See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning _________, and ending _________

Name of organization (☐ Check box if name changed and see instructions)

THE FLORA FAMILY FOUNDATION

Employer identification number (Employees’ trust, see instructions)

77-0500183

Unrelated business activity codes (See instructions)

Enrolled for Public Inspection for 501h-58 Organizations Only

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions

2121 SAND HILL ROAD, NO. 123

City or town, state, and ZIP code

MENLO PARK, CA 94025

Book value of all assets at end of year

105771163.

Group exemption number (See instructions)

Check organization type □ 501(c) corporation ☑ 501(c) trust ☑ 401(a) trust ☑ Other trust

Telephone number □ Yes ☑ No

ANNETTE RADO 650-233-135

Part I: Unrelated Trade or Business Income

(A) Income (B) Expenses (C) Net

1a Gross receipts or sales

1c Balance

2 Cost of goods sold (Schedule A, line 7)

3 Gross profit Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4c Capital loss deduction for trusts

5 Income (loss) from partnerships and S corporations (attach statement)

5c -94,914. STMT 16 -94,914.

6 Rent income (Schedule C)

7 Unrelated debt-financed income (Schedule E)

8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

10 Exploited exempt activity income (Schedule J)

11 Advertising income (Schedule J)

12 Other income (See instructions, attach schedule)

13 Total: Combine lines 3 through 12


Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)

15 Salaries and wages

16 Repairs and maintenance

17 Bad debts

18 Interest (attach schedule)

19 Taxes and licenses

20 Charitable contributions (See instructions for limitation rules)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions. Add lines 14 through 28

29c -94,914.

30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30

33 Specific deduction (Generally $1,000, but see instructions for exceptions)

34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

-94,914.

OCT 28 2011

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 990-T (2010)
Application for Extension of Time To File an Exempt Organization Return

Form 8868
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-1709

Application is for
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). 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.

<table>
<thead>
<tr>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE FLORA FAMILY FOUNDATION</td>
<td>77-0500183</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.
2121 SAND HILL ROAD, NO. 123
City, town or post office, state, and ZIP code. For a foreign address, see instructions.
MENLO PARK, CA 94025

Enter the Return code for the return that this application is for (file a separate application for each return).

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

ANNETTE RADO
The books are in the care of 2121 SANDHILL ROAD #123 - MENLO PARK, CA 94025
Telephone No. 650-233-1335 FAX No. 650-745-0709
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 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 NOVEMBER 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
X calendar year 2010 or
X tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:
X Initial return
X Final return
X 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 $ 0

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 $ 0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ 0

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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

023641 01-03-11

17220930 601856 19275-000 2010.04041 THE FLORA FAMILY FOUNDATION 19275-01
Part III  Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
   Controlled group members (sections 1561 and 1563) check here □ See Instructions and
   a. Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order)
      (1) $ □ (2) $ □ (3) $ □
   b. Enter organization's share of (1) Additional 5% tax (not more than $11,750) □ $ □
      (2) Additional 3% tax (not more than $100,000) □ $ □
   c. Income tax on the amount on line 34 □ 35c □ 0 □

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from
   □ Trust rate schedule or □ Schedule D (Form 1041)
   □ 36 □ 0 □

37 Proxy tax. See instructions
   □ 37 □ 0 □

38 Alternative minimum tax
   □ 38 □ 0 □

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies
   □ 39 □ 0 □

Part IV  Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)
   □ 40a □ 0 □
b. Other credits (see instructions)
   □ 40b □ 0 □
c. General business credit Attach Form 3800
   □ 40c □ 0 □
d. Credit for prior year minimum tax (attach Form 8801 or 8827)
   □ 40d □ 0 □
e. Total credits. Add lines 40a through 40d
   □ 40e □ 0 □

41 Subtract line 40e from line 39 □ 41 □ 0 □

42 Other taxes. Check if from □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule)
   □ 42 □ 0 □

43 Total tax. Add lines 41 and 42 □ 43 □ 0 □

44 a. Payments A 2009 overpayment credited to 2010
   □ 44a □ 0 □
b. 2010 estimated tax payments
   □ 44b □ 0 □
c. Tax deposited with Form 8868
   □ 44c □ 0 □
d. Foreign organizations Tax paid or withheld at source (see instructions)
   □ 44d □ 0 □
e. Backup withholding (see instructions)
   □ 44e □ 0 □
f. Credit for small employer health insurance premiums (Attach Form 8941)
   □ 44f □ 0 □
g. Other credits and payments
   □ Form 4136 □ 0 □
   □ Other □ 0 □
   □ Total □ 44g □ 0 □

45 Total payments. Add lines 44a through 44g □ 45 □ 0 □

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached □ □
   □ 46 □ 0 □

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
   □ 47 □ 0 □
        Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
   □ 48 □ 0 □

49 Enter the amount of line 48 you want credited to 2011 estimated tax □ Refunded □ 49 □

Part V  Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and
   Financial Accounts. If YES, enter the name of the foreign country here □ Yes □ No
   □ 1 □ X □

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, see instructions for other forms the organization may have to file
   □ Yes □ No
   □ 2 □ X □

3 Enter the amount of tax-exempt interest received or accrued during the tax year □ 3 □ 0 □

Schedule A - Cost of Goods Sold. Enter method of inventory valuation □ N/A

1 Inventory at beginning of year
   □ 1 □ 0 □
2 Purchases
   □ 2 □ 0 □
3 Cost of labor
   □ 3 □ 0 □
4a Additional section 263A costs
   □ 4a □ 0 □
b. Other costs (attach schedule)
   □ 4b □ 0 □
5 Total. Add lines 1 through 4b
   □ 5 □ 0 □

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

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

Signature of officer □ Amnette Kees 10/20/11 □ CFO

Paid Preparer Use Only

Print/Type preparer's name □ ROGER BULOSAN □ 10/3/11 □ 0
Preparer's signature □ FIRM NAME □ LAUTZE & LAUTZE
Date 10/3/11 □ 0
Check □ if self-employed PTIN □ P00221282
Form's EIN □ 94-2513310
Form's address □ 303 SECOND STREET SUITE 950N □ SAN FRANCISCO, CA 94107 □ Phone no □ (415)543-6900

02311 03-04-11

25 17220930 601856 19275-000 2010.04041 THE FLORA FAMILY FOUNDATION 19275-01
The page contains several schedules for financial reporting, including:

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

<table>
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<td><strong>Totals</strong></td>
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**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

1. Description of exploited activity
2. Gross unrelated business income from trade or business
3. Expenses directly connected with production of unrelated business income
4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute costs 5 through 7
5. Gross income from activity that is not unrelated business income
6. Expenses attributable to column 5
7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)

<table>
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<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
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**Schedule J - Advertising Income**

**Part I. Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical
2. Gross advertising income
3. Direct advertising costs
4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 through 7
5. Circulation income
6. Readership costs
7. Excess readership costs (column 6 minus column 5, but not more than column 4)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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<tr>
<td><strong>Totals (carry to Part II, line (5))</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
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</tbody>
</table>

**Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)**

1. Name of periodical
2. Gross advertising income
3. Direct advertising costs
4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 through 7
5. Circulation income
6. Readership costs
7. Excess readership costs (column 6 minus column 5, but not more than column 4)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
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<td><strong>(5) Totals from Part I</strong></td>
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<td><strong>(5) Totals from Part I</strong></td>
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</tbody>
</table>

**Schedule K - Compensation of Officers, Directors, and Trustees**

1. Name
2. Title
3. Percent of time devoted to business
4. Compensation attributable to unrelated business

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td><strong>Total</strong></td>
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**Total. Enter here and on page 1, Part II, line 14**

0.
<table>
<thead>
<tr>
<th>Year</th>
<th>Net Operating Loss Carryforward</th>
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<tbody>
<tr>
<td>2006</td>
<td>10,430.</td>
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<tr>
<td>2007</td>
<td>33,000.</td>
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<tr>
<td>2008</td>
<td>57,990.</td>
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<tr>
<td>2009</td>
<td>123,912.</td>
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<tr>
<td>2010</td>
<td>94,914.</td>
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<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
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<td>----------------------------------------------------------------------------</td>
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<td>METROPOLITAN REAL ESTATE PARTNERS II, L.P. (90-0116116)</td>
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<td>METROPOLITAN REAL ESTATE PARTNERS IV-B, L.P. (65-1265798)</td>
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<td>METROPOLITAN REAL ESTATE PARTNERS GLOBAL II, L.P. (EIN 26-2214434)</td>
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<td>METRO REAL ESTATE PARTNERS GLOBAL, LLC (EIN 26-0664268)</td>
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<tr>
<td>AXIOM ASIA PRIVATE CAPITAL FUND I (EIN 98-0488598)</td>
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<td>COMMONFUND CNRP VI (EIN 25-1910076)</td>
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<td>COMMONFUND CNRP VII (EIN 51-0605779)</td>
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<td>COMMONFUND CPEP VI (EIN 16-1720029)</td>
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<td>COMMONFUND CPEP VII (EIN 20-8306306)</td>
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<td>COMMONFUND CIP V (EIN 16-1720038)</td>
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<td>COMMONFUND CIP VI (EIN 20-8306365)</td>
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<td>COMMONFUND CVP VIII (EIN 11-3814030)</td>
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<td>COMMONFUND GLOBAL DISTRESSED INVESTORS (EIN 56-2676315)</td>
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<td>METRO REAL ESTATE PARTNERS VII (EIN 26-4720806)</td>
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<tr>
<td>METRO REAL ESTATE PARTNERS GLOBAL III (EIN 26-4722005)</td>
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</table>

TOTAL TO FORM 990-T, PAGE 1, LINE 5                                       | -94,914.
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

   (1) 
   (2) 
   (3) 
   (4) 

2. Rent received or accrued

   (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)
   (c) Total income. Add totals of columns 2(a) and 2(b).

3. Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

   (a) Straight line depreciation (attach schedule)
   (b) Other deductions (attach schedule)

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property

   (1) 
   (2) 
   (3) 
   (4) 

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization

   (1) 
   (2) 
   (3) 
   (4) 

2. Employer Identification number

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization’s gross income

6. Deductions directly connected with income in column 5

Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization’s gross income

11. Deductions directly connected with income in column 10

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B)

Totals

0. 

0. 

Form 990-T (2010)