Evan Euonymus	Sr. Prog. Officer			
9753 Perfume Street Cologne MN 55322	40	159,500	35,556	0
Arlene Astilbe	Sr. Prog. Officer			
9753 Perfume Street Cologne MN 55322	40	127,713	31,171	0
Rachel Rugosa	Sr. Prog. Officer			
9753 Perfume Street Cologne MN 55322	40	127,713	27,567	0
Harriette Hollyhock	Sr. Prog. Officer			
9753 Perfume Street Cologne MN 55322	40	97,038	27,705	0
Dwayne Lilly	Internal Auditor			
9753 Perfume Street Cologne MN 55322	40	83,353	27,647	0

Total number of other employees paid over \$50,000 ☐ **5**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *Continued***3** Five highest-paid independent contractors for professional services (see page 24 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Big Broker 5 Smellgood Street Cologne MN 55322	investment mgmt	401,141
Bigger Broker 7842 Willow Way Audubon NJ 08106	investment mgmt	389,059
Even Bigger Broker 6 Daylily Drive Chantilly VA 22021	investment mgmt	225,343
Extremely Huge Broker 16 Calla Court Fairfax VA 22031	investment mgmt	218,725
Very Biggest Broker 555 Madison Avenue New York NY 10028	investment mgmt	119,951
Total number of others receiving over \$50,000 for professional services		3

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1		
2		
3		
4		

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	
2	
3	

All other program-related investments. See page 25 of the instructions.

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 25 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,037,013,973
b	Average of monthly cash balances	1b	27,691
c	Fair market value of all other assets (see page 25 of the instructions)	1c	331,097
d	Total (add lines 1a, b, and c)	1d	1,037,372,761
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,037,372,761
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 26 of the instructions)	4	15,560,591
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,021,812,170
6	Minimum investment return. Enter 5% of line 5	6	51,090,608

Part XI Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	51,090,608
2a	Tax on investment income for 2010 from Part VI, line 5 2a		639,908
b	Income tax for 2006 . (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	639,908
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50,450,701
4	Recoveries of amounts treated as qualifying distributions	4	38,617
5	Add lines 3 and 4	5	50,489,318
6	Deduction from distributable amount (see page 26 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	50,489,318

Part XII Qualifying Distributions (see page 26 of the 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	1a	57,517,759
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	16,032
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	9,771,554
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	67,305,345
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 27 of the instructions)	5	639,908
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	66,665,437

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.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				50,489,318
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2010:				
a From 2005	32,035,537			
b From 2006	3,695,543			
c From 2007	20,593,450			
d From 2008	45,357,800			
e From 2009	21,321,432			
f Total of lines 3a through e	123,003,762			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 67,305,345				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2010 distributable amount				50,489,318
e Remaining amount distributed out of corpus	16,816,027			
5 Excess distributions carryover applied to 2010 (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	139,819,789			
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 page 27 of the instructions				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	32,035,537			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	107,784,252			
10 Analysis of line 9:				
a Excess from 2006	3,695,543			
b Excess from 2007	20,593,450			
c Excess from 2008	45,357,800			
d Excess from 2009	21,321,432			
e Excess from 2010	16,816,027			

Part XIV Private Operating Foundations (see page 25 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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 % 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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 26 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> *****				
Total				3a 53,083,397
b <i>Approved for future payment</i> Information Fund 6099 Hickory Blvd Buffalo MN 55322 Addition Association 20 Central Street Cologne MN 55322 Bulletin Fund 81 Fifth Blvd Hamburg MN 55341		509(a)(1) 509(a)(1) 509(a)(1)	program development scholarships operating budget	1,500,000 500,000 100,000
Total				3b 2,100,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Unrelated business income		Excluded by section 512, 513, or 514		(e)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 26 of the instructions.)
1 Program service revenue:				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g Fees and contracts from government agencies				
2 Membership dues and assessments				
3 Interest on savings and temporary cash investments		14	3,500,337	
4 Dividends and interest from securities		14	30,653,505	
5 Net rental income or (loss) from real estate:				
a Debt-financed property				
b Not debt-financed property				
6 Net rental income or (loss) from personal property				
7 Other investment income				
8 Gain or (loss) from sales of assets other than inventory		18	31,915,992	
9 Net income or (loss) from special events.				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue: a _____				
b _____				
c _____				
d _____				
e _____				
12 Subtotal. Add columns (b), (d), and (e)			66,069,834	
13 Total. Add line 12, columns (b), (d), and (e)			13 <u>66,069,834</u>	

(See worksheet in line 13 instructions on page 26 to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	✓
	(2) Other assets	1a(2)	✓
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	✓
	(3) Rental of facilities, equipment, or other assets	1b(3)	✓
	(4) Reimbursement arrangements	1b(4)	✓
	(5) Loans or loan guarantees	1b(5)	✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

b If “Yes,” complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Penn Oak Social Welfare Fund	501(c)(4)	Founded by same person; 2 common directors/trustees

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

Signature of officer or trustee

Date _____

Title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no.	
-----------	--

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2010

Name of organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 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 organizations 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 Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Penn Oak, Jr. 9753 Perfume Street Cologne MN 55322	\$ 500000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Penn Oak, III 9753 Perfume Street Cologne MN 55322	\$ 500000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$ 64,908
Requested Payment Date	02/15/2012
Taxpayer Daytime Phone	510-555-1616

LegalFeesSchedule (Part I, line 16a)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Legal fees	38604	11405		27199

AccountingFeesSchedule (Part I, line 16b)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Audit & tax services	60413	30206		30207

OtherProfessionalFeesSchedule (Part I, line 16c)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Investment management	1601075	1601075		
Consulting	565562	2290		563272
Outside temp service	120	0		120
Annual report distribution	11661	0		11661

TaxesSchedule (Part I, line 18)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Federal excise taxes	910237			
Property taxes	21393			21393

DepreciationSchedule (Part I, line 19)

Description	Date Acq	Cost/Basis	Prior Depr	Method	Rate/ Life	Depr Exp
Office furniture & fixtures	6/30/2002	712,594	403,239	S/L	7	92,116
Office equipment	6/30/2002	1,152,151	911,802	S/L	5	208,291
Software	12/31/2003	133,718	104,669	S/L	3	23,911
Vehicles	12/31/2005	40,053	9,782	S/L	7	2,234
Building	6/30/2002	9,165,864	965,873	S/L	39	220,643

OtherExpensesSchedule (Part I, line 23)

Description	Exp. per Books	Net Invest. Inc.	Adj. Net Inc.	Char. Purposes
Staff seminars	5627			5627
Education	4168			4168
Dues	5018			5018
Noncapital equipment	5160	77		5083
Automobile expense	1851	185		1666
Personnel & service support	15240	134		15106
Insurance	37757	1388		36369
Benefit plan administration	2752	344		2408
Technical maintenance	15540	105		15435
Office supplies	13314	1331		11983
Postage	20508	2051		18457
Website expenses	4844	73		4771
Public relations	6465			6465
Program expenses	1479			1479

InvestmentsGovtObligationsSchedule (Part II, line 10a(B))

	Book Value	FMV
U.S. govt obligations	238814668	238814668
State & local govt obligations	1738794	1738794

InvestmentsCorpStockSchedule (Part II, line 10b(B))

Description	Book Value	FMV
3372 shares of Apple Corporation	614421	614421
4346 shares of Return Limited	1088188	1088188
2433 shares of Depreciation Fund	1444180	1444180
3401 shares of Form Enterprises	668116	668116
3690 shares of However International, Inc.	590320	590320
2168 shares of Used, Inc.	975821	975821
4256 shares of Even Group	735271	735271
3285 shares of Are Company	543785	543785
3049 shares of Nature Corporation	500932	500932
1359 shares of For Limited	337299	337299
3103 shares of Straddles Fund	451614	451614
2686 shares of Form Enterprises	359737	359737
2639 shares of Completing International, Inc.	510090	510090
4196 shares of Should, Inc.	1353259	1353259
2998 shares of Schema Group	910241	910241

Description	Book Value	FMV
2099 shares of There Company	1641429	1641429
1644 shares of And Corporation	1596871	1596871
1455 shares of Each Limited	626036	626036
1357 shares of Information Fund	1400634	1400634
1522 shares of Element Enterprises	357869	357869
4198 shares of Or International, Inc.	741223	741223
1779 shares of Both, Inc.	601568	601568
1616 shares of Completed Group	1302361	1302361
1366 shares of Attached Company	1339371	1339371
3432 shares of Everyone Corporation	1197058	1197058
2680 shares of Wolf Limited	991799	991799
2803 shares of Form Fund	1055020	1055020
3598 shares of Numbers Enterprises	856649	856649
3956 shares of On International, Inc.	868032	868032
3447 shares of To, Inc.	1172924	1172924
1764 shares of Of Group	1522274	1522274
1430 shares of Schedule Company	580002	580002
3626 shares of Mef Corporation	507336	507336
3000 shares of Business Limited	835299	835299
4223 shares of What'S Fund	846513	846513
2421 shares of Eta Enterprises	842426	842426
4350 shares of Form International, Inc.	530670	530670
4026 shares of Edit, Inc.	410450	410450
3343 shares of Why Group	886300	886300
2111 shares of Software Company	1407780	1407780
4524 shares of This Corporation	1534599	1534599
1430 shares of Correction Limited	838879	838879
2280 shares of Limited Fund	1529560	1529560
4761 shares of Have Enterprises	444341	444341
3855 shares of We International, Inc.	626753	626753
2766 shares of Electronic, Inc.	475611	475611
2360 shares of We Group	1150519	1150519
1658 shares of Returns Company	467463	467463
2496 shares of Likely Corporation	760430	760430
2812 shares of Most Limited	800452	800452
2399 shares of Filers Fund	1041928	1041928
3939 shares of Independent Enterprises	1009307	1009307
3111 shares of Resources International, Inc.	473003	473003
4514 shares of Irrelevant, Inc.	769205	769205
1216 shares of Short Group	710713	710713
1554 shares of The Company	901642	901642
1146 shares of Well Corporation	794938	794938
3994 shares of Advantage Limited	1276237	1276237

Description	Book Value	FMV
2719 shares of Well Fund	915649	915649
4431 shares of Position Enterprises	348181	348181
1772 shares of Because International, Inc.	1148031	1148031
2349 shares of One, Inc.	1256054	1256054
1524 shares of To Group	436348	436348
1042 shares of The Company	427254	427254
3139 shares of Anything Corporation	1338604	1338604
1567 shares of Continuously Limited	1629684	1629684
1461 shares of We Fund	368287	368287
1651 shares of Rules Enterprises	869147	869147
4816 shares of Donna International, Inc.	1517699	1517699
3033 shares of Their, Inc.	756425	756425
2250 shares of Rules Group	1287603	1287603
4889 shares of Made Company	1075417	1075417
3661 shares of The Corporation	768821	768821
2910 shares of Same Limited	929690	929690
3124 shares of Promise Fund	1539241	1539241
2902 shares of Rules Enterprises	1326766	1326766
4800 shares of Furthermore International, Inc.	820339	820339
4861 shares of That, Inc.	1252438	1252438
4796 shares of Problems Group	753701	753701
1290 shares of Some Company	1071343	1071343
3853 shares of Rules Corporation	580307	580307
2773 shares of Automatically Limited	850767	850767
1293 shares of A Fund	1486740	1486740
4801 shares of Explained Enterprises	613900	613900
1768 shares of Determined International, Inc.	1654153	1654153
2197 shares of Review, Inc.	490687	490687
3510 shares of Form Group	591263	591263
4474 shares of Eta Company	951180	951180
3995 shares of When Corporation	1587916	1587916
3117 shares of Invoked Limited	1591791	1591791
3072 shares of Information Fund	1155005	1155005
2214 shares of Another Enterprises	733981	733981
1826 shares of And/Or International, Inc.	1155506	1155506
1611 shares of Rules, Inc.	336762	336762
1095 shares of Business Group	451013	451013
3346 shares of Current Company	1119882	1119882
2697 shares of Choice Corporation	841195	841195
2000 shares of Incorporated Limited	380248	380248
4512 shares of P Fund	1547320	1547320
4173 shares of Deductions Enterprises	1016875	1016875

Description	Book Value	FMV
4888 shares of Allowable International, Inc.	483126	483126
2474 shares of Instruction, Inc.	637456	637456
3258 shares of Form Group	733562	733562
1140 shares of Determining Company	1018239	1018239
2516 shares of Closing Corporation	591926	591926
3066 shares of No Limited	846785	846785
2834 shares of Form Fund	859834	859834
4173 shares of Schedule Enterprises	1627325	1627325
4544 shares of On International, Inc.	1113373	1113373
2906 shares of Yet, Inc.	611637	611637
3703 shares of Shared Group	671868	671868
2294 shares of Example Company	1634236	1634236
2435 shares of Expenses Corporation	1300991	1300991
3095 shares of They Limited	1153784	1153784
4618 shares of More Fund	671858	671858
4372 shares of Filers Enterprises	1531968	1531968
3234 shares of When International, Inc.	1554921	1554921
2670 shares of Always, Inc.	1352665	1352665
1836 shares of Business Group	367375	367375
3063 shares of Example Company	1188780	1188780
4066 shares of Filed Corporation	662426	662426
4602 shares of Corporations Limited	445539	445539
1372 shares of Different Fund	422218	422218
1554 shares of Always Enterprises	984251	984251
2838 shares of Business International, Inc.	1248689	1248689
4360 shares of Two, Inc.	1114136	1114136
3562 shares of Processed Group	1463721	1463721
1120 shares of Return Company	1501378	1501378
1799 shares of Each Corporation	1045770	1045770
1227 shares of Schema Limited	1557197	1557197
1657 shares of Alpha Fund	1166524	1166524
1984 shares of Schema Enterprises	1045587	1045587
4804 shares of Return International, Inc.	1102335	1102335
1200 shares of Return, Inc.	1027986	1027986
3114 shares of Using Group	759408	759408
4786 shares of However Company	1377827	1377827
1145 shares of Without Corporation	662273	662273
2736 shares of Only Limited	1611399	1611399
2111 shares of Other Fund	1309053	1309053
2990 shares of Because Enterprises	734475	734475
4472 shares of Business International, Inc.	702564	702564
4624 shares of Required, Inc.	497920	497920
1415 shares of Equivalent Group	1280599	1280599
4394 shares of Rules Company	1291999	1291999

Description	Book Value	FMV
4618 shares of Problem? Corporation	439885	439885
1511 shares of Presently Limited	655535	655535
1917 shares of Tege Fund	460558	460558
4137 shares of Rules Enterprises	641000	641000
2943 shares of Eta'S International, Inc.	1035820	1035820
1237 shares of Extent, Inc.	721954	721954
3253 shares of Policy Group	1144650	1144650
3564 shares of Service Company	1210813	1210813
1256 shares of Instances Corporation	720872	720872
3557 shares of Incorporated Limited	1136130	1136130
3850 shares of Treat Fund	1163193	1163193
1744 shares of Returns Enterprises	1515041	1515041
1961 shares of Have International, Inc.	1199121	1199121
4392 shares of Will, Inc.	1360502	1360502
1834 shares of File Group	366522	366522
1922 shares of Shared Company	767819	767819
4166 shares of Cost Corporation	357767	357767
4932 shares of Usefulness Limited	1055408	1055408
4882 shares of Implement Fund	670939	670939
1776 shares of Compliance Enterprises	456544	456544
2724 shares of Could International, Inc.	1012446	1012446
3843 shares of Shared, Inc.	754912	754912
1413 shares of With Group	1031871	1031871
1499 shares of Though Company	448710	448710
3027 shares of When Corporation	1075991	1075991
1790 shares of Size Limited	1107809	1107809
2020 shares of Rules Fund	380845	380845
4924 shares of Considered Enterprises	776010	776010
3780 shares of Other International, Inc.	1198962	1198962
2132 shares of Shared, Inc.	1113356	1113356
3392 shares of Other Group	452851	452851
2390 shares of Monitor Company	575327	575327
2010 shares of Make Corporation	1063689	1063689
4602 shares of Canine Limited	1058636	1058636
1079 shares of Relayed Fund	522408	522408
2527 shares of Position Enterprises	1563056	1563056
2443 shares of Would International, Inc.	1623115	1623115
4597 shares of Ill-Considered, Inc.	880919	880919
3657 shares of Demonstrably Group	339910	339910
4483 shares of Matter Company	853461	853461
4296 shares of Then Corporation	1393272	1393272
1966 shares of Would Limited	1025369	1025369
3411 shares of Conversations Fund	1598719	1598719
1173 shares of Using Enterprises	1521517	1521517

Description	Book Value	FMV
2915 shares of Them International, Inc.	1113207	1113207
4002 shares of Have, Inc.	1651256	1651256
1025 shares of Used Group	1247843	1247843
1744 shares of Invokes Company	776143	776143
2150 shares of Telephone Corporation	1153601	1153601
4976 shares of That Limited	1541052	1541052
1830 shares of Information Fund	541074	541074
1414 shares of Example Enterprises	412875	412875
4744 shares of Will International, Inc.	810588	810588
3492 shares of Does, Inc.	1041838	1041838
3963 shares of Shared Group	1435023	1435023
1490 shares of That Company	979195	979195
1240 shares of Potassium Corporation	690859	690859
3026 shares of Argument Limited	1001003	1001003
4571 shares of Regulations Fund	1185578	1185578
3934 shares of Must Enterprises	1072634	1072634
2010 shares of Rules International, Inc.	1300015	1300015
4260 shares of Paper, Inc.	867183	867183
2577 shares of Business Group	797981	797981
2712 shares of Business Company	640090	640090
4332 shares of Instructions Corporation	1408470	1408470
2393 shares of Attach Limited	1653678	1653678
4369 shares of Deductions Fund	1124060	1124060
4581 shares of Original Enterprises	739581	739581
4444 shares of Schedule International, Inc.	414521	414521
1814 shares of Quantities, Inc.	1039277	1039277
2631 shares of Inventory Group	1518654	1518654
2132 shares of Business Company	861609	861609
3303 shares of Schedule Corporation	471895	471895
4679 shares of Other Limited	487257	487257
3129 shares of Itself Fund	1382698	1382698
1558 shares of There Enterprises	716283	716283
1275 shares of That International, Inc.	1186414	1186414
2047 shares of Filers, Inc.	1312616	1312616
3538 shares of Reported Group	1203720	1203720
4727 shares of Claim Company	1394224	1394224
2496 shares of Commonly Corporation	1096183	1096183
3766 shares of Return Limited	345959	345959
3500 shares of Shared Fund	542942	542942
1101 shares of Same Enterprises	1523243	1523243
2786 shares of Non-Profit International, Inc.	806693	806693
3349 shares of Gains, Inc.	1259452	1259452
2080 shares of Individuals Group	639380	639380
4665 shares of Attached Company	1062528	1062528

Description	Book Value	FMV
2357 shares of Depending Corporation	1588311	1588311
4558 shares of Blank Limited	1501624	1501624
3373 shares of Rules Fund	811643	811643
4952 shares of Primary Enterprises	779520	779520
1053 shares of These International, Inc.	1175976	1175976
1846 shares of Attachment, Inc.	999948	999948
4495 shares of Piece Group	1455082	1455082
3336 shares of Element Company	1568341	1568341
4932 shares of Space Corporation	450213	450213
2244 shares of Control Limited	1227727	1227727
4871 shares of Schema Fund	932626	932626
3170 shares of When Enterprises	1181122	1181122
2456 shares of Same International, Inc.	1103333	1103333
2281 shares of Schema, Inc.	1554244	1554244
4668 shares of Exception Group	1343140	1343140
4602 shares of Letters Company	1047847	1047847
1553 shares of Hand Corporation	746432	746432
2904 shares of Filers Limited	1334447	1334447
4471 shares of Rules Fund	612593	612593
1860 shares of Attachment Enterprises	754776	754776
3241 shares of Service International, Inc.	1007098	1007098
3401 shares of Differ, Inc.	1334155	1334155
3329 shares of Trust Group	412006	412006
2957 shares of Taking Company	1557038	1557038
4925 shares of Forms Corporation	911774	911774
3308 shares of Well Limited	771117	771117
4510 shares of Position Fund	891264	891264
2367 shares of That Enterprises	1071118	1071118
1888 shares of Would International, Inc.	1012144	1012144
3484 shares of Center, Inc.	456000	456000
2288 shares of Where Group	969746	969746
2523 shares of Appropriate Company	764594	764594
1438 shares of Electronic Corporation	554515	554515
1577 shares of Does Limited	1040511	1040511
3674 shares of Acknowledged Fund	345733	345733
1211 shares of Held Enterprises	994941	994941
2138 shares of Electronically International, Inc.	1390571	1390571
1879 shares of Forms, Inc.	1046719	1046719
1230 shares of Creating Group	1612876	1612876
1793 shares of Level Company	1198288	1198288
3302 shares of Rules Corporation	1141753	1141753
4035 shares of Needs Limited	653600	653600
1358 shares of Resolve Fund	1365090	1365090

Description	Book Value	FMV
3582 shares of Forms Enterprises	1620381	1620381
2013 shares of Pushing International, Inc.	601004	601004
4390 shares of These, Inc.	1061745	1061745
2632 shares of Move Group	548091	548091
4726 shares of Organizational Company	1637530	1637530
3630 shares of Shared Corporation	461713	461713
2972 shares of Whether Limited	1360893	1360893
4171 shares of Returns Fund	1563726	1563726
4161 shares of Forms Enterprises	1586503	1586503
4086 shares of Than International, Inc.	967102	967102
4614 shares of Business, Inc.	1365797	1365797
2166 shares of Certain Group	604295	604295
1255 shares of Silver Company	1527304	1527304
2005 shares of Some Corporation	855876	855876
1707 shares of That Limited	1225727	1225727
4540 shares of Same Fund	1213043	1213043
3754 shares of They Enterprises	1376002	1376002
2907 shares of False International, Inc.	1319796	1319796
3036 shares of What, Inc.	1393550	1393550
1739 shares of Responsibility Group	1124239	1124239
1097 shares of Fact Company	1167068	1167068
4727 shares of With Corporation	1075703	1075703
1695 shares of Schemas Limited	917544	917544
2664 shares of Package Fund	363317	363317
1810 shares of Apparently Enterprises	1155054	1155054
1985 shares of Shared International, Inc.	1227681	1227681
2010 shares of And, Inc.	499197	499197
2130 shares of Conversation Group	561253	561253
1301 shares of Specific Company	854446	854446
1597 shares of Type Corporation	445774	445774
2472 shares of Filed Limited	1427903	1427903
2967 shares of Invoked Fund	1405647	1405647
1234 shares of Even Enterprises	490170	490170
3833 shares of Comes International, Inc.	793528	793528
4650 shares of Shared, Inc.	725660	725660
4581 shares of Activity Group	393937	393937
3101 shares of Being Company	617871	617871
1367 shares of Are Corporation	831185	831185
3507 shares of Encompass Limited	1602495	1602495
2313 shares of Alone Fund	1449720	1449720
3248 shares of Processing Enterprises	685106	685106
2579 shares of Rules International, Inc.	1569403	1569403
3006 shares of Rules, Inc.	1587687	1587687
1786 shares of States Group	662648	662648

Description	Book Value	FMV
2787 shares of Schedule Company	1323890	1323890
3320 shares of That Corporation	467038	467038
2316 shares of Gone Limited	559226	559226
3606 shares of Line Fund	861878	861878
1181 shares of Cost Enterprises	444600	444600
2900 shares of Yes International, Inc.	505010	505010
3334 shares of Rule, Inc.	569412	569412
2548 shares of Line Group	1366185	1366185
1513 shares of Checked Company	449762	449762
2260 shares of Repeated Corporation	770715	770715
2023 shares of Business Limited	934415	934415
3846 shares of Groups Fund	1511312	1511312
1613 shares of Schemas Enterprises	415095	415095
1438 shares of Its International, Inc.	1383796	1383796
3689 shares of Data, Inc.	876758	876758
1713 shares of Definition Group	608250	608250
3938 shares of Allotted Company	560069	560069
4734 shares of Whether Corporation	1170960	1170960
1991 shares of Also Limited	813584	813584
1530 shares of Discussing Fund	1258914	1258914
1255 shares of Schema Enterprises	684658	684658
3702 shares of Only International, Inc.	1147188	1147188
1765 shares of Example, Inc.	925706	925706
3426 shares of Therefore Group	886808	886808
3222 shares of Schedule Company	1095311	1095311
2812 shares of Required Corporation	1056971	1056971
4911 shares of States Limited	1406914	1406914
1288 shares of Business Fund	974079	974079
2585 shares of Center Enterprises	877545	877545
4659 shares of Significantly International, Inc.	375524	375524
3358 shares of Biscuit, Inc.	1000783	1000783

InvestmentsCorpBondsSchedule (Part II, line 10c(B))

Description	Book Value	FMV
Above Enterprises 11.82%, 12/15/2020	2408205	2408205
Accounting Inc 12.4%, 11/15/2013	1341344	1341344
Additions Corp 5.06%, 2/15/2017	1893205	1893205
Affected Corp 7.13%, 8/15/2012	1898417	1898417
Agency Group 8.68%, 12/15/2031	1709463	1709463
Already Inc 10.03%, 2/15/2027	1887737	1887737
Also Corp 8.89%, 6/15/2012	2077653	2077653
Also International 10.33%, 12/15/2030	1324467	1324467
Annual Fund 12.34%, 8/15/2012	1554427	1554427
Annual Group 12.17%, 1/15/2026	1844644	1844644
Application Enterprises 11.17%, 10/15/2020	2425166	2425166
Are Ltd 6.96%, 7/15/2032	1952850	1952850
Austin Group 7.99%, 6/15/2017	2455088	2455088
Authorization Ltd 11.97%, 1/15/2017	1337930	1337930
Avenue International 11.63%, 9/15/2028	2200571	2200571
Basis International 9.21%, 11/15/2027	1721750	1721750
Before Corp 10.59%, 4/15/2017	2256440	2256440
Belief Ltd 5.42%, 9/15/2027	1541181	1541181
Best Corp 11.64%, 10/15/2013	2076154	2076154
Center Group 5.58%, 6/15/2020	1640118	1640118
Center International 7.2%, 4/15/2022	1293984	1293984
Centers Group 12.74%, 7/15/2017	1679220	1679220
Central Corp 8.45%, 5/15/2021	1864945	1864945
Central Enterprises 5.16%, 12/15/2021	1299505	1299505
Central Fund 8.32%, 1/15/2019	2017967	2017967
Central Incorporated 9.8%, 9/15/2012	1614858	1614858
Central Ltd 11.27%, 5/15/2015	1339963	1339963
Changes International 7.41%, 9/15/2020	2114314	2114314
Clarified Inc 5.36%, 12/15/2021	1715688	1715688
Completed Ltd 10.97%, 4/15/2020	1618874	1618874
Completion Incorporated 7.17%, 1/15/2015	1933462	1933462
Concerns Ltd 6.09%, 1/15/2023	1264770	1264770
Continued Enterprises 9.65%, 8/15/2026	1745031	1745031
Control International 11.35%, 1/15/2033	1570422	1570422
Defined Corp 11.68%, 1/15/2015	2288619	2288619
Described International 12.87%, 11/15/2018	1783385	1783385
Determine Ltd 8.59%, 4/15/2028	2310583	2310583
Developments Fund 9.22%, 11/15/2015	1953018	1953018
District Fund 5.26%, 10/15/2014	1598782	1598782
District Incorporated 12.89%, 6/15/2024	1363267	1363267
Each Enterprises 10.91%, 9/15/2014	1658569	1658569

Description	Book Value	FMV
Each Inc 6.28%, 7/15/2028	2052568	2052568
Employer International 8.25%, 1/15/2026	1832106	1832106
End Inc 6.09%, 9/15/2024	2095909	2095909
Examined Incorporated 6.56%, 11/15/2011	1417093	1417093
Exemption Corp 12.52%, 8/15/2018	1451843	1451843
Exemption Enterprises 6.08%, 9/15/2026	1883584	1883584
Exemption Fund 6.93%, 9/15/2011	1391621	1391621
Exemption Fund 6.94%, 6/15/2032	1921301	1921301
Exemption Group 8.54%, 10/15/2033	2136211	2136211
Exemption Inc 7.14%, 8/15/2012	2489248	2489248
Exemption Incorporated 8.24%, 10/15/2011	2229679	2229679
Exemption Ltd 12.86%, 10/15/2013	1887356	1887356
From Group 7.04%, 12/15/2012	2099076	2099076
Furnished Group 7.73%, 6/15/2013	2444037	2444037
Group Enterprises 12.61%, 7/15/2024	1823068	1823068
Group Fund 5.1%, 7/15/2013	2307632	2307632
Group Group 8.69%, 7/15/2019	1788370	1788370
Group Ltd 7.1%, 7/15/2032	2395432	2395432
Have Corp 11.8%, 4/15/2012	1916353	1916353
Hawaii Inc 12.77%, 9/15/2025	2416737	2416737
Included Fund 12.78%, 8/15/2030	1883318	1883318
Inclusion Inc 7.55%, 11/15/2031	1285412	1285412
Information International 6.11%, 12/15/2011	1459173	1459173
Internal Corp 6.58%, 10/15/2016	2439976	2439976
Introduction Group 7%, 1/15/2017	2041747	2041747
Involves Fund 11.2%, 8/15/2024	2075855	2075855
Issue Incorporated 7.41%, 12/15/2022	2462062	2462062
Issued Group 10.87%, 10/15/2029	2153306	2153306
Kansas Fund 5.88%, 4/15/2023	2451192	2451192
Letter Enterprises 10.67%, 4/15/2014	1916606	1916606
Letter Group 11.92%, 5/15/2014	2395175	2395175
Mailing Corp 9.97%, 8/15/2012	1905166	1905166
Manner International 10.41%, 5/15/2017	1573226	1573226
Many Ltd 12.92%, 8/15/2012	2252072	2252072
Michigan Enterprises 11.46%, 11/15/2031	2502145	2502145
Month Fund 8.2%, 6/15/2026	2323414	2323414
More International 12.93%, 4/15/2022	1398696	1398696
Must Incorporated 5.6%, 10/15/2023	2485647	2485647
Nothing Ltd 6.81%, 1/15/2032	1949063	1949063
Notice Ltd 12.36%, 10/15/2016	1597222	1597222
Number Inc 11.13%, 1/15/2012	2324577	2324577
Office Corp 5.25%, 5/15/2028	1537252	1537252
Office Ltd 9.07%, 11/15/2011	2333236	2333236
Ofthis Corp 10.51%, 9/15/2013	1365336	1365336

Description	Book Value	FMV
One Fund 6.64%, 4/15/2023	1933940	1933940
Only Ltd 9.22%, 7/15/2024	2202217	2202217
Organization Corp 10.77%, 8/15/2017	1604692	1604692
Organization Enterprises 11.53%, 8/15/2022	1756181	1756181
Organization Incorporated 5%, 4/15/2018	2062074	2062074
Organized Enterprises 6.93%, 7/15/2012	2454153	2454153
Out International 7.3%, 11/15/2017	2171862	2171862
Outlined Inc 6.41%, 11/15/2027	1736653	1736653
Over Incorporated 10.8%, 1/15/2016	2002500	2002500
Own Enterprises 7.34%, 6/15/2021	1337925	1337925
Own Group 6.41%, 9/15/2015	2152467	2152467
Paragraph Enterprises 5.75%, 9/15/2030	1728373	1728373
Periods Enterprises 9.46%, 11/15/2031	2133298	2133298
Procedure Ltd 12.39%, 12/15/2011	1447840	1447840
Purposes Incorporated 9.09%, 6/15/2021	1423899	1423899
Recognition Group 12.37%, 11/15/2019	1882123	1882123
Recognize Group 6.21%, 4/15/2014	2078278	2078278
Regarding International 5.09%, 7/15/2022	2445525	2445525
Require Incorporated 6.96%, 8/15/2026	1405635	1405635
Retained Incorporated 12.98%, 5/15/2017	1706118	1706118
Returns Fund 11.02%, 3/15/2018	1611223	1611223
Revenue Inc 7.71%, 6/15/2015	1983029	1983029
Revised Corp 8.62%, 5/15/2020	1854224	1854224
Same Inc 7.04%, 12/15/2026	1275040	1275040
Same Incorporated 6.02%, 9/15/2015	2344479	2344479
Sample Enterprises 10.57%, 3/15/2024	1511243	1511243
Section Corp 9.07%, 12/15/2030	1289124	1289124
Separately Ltd 9.58%, 12/15/2019	1567446	1567446
Service Inc 12.68%, 1/15/2015	1887073	1887073
Specifically Enterprises 6.51%, 12/15/2017	1829689	1829689
Status Fund 8.89%, 1/15/2031	2168220	2168220
Submitted Ltd 9.69%, 9/15/2028	2307304	2307304
Subordinate Incorporated 5.13%, 10/15/2025	2325228	2325228
Subordinates Group 6.2%, 1/15/2014	1669033	1669033
Subordinates Inc 6.05%, 8/15/2033	2067785	2067785
Such Enterprises 11.05%, 3/15/2020	2149420	2149420
Supervision Corp 12.4%, 6/15/2026	1886112	1886112
Support Ltd 12.51%, 12/15/2035	2411094	2411094
That International 11.69%, 6/15/2029	1599061	1599061
Thatch Incorporated 6.6%, 5/15/2020	1599311	1599311
Their Fund 5.23%, 3/15/2018	1546813	1546813
They Group 11.72%, 12/15/2032	2251328	2251328
Those Fund 11.68%, 4/15/2017	1466254	1466254
Though International 7.51%, 9/15/2012	1810825	1810825

Description	Book Value	FMV
Time International 7.03%, 12/15/2011	2372315	2372315
Under Corp 5.06%, 8/15/2029	1703255	1703255
Under Inc 9.17%, 1/15/2033	2319355	2319355
Under International 9.57%, 10/15/2020	1640967	1640967
Unions Fund 6.33%, 4/15/2023	2126778	2126778
Will Incorporated 5.66%, 12/15/2012	1324253	1324253
With Group 11.01%, 5/15/2033	1961299	1961299
With Inc 9.62%, 5/15/2014	2068193	2068193

InvestmentsOtherSchedule2 (Part II, line 13)

Description	Cost/FMV	Book Value	FMV
Securities collateral received	F	132278908	132278908
Accrued interest	F	4115717	4115717

LandEtcSchedule2 (Part II, line 14)

Description	Cost/Basis	Accum. Depr.	Book Value	FMV
Office furniture	712594	495355	217239	217239
Office equipment	1152151	1120093	32058	32058
software	133718	128580	5138	5138
Vehicles	40053	12016	28037	28037
Artwork	165967	0	165967	165967
Land	1032613	0	1032613	1032613
Building	9165864	1186516	7979348	7979348

OtherAssetsSchedule (Part II, line 15)

Description	BOY Book Value	EOY Book Value	FMV
Deposits	6717	3316	3316

OtherLiabilitiesSchedule (Part II, line 22)

Description	BOY Amount	EOY Amount
Payable under securities lending program	253363012	132278908
Federal excise tax payable	119028	413471

OtherIncreasesSchedule (Part III, line 3)

Description	Amount
Unrealized gains on investments	30507760

OtherDecreasesSchedule (Part III, line 5)

<i>Description</i>	<i>Amount</i>
Prior period adjustment	563445

Part IV – Capital Gains & Losses

Description	P/D	Date Acq.	Date Sold	Sales Price	Depr	Cost/Basis	Gain or Loss	Total Gains/Losses
Publicly traded securities				12,098,938,176		12,067,022,184	31,915,992	31,915,992

Part VIII, Line 1, Officers, Directors, Trustees, Etc.

Name & Address	Title	Hrs/Wk	Comp	Benefits	Other
Patsy Pine 9753 Perfume St Cologne MN 55322	Board Chair	20	61500	0	0
Jean Oak-Holly 9753 Perfume St Cologne MN 55322	Vice Chair	20	50250	0	194
Sarah Oak Hickory 9753 Perfume St Cologne MN 55322	Treasurer	25	56250	0	998
Elizabeth O. Walnut 9753 Perfume St Cologne MN 55322	Trustee	5	50250	0	500
Jane Maple 9753 Perfume St Cologne MN 55322	Trustee	10	55500	0	215
Bradford Pear 9753 Perfume St Cologne MN 55322	Trustee	5	49500	0	0
Loblolly Pine 9753 Perfume St Cologne MN 55322	Trustee	5	51000	0	1831
Penn Oak, Jr. 9753 Perfume St Cologne MN 55322	Secretary	15	56250	0	0
George W. Kirk 9753 Perfume St Cologne MN 55322	Trustee	5	50250	0	458
J. Lawrence Chamberlain 9753 Perfume St Cologne MN 55322	Trustee	5	50250	0	0
George Thomas 9753 Perfume St Cologne MN 55322	Trustee	5	49500	0	0
Belle Hood 9753 Perfume St Cologne MN 55322	Trustee	5	49500	0	1977
Thomas J. Jackson 9753 Perfume St Cologne MN 55322	Exec. Dir.	45	354669	96933	19434
D. H. Hill 9753 Perfume St Cologne MN 55322	Exec. VP	45	214686	37749	0
Earl Van Dorn 9753 Perfume St Cologne MN 55322	CFO	45	185711	41107	0

ActivitiesNotPreviouslyReportedExplanation (Part VII-A, line 2)

The Foundation has instituted a new grant-making program with an emphasis on educational programs for preschool children from low-income families in Oak and Loblolly Counties. Grants will be awarded to schools and other educational organizations to support existing programs and to develop new programs. Capital grants for new facilities may also be awarded in some cases.

SubstantialContributorsSchedule (Part VII-A, line 10)

Name	Address
Penn Oak, III	9753 Perfume St Cologne MN 55322

ExpenditureResponsibilityStatement (Part VII-B, line 5c)

Grantee's name: Program Fund
 Grantee's address: 6594 Oak Avenue Annandale MN 55315
 Grant date: 1/3/2011
 Grant amount: 309000
 Grant purpose: To fund 2011 operating budget of grantee
 Amount expended: 309000
 Any diversion by grantee?: No
 Dates of reports: 08/31/2010
 Date of verification:
 Results of verification: N/A

ContractorCompensationExplanation (Part VIII, line 3)

Name – Big Broker
 Explanation – Compensation is based on investment performance

Name – Bigger Broker
 Explanation – Compensation is based on investment performance

Name – Even Bigger Broker
 Explanation – Compensation is based on size of portfolio managed

Name – Extremely Huge Broker
 Explanation – Compensation is based on size of portfolio managed

Name – Very Biggest Broker
 Explanation – Compensation is based on investment performance and size of portfolio managed

GeneralExplanationAttachment

The Executive Director of the Penn Oak Foundation provides volunteer direct services to community organizations with respect to board training, resource development training, strategic planning services, and consulting. In 2010, 80 hours of such services were provided to 3 local organizations.

Application submission information (Part XV, lines 2a-2d)

Name of grant program – Local Grants Program

Name of person to get applications – Evan Euonymus

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – The Foundation does not accept unsolicited proposals. To be considered for a grant you must first submit a one -page letter of inquiry. This letter should include or address the following:

- organizational information

- implementation timeline or deadline of program/project or match

- type of grant applying for:

 - program/project

 - general operating support

 - matching

 - capital

Should you be invited to apply, you will receive a formal notice and instructions. We accept the state common grant application form. Terms and conditions apply to all grants.

Acceptance of a proposal does not guarantee funding. Please see our website for additional information.

Submission deadlines – none

Restrictions on awards – This program is restricted to 501(c)(3) organizations operating in Oak County. Preference will be given to organizations providing educational or health care services to the urban poor.

Name of grant program – National Rural Grants Program

Name of person to get applications – Arlene Astilbe

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – December 31 of each year

Restrictions on awards – Preference will be given to organizations providing educational, infrastructure, or community development services in underserved rural areas.

Name of grant program – Medical Grants Program

Name of person to get applications – Rachel Rugosa

Address – 9753 Perfume Street Cologne MN 55322

Telephone – 510-555-1616

Form & content – Use the application form available on our website, and be sure to submit all of the required attachments listed in its instructions.

Submission deadlines – September 30 of each year

Restrictions on awards – Preference will be given to organizations with a long-term commitment to providing medical services to underserved low-income communities and to organizations conducting research on medical issues with disparate impact on minority groups

Contributions Paid (Part XV, line 3a)

Name	Address	Fdn Status	Purpose	Amount
Each Fund	647 Hickory Blvd Buffalo MN 55318	509(a)(1)	program development	776000
Private Association	7258 Second Street Buffalo MN 55325	509(a)(1)	program development	299000
Nature Association	7696 Oak Street Annandale MN 55313	509(a)(2)	program support	702000
Different Charity	824 First Avenue Stewart MN 55389	509(a)(1)	building fund	533000
Recognition Fund	3165 Hickory Blvd Buffalo MN 55326	509(a)(1)	program development	322000
Letter Association	2598 First Street Stewart MN 55395	509(a)(1)	building fund	421000
Organizations Foundation	7755 Hickory Way Buffalo MN 55324	509(a)(1)	program development	589000
Some Association	2675 Second Street Buffalo MN 55329	509(a)(1)	program development	766000
During Foundation	463 Major Way Stewart MN 55390	509(a)(1)	building fund	213000
Then Charity	2686 Second Avenue Buffalo MN 55331	509(a)(1)	program development	453000
Their Fund	4629 Fifth Blvd Hamburg MN 55357	509(a)(1)	operating budget	315000
Subordinates Association	6701 Minor Street Hamburg MN 55356	509(a)(1)	operating budget	804000
Advance Charity	48 First Avenue Stewart MN 55385	509(a)(1)	building fund	698000
Bulletin Fund	81 Fifth Blvd Hamburg MN 55341	509(a)(1)	operating budget	293000
Affiliated Association	36 Second Street Buffalo MN 55313	509(a)(1)	program development	516000
Revoked Foundation	1587 Elm Way Cologne MN 55337	509(a)(1)	scholarships	485000
Employer Foundation	154 Main Way Annandale MN 55308	509(a)(2)	program support	641000
Involving Charity	8529 Central Avenue Cologne MN 55332	509(a)(1)	scholarships	590000
Have Association	714 Second Street Buffalo MN 55321	509(a)(1)	program development	468000
Bank Fund	84 Hickory Blvd Buffalo MN 55314	509(a)(1)	program development	618000
Service Association	7395 Central Street Cologne MN 55338	509(a)(1)	scholarships	606000
Central Association	46 Oak Street Annandale MN 55305	509(a)(2)	program support	824000
Exercise Foundation	519 Elm Way Cologne MN 55329	509(a)(1)	scholarships	678000

Name	Address	Fdn Status	Purpose	Amount
Filing Fund	856 Major Blvd Stewart MN 55392	509(a)(1)	building fund	231000
Each Association	223 Minor Street Hamburg MN 55344	509(a)(1)	operating budget	346000
Sections Charity	1839 Minor Avenue Hamburg MN 55354	509(a)(1)	operating budget	607000
Cypress Association	554 Central Street Cologne MN 55326	509(a)(1)	scholarships	354000
Whose Charity	5152 First Avenue Stewart MN 55405	509(a)(1)	building fund	453000
Rule Association	7290 Oak Street Annandale MN 55317	509(a)(2)	program support	628000
Under Charity	1571 Minor Avenue Hamburg MN 55358	509(a)(1)	operating budget	682000
Requirement Fund	6875 Fifth Blvd Hamburg MN 55353	509(a)(1)	operating budget	232000
Conditions Foundation	23 Hickory Way Buffalo MN 55316	509(a)(1)	program development	234000
Exempt Fund	489 Fifth Blvd Hamburg MN 55345	509(a)(1)	operating budget	592000
Wants Association	5536 Central Street Cologne MN 55342	509(a)(1)	scholarships	632000
Procedure Fund	7422 Elm Blvd Cologne MN 55335	509(a)(1)	scholarships	842000
Section Fund	7942 Major Blvd Stewart MN 55400	509(a)(1)	building fund	898000
Such Fund	5490 Hickory Blvd Buffalo MN 55330	509(a)(1)	program development	479000
Revenue Charity	8735 Second Avenue Buffalo MN 55327	509(a)(1)	program development	560000
Individual Association	3783 Minor Street Hamburg MN 55348	509(a)(1)	operating budget	687000
Purpose Association	8770 Minor Street Hamburg MN 55352	509(a)(1)	operating budget	485000
Exemption Charity	173 Second Avenue Buffalo MN 55319	509(a)(1)	program development	580000
Provide Foundation	4765 Major Way Stewart MN 55398	509(a)(1)	building fund	652000
Nevertheless Fund	5592 Major Blvd Stewart MN 55396	509(a)(1)	building fund	652000
Having Fund	799 Elm Blvd Cologne MN 55331	509(a)(1)	scholarships	475000
Other Association	7918 Central Street Cologne MN 55334	509(a)(1)	scholarships	415000
Status Fund	2798 Elm Blvd Cologne MN 55339	509(a)(1)	scholarships	234000
Seven Fund	8346 Main Blvd Annandale MN 55318	509(a)(2)	program support	440000
Ceased Foundation	76 Elm Way Cologne MN 55325	509(a)(1)	scholarships	354000
Required Association	4109 First Street Stewart MN 55399	509(a)(1)	building fund	739000
Come Charity	67 Minor Avenue Hamburg MN 55342	509(a)(1)	operating budget	337000
Included Charity	2515 Oak Avenue Annandale MN 55311	509(a)(2)	program support	805000
Signed Foundation	2454 Fifth Way Hamburg MN 55355	509(a)(1)	operating budget	629000
Short Charity	7424 First Avenue Stewart MN 55401	509(a)(1)	building fund	246000
Federal Association	553 Oak Street Annandale MN 55309	509(a)(2)	program support	698000

Name	Address	Fdn Status	Purpose	Amount
Still Charity	3960 Oak Avenue Annandale MN 55319	509(a)(2)	program support	874000
Organization Charity	2410 Minor Avenue Hamburg MN 55350	509(a)(1)	operating budget	499000
Furnished Association	155 Central Street Cologne MN 55330	509(a)(1)	scholarships	301000
Located Fund	8103 Fifth Blvd Hamburg MN 55349	509(a)(1)	operating budget	593000
Issued Foundation	1539 Main Way Annandale MN 55312	509(a)(2)	program support	871000
Forth Charity	895 Minor Avenue Hamburg MN 55346	509(a)(1)	operating budget	375000
Four Foundation	701 Hickory Way Buffalo MN 55320	509(a)(1)	program development	866000
Subordinate Foundation	5064 Major Way Stewart MN 55402	509(a)(1)	building fund	384000
Authorize Association	33 Minor Street Hamburg MN 55340	509(a)(1)	operating budget	423000
Director Foundation	259 Fifth Way Hamburg MN 55343	509(a)(1)	operating budget	527000
Days Fund	258 Main Blvd Annandale MN 55306	509(a)(2)	program support	652000
Both Association	28 First Street Stewart MN 55387	509(a)(1)	building fund	837000
Application Foundation	64 Major Way Stewart MN 55386	509(a)(1)	building fund	488000
Postal Foundation	4728 Fifth Way Hamburg MN 55351	509(a)(1)	operating budget	589000
Political Charity	7966 First Avenue Stewart MN 55397	509(a)(1)	building fund	868000
Been Charity	71 Central Avenue Cologne MN 55324	509(a)(1)	scholarships	788000
Update Foundation	3793 Hickory Way Buffalo MN 55332	509(a)(1)	program development	717000
Has Foundation	708 Fifth Way Hamburg MN 55347	509(a)(1)	operating budget	754000
Evidence Association	412 First Street Stewart MN 55391	509(a)(1)	building fund	762000
Supplied Charity	8673 Central Avenue Cologne MN 55340	509(a)(1)	scholarships	718000
Below Foundation	58 Main Way Annandale MN 55304	509(a)(2)	program support	609000
Governing Fund	599 Main Blvd Annandale MN 55310	509(a)(2)	program support	856000
The Association	8412 First Street Stewart MN 55403	509(a)(1)	building fund	587000
Cease Charity	45 Second Avenue Buffalo MN 55315	509(a)(1)	program development	739000
To Association	3606 Oak Street Annandale MN 55321	509(a)(2)	program support	292000
Group Charity	713 First Avenue Stewart MN 55393	509(a)(1)	building fund	490000
Send Foundation	3993 Hickory Way Buffalo MN 55328	509(a)(1)	program development	749000
When Fund	5153 Main Blvd Annandale MN 55322	509(a)(2)	program support	405000
Massachusetts Charity	1804 Second Avenue Buffalo MN 55323	509(a)(1)	program development	390000
Indenture Foundation	7766 Major Way Stewart MN 55394	509(a)(1)	building fund	262000

Name	Address	Fdn Status	Purpose	Amount
Document Charity	264 Oak Avenue Annandale MN 55307	509(a)(2)	program support	628000
Already Charity	45 Oak Avenue Annandale MN 55303	509(a)(2)	program support	832000
Own Fund	8776 Main Blvd Annandale MN 55314	509(a)(2)	program support	637000
Change Fund	54 Major Blvd Stewart MN 55388	509(a)(1)	building fund	412000
Program Fund	6594 Oak Avenue Annandale MN 55315	n/a	program support	309000
That Foundation	7678 Main Way Annandale MN 55320	509(a)(2)	program support	207000
Addition Association	20 Central Street Cologne MN 55322	509(a)(1)	scholarships	491000
Additional Fund	69 Main Blvd Annandale MN 55302	509(a)(2)	program support	208000
District Fund	352 Elm Blvd Cologne MN 55327	509(a)(1)	scholarships	597000
Representative Foundation	1918 Main Way Annandale MN 55316	509(a)(2)	program support	302397
Ultimately Fund	4854 Major Blvd Stewart MN 55404	509(a)(1)	building fund	744000
Recognizing Charity	2386 Central Avenue Cologne MN 55336	509(a)(1)	scholarships	643000

**FORM 990-N
TEST SCENARIO #1**

HEADER INFO:

Tax Period Begin Date: 1/1/2010
Tax Period End Date: 12/31/2010
Tax Year: 2010
Multiple Software Packages Used: N

Originator:
EFIN: self select
Type: OnlineFiler
Practitioner PIN: none
Pin Entered By: N/A

Return Type: 990N

Filer:
EIN: 11-9000025
Name: Supporting Organization Inc
Name Control: SUPP
Address: 655 Bradford Street Nixon NV 89424

Officer:
Name: Penn Oak
Title: President
Date Signed: self-select

990-N INFO

Gross Receipts Less Than \$50,000: ☒

DBA Name:

Website Address: www.supportingorganization.org

Name of Officer: Penn Oak

Address of Officer: 655 Bradford Street Nixon NV 89424

**FORM 990-N
TEST SCENARIO #2**

HEADER INFO:

Tax Period Begin Date: 1/1/2010
Tax Period End Date: 12/31/2010
Tax Year: 2010
Multiple Software Packages Used: N

Originator:
EFIN: self select
Type: OnlineFiler
Practitioner PIN: none
Pin Entered By: N/A

Return Type: 990N

Filer:
EIN: 11-9000026
Name: Local Chapter
Name Control: LOCA
Address: 1234 Weeping Willow Lane
Anaheim CA 92812

Officer:
Name: Test U. Phrozintows
Title: Treasurer
Date Signed: self select

990-N INFO

Gross Receipts Less Than \$50,000: ☒

DBA Name: Big Organization Anaheim Branch

Website Address: www.anaheimlocal.org

Name of Officer: Test J. Caesar

Address of Officer: 1234 Weeping Willow Lane
Anaheim CA 92812

**FORM 990-N
TEST SCENARIO #3**

HEADER INFO:

Tax Period Begin Date: 7/1/2010
Tax Period End Date: 6/30/2011
Tax Year: 2010
Multiple Software Packages Used: N

Originator:
EFIN: self select
Type: OnlineFiler
Practitioner PIN: none
Pin Entered By: N/A

Return Type: 990N

Filer:
EIN: 11-9000027
Name: Veterans Organization
Name Control: VETE
Address: 1234 Hickory Lane Fairfax VA 22031

Officer:
Name: Old Soldier
Title: President
Date Signed: self select

990-N INFO

Gross Receipts Less Than \$50,000: ☒

DBA Name:

Website Address:

Name of Officer: Oldest Soldier

Address of Officer: 9876 Oak Hill Fairfax VA 22031

**FORM 990-N
TEST SCENARIO #4**

HEADER INFO:

Tax Period Begin Date: 1/1/2010
Tax Period End Date: 12/31/2010
Tax Year: 2010
Multiple Software Packages Used: N

Originator:
EFIN: self select
Type: OnlineFiler
Practitioner PIN: none
Pin Entered By: N/A

Return Type: 990N

Filer:
EIN: 11-9000028
Name: Nature Association
Name Control: NATU
Address: 1234 Tiarella Trail
Chestnut Hill MA 02467

Officer:
Name: Gambol N. Frivol
Title: Treasurer
Date Signed: self select

990-N INFO

Gross Receipts Less Than \$50,000: ☒

DBA Name:

Website Address: www.natureassociation.org

Name of Officer: Gambol N. Frivol

Address of Officer: 1234 Tiarella Trail
Chestnut Hill MA 02467

TY 2010 1120-POL Test Scenario #1

TaxPeriodEndDate -- 12/31/2010

PreparerFirm

EIN -- 11-9000025

PreparerFirmBusinessName -- ELECTRONIC TAX FILERS, INC.

PreparerFirmAddress -- 100 TECHO DRIVE
RAINTOWN, WA 98530

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- n/a

SignatureOption -- Binary Attachment 8453 Signature Document

ReturnType -- 1120POL

TaxPeriodBeginDate -- 1/1/2010

Filer

EIN -- 11-9000015

Name -- Kolkwizia Political Action Committee

NameControl -- KOLK

USAddress -- 3504 West Oak Blvd.
Tampa, FL 33607

Officer

Name -- Test K. Insightful

Title -- Chairman

Phone -- 813-555-1212

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

AuthorizeThirdParty -- Y

Preparer

Name -- John Doe

PTIN -- P99999997

Phone -- 206-555-1212

EmailAddress --

DatePrepared -- self select

SelfEmployed --N

binaryAttachmentCount -- 1

**U.S. Income Tax Return
for Certain Political Organizations**

OMB No. 1545-0129

2010

For calendar year 2010 or other tax year beginning , 2010, and ending , 20

Check the box if this is a section 501(c) organization ☐

Check if:	Name of organization	Employer identification number
<input type="checkbox"/> Final return	Kolkwizia Political Action Committee	11-9000015
<input type="checkbox"/> Name change	Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.)	Candidates for U.S. Congress Only
<input type="checkbox"/> Address change	3504 West Oak Blvd	If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/>
<input type="checkbox"/> Amended return	City or town, state, and ZIP code	If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/>
	Tampa FL 33607	

Income	1	Dividends (attach schedule)	1	
	2	Interest	2	14227
	3	Gross rents	3	
	4	Gross royalties	4	
	5	Capital gain net income (attach Schedule D (Form 1120))	5	0
	6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7	Other income and nonexempt function expenditures (see instructions)	7	
	8	Total income. Add lines 1 through 7	8	14227
Deductions	9	Salaries and wages	9	
	10	Repairs and maintenance	10	
	11	Rents	11	
	12	Taxes and licenses	12	1185
	13	Interest	13	
	14	Depreciation (attach Form 4562)	14	
	15	Other deductions (attach schedule)	15	
	16	Total deductions. Add lines 9 through 15	16	1185
	17	Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:		
		a Amount of net investment income		
	b Aggregate amount expended for an exempt function (attach schedule)	17c	13042	
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	100	
Tax	19	Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	19	12942
	20	Income tax. (see instructions)	20	4530
	21	Tax credits. (Attach the applicable credit forms.) (see instructions)	21	
	22	Total tax. Subtract line 21 from line 20	22	4530
	23	Payments: a Tax deposited with Form 7004	23a	4551
		b Credit for tax paid on undistributed capital gains (attach Form 2439)	23b	
		c Credit for federal tax on fuels (attach Form 4136)	23c	
		d Total payments. Add lines 23a through 23c	23d	4551
	24	Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	24	
25	Overpayment. Subtract line 22 from line 23d	25	21	

Additional Information	1	At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If "Yes," enter the name of the foreign country		
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	
	4	Date organization formed	7/21/92	
	5a The books are in care of	Test K. Insightful	b Enter name of candidate	
	c The books are located at	3504 West Oak Blvd Tampa FL	d Telephone No.	813-555-1212

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

Sign Here	Signature of officer	Date	Title

May the IRS discuss this return with the preparer shown below (see page 3)? ☐ Yes ☐ No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

TY2010 1120POL Test Scenario #2

TaxPeriodEndDate -- 12/31/2010

PreparerFirm

EIN -- n/a

PreparerFirmBusinessName -- n/a

PreparerFirmAddress -- none

MultipleSoftwarePackagesUsed -- no

Originator

EFIN -- as assigned

Type -- ERO

PractitionerPIN

EFIN -- as assigned

PIN -- as assigned

PinEnteredBy -- Taxpayer

SignatureOption -- Pin Number

ReturnType -- 1120POL

TaxPeriodBeginDate -- 1/1/2010

Filer

EIN -- 11-9000004

Name -- National Hyrax Association

NameControl -- NATI

USAddress -- 1234 Weeping Willow Lane, Anaheim, CA 92812

Officer

Name -- Test U. Phrozintows

Title -- Treasurer

Phone -- 714-555-1212

EmailAddress --

DateSigned -- self-select

TaxpayerPIN -- self-select

AuthorizeThirdParty -- Y

Preparer

Name -- Test J. Caesar

PTIN -- P99999998

Phone -- 703-555-1212

EmailAddress --

DatePrepared – self select
SelfEmployed -- Y

binaryAttachmentCount – 0

**U.S. Income Tax Return
for Certain Political Organizations**

OMB No. 1545-0129

2010

For calendar year 2010 or other tax year beginning , 2010, and ending , 20

Check the box if this is a section 501(c) organization ☒

Check if:	Name of organization	Employer identification number
<input type="checkbox"/> Final return	National Hyrax Association	11-9000004
<input type="checkbox"/> Name change	Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.)	Candidates for U.S. Congress Only
<input type="checkbox"/> Address change	1234 Weeping Willow Lane	If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/>
<input type="checkbox"/> Amended return	City or town, state, and ZIP code	If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/>
	Anaheim CA 92812	

Income	1	Dividends (attach schedule)	1		
	2	Interest	2		
	3	Gross rents	3		
	4	Gross royalties	4		
	5	Capital gain net income (attach Schedule D (Form 1120))	5		0
	6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
	7	Other income and nonexempt function expenditures (see instructions)	7		
	8	Total income. Add lines 1 through 7	8		
Deductions	9	Salaries and wages	9		
	10	Repairs and maintenance	10		
	11	Rents	11		
	12	Taxes and licenses	12		
	13	Interest	13		
	14	Depreciation (attach Form 4562)	14		
	15	Other deductions (attach schedule)	15		
	16	Total deductions. Add lines 9 through 15	16		
	17	Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:			
		a Amount of net investment income		700	
	b Aggregate amount expended for an exempt function (attach schedule)		620		
17c			620		
18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18		100	
Tax	19	Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	19		520
	20	Income tax. (see instructions)	20		78
	21	Tax credits. (Attach the applicable credit forms.) (see instructions)	21		
	22	Total tax. Subtract line 21 from line 20	22		78
	23	Payments: a Tax deposited with Form 7004	23a		
		b Credit for tax paid on undistributed capital gains (attach Form 2439)	23b		
		c Credit for federal tax on fuels (attach Form 4136)	23c		
		d Total payments. Add lines 23a through 23c	23d		
	24	Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	24		
	25	Overpayment. Subtract line 22 from line 23d	25		

Additional Information	1	At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If "Yes," enter the name of the foreign country		
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$ 0	
	4	Date organization formed	5/27/1992	
	5a The books are in care of	The Organization	b Enter name of candidate	
	c The books are located at	1234 Weeping Willow Lane	d Telephone No.	714-555-1212

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

Sign Here	Signature of officer	Date	Title

May the IRS discuss this return with the preparer shown below (see page 3)? ☐ Yes ☒ No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Form 1120-POL, line 17b, Exempt Function Expenditures

<i>Description</i>	<i>Amount</i>
Purchase of political barbecue tickets	250
Campaign contributions	<u>370</u>
Total	620

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$78
Requested payment date	3-15-2011
Taxpayer Daytime Phone	714-555-1212

TY2010 8868 Test Scenario #1

TaxPeriodEndDate – 12/31/2010

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2010

Filer

EIN – 11-9000022

Name – Echinacea Endowment

NameControl -- ECHI

USAddress – 1234 Weeping Willow Lane
Anaheim CA 92813

Officer

Name – Walter Oak

Title – Trustee

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2010

BinaryAttachmentCount – 0

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).
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A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization Echinacea Endowment	Employer identification number 11-9000022
	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Weeping Willow Lane	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anaheim CA 92813	

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

0	4
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Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► The Organization 1234 Weeping Willow Lane Anaheim CA 92813

Telephone No. ▶ 714-555-1212 FAX No. ▶ 714-555-1313

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20 10 or
- ▶ ☐ tax year beginning _____, 20_____, and ending _____, 20_____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	\$	23,000
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.	3b	\$	20,000
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			
		3c	\$	3,000

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Payment Record

Routing Transit Number	012456778
Bank Account Number	111-222-3456
Account Type	checking
Payment Amount	\$3000
Requested Payment Date	5/15/2011
Taxpayer Daytime Phone	714-555-1212

TY2010 8868 Test Scenario #2

TaxPeriodEndDate – 12/31/2010

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2010

Filer

EIN – 11-9000004

Name – National Hyrax Association

NameControl -- NATI

USAddress – 1234 Weeping Willow Lane Anaheim CA 92812

Officer

Name – Test U. Phrozintows

Title – Treasurer

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2010

BinaryAttachmentCount – 0

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization National Hyrax Association	Employer identification number 11-9000004
	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Weeping Willow Lane	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anaheim CA 92812	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► [National Hyrax Assn 1234 Weeping Willow Lane Anaheim CA 92812](#)

Telephone No. ► [714-555-1212](#) FAX No. ► [714-555-1313](#)

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until [August 15](#), 20 [11](#), to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 [10](#) or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TY2010 8868 Test Scenario #3

TaxPeriodEndDate – 12/31/2010

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2010

Filer

EIN – 11-9000022

Name – Echinacea Endowment

NameControl -- ECHI

USAddress – 1234 Weeping Willow Lane
Anaheim CA 92813

Officer

Name – Walter Oak

Title – Trustee

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2010

BinaryAttachmentCount – 0

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►

Telephone No. ► FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20____ or
 - ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization <u>Echinacea Endowment</u>	Employer identification number <u>11-9000022</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>1234 Weeping Willow Lane</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Anaheim CA 92813</u>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of The Organization 1234 Weeping Willow Lane Anaheim CA 92813
Telephone No. 714-555-1212 FAX No. 714-555-1313
- 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.

- 4** I request an additional 3-month extension of time until November 15, 20 11.
- 5** For calendar year 2010, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.
- 6** If this tax year 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 is needed due to unavoidable absence of the taxpayer.

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	\$	<u>23,000</u>
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	\$	<u>23,000</u>
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	<u>0</u>

Signature and Verification

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

Signature **▶**

Title **▶**

Date **▶**

TY2010 8868 Test Scenario #4

TaxPeriodEndDate – 12/31/2010

Originator

EFIN – as assigned

Type – ERO

PractitionerPIN

EFIN – as assigned

PIN –

PinEnteredBy – *ERO or Taxpayer*

SignatureOption – *Pin Number or Binary Attachment 8453 Signature Document*

ReturnType – 8868

TaxPeriodBeginDate – 1/1/2010

Filer

EIN – 11-90000004

Name – National Hyrax Association

NameControl -- NATI

USAddress – 1234 Weeping Willow Lane Anaheim CA 92812

Officer

Name – Test U. Phrozintows

Title – Treasurer

DateSigned – self select

TaxpayerPIN – self select

TaxYear -- 2010

BinaryAttachmentCount – 0

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►

Telephone No. ► FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20____ or
 - ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization National Hyrax Association	Employer identification number 11-9000004
	Number, street, and room or suite no. If a P.O. box, see instructions. 1234 Weeping Willow Lane	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Anaheim CA 92812	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• The books are in the care of **National Hyrax Assn 1234 Weeping Willow Lane Anaheim CA 92812**

Telephone No. **714-555-1212** FAX No. **714-555-1313**

• 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.

- 4** I request an additional 3-month extension of time until **November 15**, 20 **11**.
- 5** For calendar year **2010**, or other tax year beginning , 20 , and ending , 20 .
- 6** If this tax year 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 **There was a hyrax crisis involving a critical shortage of hyraxes and we had to attend to the crisis.**

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	\$
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	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

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

Signature ►

Title ►

Date ►