Form	990-T	E	exempt Organization Bus (and proxy tax und			ax Returr	า	OMB No. 1545-0687
	tment of the Treasury	Ç	Open to Public Inspection for					
A	Check box if	For C	alendar year 2010 or other tax year beginning JUL 1, in Name of organization ( Check box if name c	DEmplo (Emplo	501(c)(3) Organizations Only  Demployer identification number (Employees' trust, see			
	address changed		THE GOLDEN L.E.A.F., INC.					ctions.)
	cempt under section		ted business activity codes					
X	] 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see in	structions.			nstructions.)
H	408(e) 220(e)	l	301 N. WINSTEAD AVE	-				
	408A530(a)		City or town, state, and ZIP code				F 2 2 0 0	.0
<u>C Po</u>	529(a)	F Crow	ROCKY MOUNT, NC 27804				52300	
	end of year		o exemption number (See instructions.)  k organization type	n L	501(c) trust	401(a) trust		Other trust
	793,585,382.	<u> </u>						
			ary unrelated business activity. INVESTMENT				1,,	
			poration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [	Ye	s X No
			tifying number of the parent corporation.		Talanka		FO 44	2 7474
	e books are in care of		de or Business Income		(A) Income	one number 2  (B) Expense		(C) Net
			de or business income	1	(A) illicollie	(D) Expense	3	(O) Net
	Gross receipts or sale Less returns and allo		<b>c</b> Balance	10				
			A, line 7)	1c 2				
2 3	Gross profit. Subtrac			3				
			rom line 1c ch Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
			sts	4c				
			ips and S corporations (attach statement)	5	87,492.	STMT 2		87,492.
	Rent income (Schedu			6	07,102.	2111 2		· , 152•
	,	ced incor	me (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
-			on 501(c)(7), (9), or (17) organization					
•				9				
10	Exploited exempt act	ivity inco	ome (Schedule I)	10				
			e J)	11				
12	Other income (See in	struction	ns; attach schedule.)	12				
			gh 12	13	87,492.			87,492.
			ot Taken Elsewhere (See instructions for	or limita				
			utions, deductions must be directly connecte			income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18							18	
19	Taxes and licenses						19	
20	Charitable contribut	ions (Se	e instructions for limitation rules.)				20	
21			562)					
22			n Schedule A and elsewhere on return				22b	
23							23	
24	Contributions to def	ferred co	mpensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe	enses (S	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach scl	nedule)				28	
29	Total deductions	. Add lin	nes 14 through 28				29	0.
30			ncome before net operating loss deduction. Subtrac n (limited to the amount on line 30)				30	87,492.
31	Net operating loss of		31	87,492.				
32			ncome before specific deduction. Subtract line 31 fr				32	1 000
33			y \$1,000, but see instructions for exceptions.)				33	1,000.
34	of zero or line 32	ess tax	able income. Subtract line 33 from line 32. If line	oo is yii	zaici ilian illie 32, eniel l	ic siliailti	34	0

023701 03-03-11 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2010)

Part III T	ax Computation							<del></del>	
	nizations Taxable as Corporat	ions. See inst	ructions for tax co	mputation.					
Contro									
<b>a</b> Enter									
(1)									
<b>b</b> Enter									
(2) Ac									
	► 35c	0.							
	ne tax on the amount on line 34 s Taxable at Trust Rates. See						000		
	Tax rate schedule or		•				▶ 36		
37 Proxy									
38 Altern									
	Add lines 37 and 38 to line 35							0.	
Part IV T	ax and Payments	70 07 00, 1111101					00		
	on tax credit (corporations atta	ch Form 1118	trusts attach For	m 1116)	40a		Time		
	al business credit. Attach Forn								
	t for prior year minimum tax (a								
	credits. Add lines 40a through						400		
41 Subtra	act line 10e from line 30	140u		•••••			40e	0.	
41 Subtra	act line 40e from line 39 taxes. Check if from: For	rm 4255	] Form 0611	] Form 9607	2000	Other	. 41	<u> </u>	
								0.	
				•••••	1 44-1		43		
	ents: A 2009 overpayment cre								
0 Z0 10	estimated tax payments				44b	·			
d Faraia	eposited with Form 8868		/ ! 4 4!		44c				
	gn organizations: Tax paid or w								
e Backu	up withholding (see instruction	S)			44e		_		
	t for small employer health ins			8941)	44f				
	credits and payments:		orm 2439						
	Form 4136 Other Total ▶ 44g								
	payments. Add lines 44a thro								
	ated tax penalty (see instruction	•				•••••	46		
47 Tax d	lue. If line 45 is less than the to	otal of lines 43	and 46, enter am	ount owed			1	0.	
	payment. If line 45 is larger tha					1	▶ 48	0.	
	the amount of line 48 you war				-1: /	Refunded	<b>►</b>   49		
	Statements Regardir					<u> </u>		<del></del>	
	e during the 2010 calendar yea	-		•		•		Yes No	
	curities, or other) in a foreign c			-	) F 90-22.1, R	eport of Foreign Ba	nk and		
2 During the ta	Accounts. If YES, enter the nan ax year, did the organization receive instructions for other forms the orga	ne of the fore) a distribution fr	gn country here <b>F</b> om, or was it the gran	TRELAND tor of, or transferor to, a foreign	on trust?			x	
								Х Х	
	amount of tax-exempt interest								
	A - Cost of Goods S		nethod of invent						
	at beginning of year	1		6 Inventory at end o			6		
2 Purchases		2		7 Cost of goods sol			7		
3 Cost of lat	3 Cost of labor from line 5. Enter here and in Part I, line 2								
4a Additional section 263A costs 4a Do the rules of section 263A (with respect to								Yes No	
b Other costs (attach schedule) 4b property produced or acquired for resale) apply to									
-	d lines 1 through 4b	5							
Sign	nder penalties of perjury, I declare th prect, and complete. Declaration of p	at I have examin preparer (other th	ed this return, includ nan taxpayer) is base	ng accompanying schedules I on all information of which p	and statements reparer has any	, and to the best of my knowledge.	knowledge ar	nd belief, it is true,	
Here						_	May the IRS	3 discuss this return with	
Tiere	PRESIDENT							r shown below (see	
	Signature of officer		Date	Title			instructions	s)? X Yes No	
	Print/Type preparer's name		Preparer's sign	ature	Date	Check	if PTIN	٧	
Paid			72m	X/ (. ·	alist-	self- employ	/ed		
Preparer	MICHAEL SORRELLS, CE		1 -1.1W	er ou	1/18/20,	Z	P0	0001737	
	I C'   N DDO 1763				. /	Firmly CIN	1.2	-5381590	
Use Only	Firm's name BDO USA					Firm's EIN	13		
Use Only	7101	WISCONSIN	N AVE., SUIT	€ 800		FIRMSEIN			

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Schedule C - Rent Incom	e (From Real	Proper	ty and	l Personal	Proper	ty Lease	ed With Real P	rope	erty)(see instructions)	
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receive						2(a) Deductions dire	etly co	nnected with the income in	
(a) From personal property (if the rent for personal property is not not more than 5	nore than	<b>(b)</b> Fi	rent for pe	nd personal propert ersonal property ex is based on profit	ceeds 50%	centage or if	columns 2(a	a) and 2	(b) (attach schedule)	
(1)										
(2)										
(3)										
_(4)										
Total	0.	Total				0.	4) <del>-</del>			
(c) Total income. Add totals of colum here and on page 1, Part I, line 6, colu	ımn (A)					0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1, .	. 0,	
Schedule E - Unrelated D	ebt-Financed	Incom	<b>e</b> (see i	nstructions)						
				2. Gross inc	come from		<ol><li>Deductions directly to debt-fir</li></ol>			
1. Description of deb	ot-financed property			or allocable financed p	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average of or a debt-fina		pe adjusted basis allocable to anced property ch schedule)		<b>6.</b> 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))	
(1)					9,	6				
(2)					9,	6				
(3)					9	6				
(4)					9	6				
Tatala						Enter here and on page 1, Part I, line 7, column (A).		0	Enter here and on page 1, Part I, line 7, column (B).	
Totals								0.	0.	
Schedule F - Interest, An								. 💌	0,	
Scriedule 1 - Interest, And		lies, ai					iizations (see ii	istruc	ctions)	
Name of controlled organization     Employer identification			ion Exempt Controlled Organizations  3. 4. Total of specifications (loss) (see instructions)		4. of specified			6. Deductions directly connected with income in column 5		
(1)	+									
<u>(1)</u> <u>(2)</u>										
(3)										
(4)										
Nonexempt Controlled Organizati	ons						l		I.	
7. Taxable Income 8. Net unrelated income (loss (see instructions)					in the cont	t of column 9 that is included controlling organization's gross income		Deductions directly connected with income in column 10		
(1)										
(2)										
(3)										
(4)										
·						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).	
Totals					<b>.</b>		0.		0.	

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Schedule G - Investm (see in:	nent Income of a structions)	Section (	501(c)(7	'), (9), or (17) Or	ganizat	tion		
<b>1</b> . De	escription of income			2. Amount of income	directly of	luctions connected schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								, , ,
(2)								
(3)								
(4)								
			F	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page Part I, line 9, column (B).
Totals			▶	0.				0
Schedule I - Exploite				Than Advertisi	ng Inco	me		
		n _		4. Net income (loss)				7 -
1. Description of exploited activity	Gross     unrelated business     income from     trade or business	3. Exper directly con with produ of unrelated business in	nected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5	from act is not u	s income ivity that nrelated s income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
		### HONTOGO II	1001110	through 7.				oola 1,1
(1)								
(2)								
(3)								
(4)			-					
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P	art I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0
Schedule J - Advertis	·	netructions)	-					
	Periodicals Rep			solidated Basis				
1. Name of periodical	<b>2.</b> Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)				-				
(4)								
Totals (carry to Part II, line (5))		0.	0	*				0
Part II Income From columns 2 through	ph 7 on a line-by-line ba		a Sepa	irate Basis (For 6	each perio	odical liste	d in Part II, fill in	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)				1	+			<u> </u>
(4)					+			
(5) Totals from Part I	F-1	0.	0	4				0
	Enter here and o page 1, Part I, line 11, col. (A).	page line 1	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	0					0
Schedule K - Compe	nsation of Officer	s, Direct	ors, an	d Trustees (see	instructio			
1.	Name			2. Title		3. Perce time devo busine	ted to	pensation attributable prelated business
(1)							%	
(2)						İ	%	
							%	
(3)								
<u>(4)</u>	B . II I'		<u> </u>			<u> </u>	%	<u> </u>
Total. Enter here and on page 1	, rart II, IIne 14						<b>&gt;</b>	0 - 000 T

Form **990-T** (2010)

FOOTNOTES	STATEMENT 1
NET OPERATING LOSS:	
LOSS ORIGINATING IN 2009 TAX YEAR CARRYFORWARD UTILIZED IN 2010 TAX YEAR	705,680. 87,492.
NOL AVAILABLE FOR 2011 TAX YEAR	618,188,

FORM 990-T	INCOME (LOSS) FI	ROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION			AMOUNT
AG REALTY FUND VII (TE) COLONY INVESTORS VIII, DENHAM COMMODITY PARTNE ENCAP ENERGY CAPITAL FU LEXINGTON CAPITAL PARTN Q-BLK PRIVATE CAPITAL I SYNERGY LIFE SCIENCE PA THE VARDE FUND IX, LP THE VARDE FUND X(B) (FE WARBURG PINCUS PRIVATE	LP RS FUND V LP ND VII, LP ERS V, LP I (PARALLEL) LP RTNERS, LP	EIN: 26-0330156 EIN: 20-5748317 EIN: 26-1710058 EIN: 26-0413806 EIN: 06-1634170 EIN: 20-3111907 EIN: 20-5945828 EIN: 26-1594327 EIN: 52-2204473 A LP EIN: 27-3762729	-46,937116,77816,908. 248,042. 16,175. 19,9052,10212,6212291,055.
TOTAL TO FORM 990-T, PA	• , ,	== ==: =: <b>\(\)</b>	87,492.