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

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 6/16/08 12/31/08 , and ending For calendar year 2008, or tax year beginning Address change X Initial return Final return Amended return Name change G Check all that apply **Employer identification number** Name of foundation Use the IRS 26-3034927 label. THE MARSHA SHANKLIN FOUNDATION Telephone number (see page 10 of the instructions) Otherwise, 361-576-0330 print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. 404 W. GUADALUPE If exemption application is pending, check here See Specific City or town, state, and ZIP code D 1. Foreign organizations, check here Instructions. **VICTORIA** TX 77901 2. Foreign organizations meeting the X Section 501(c)(3) exempt private foundation Check type of organization 85% test, check here and attach computation Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end J Accounting method: Other (specify) of year (from Part II, col (c), If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 1,307,887 (Part I, column (d) must be on cash basis line 16) **>** \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net (b) Net investment for chantable expenses per total of amounts in columns (b), (c), and (d) may not necessarily purposes books income income equal the amounts in column (a) (see pg 11 of the instructions)) (cash basis only) 1,226,711 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is **not** required to attach Sch. B 2 24,079 5,460 3 Interest on savings and temporary cash investments 13,180 13,180 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 12,208 Net gain or (loss) from sale of assets not on line 10 6a 12,208 Gross sales price for all assets on line 6a 12,208 Capital galana (man) Part IV, ine 2) Net short-term capital gain es sales less returns & allowant ഗ് 9 φ̈́ 10a Cost of goods sold b C Gross promo (1) (attach) schedule STMT 1 11 Other Income (attach-schedule) 42,693 42,460 1,318,871 73,308 0 12 Total, Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses Other employee salanes and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 37 37 17 492 492 Taxes (attach schedule) (see page 14 of the instructions) STMT 2 18 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 10,452 10,452 23 Other expenses (att. sch.) Total operating and administrative expenses. 24 10,981 10,981 Add lines 13 through 23 3 25 Contributions, gifts, grants paid 10,984 0 10,981 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 1,307,887 Excess of revenue over expenses & disbursements 62,327 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

Form 990-PF (2008

<u>F</u>	. > orm 990	PF(2008) THE MARSHA SHANKLIN FOUNDATION	26-30349	27		Page 2
_	Part 1	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	<u>E</u>	nd of	year
_	J 481 6 41	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	•	(c) Fair Market Value
	1	Cash—non-interest-bearing	<del></del>			
	2	Savings and temporary cash investments				
	3	Accounts receivable			-	
		Less: allowance for doubtful accounts				
	4	Pledges receivable			1	
	1	Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	ł	disqualified persons (attach schedule) (see page 15 of the				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts				
ফ	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ą	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)				
	l c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment, basis				
	1	Less accumulated depreciation (attach sch.)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) SEE STATEMENT 4	-	1,307,	887	1,307,887
	14	Land, buildings, and equipment. basis				
	''	Less accumulated depreciation (attach sch )				
	15	Other assets (describe	:	-		
	16	Total assets (to be completed by all filers—see the				
	''	instructions. Also, see page 1, item I)	lol	1,307,	887	1,307,887
_	17	Accounts payable and accrued expenses		•		
	19	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable (attach schedule)				
Ξ	22					
	23	Other liabilities (describe   Total liabilities (add lines 17 through 22)	0		0	
-	23_	. [65]				
ın		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.				
ë	24	Unrestricted		1,307,	887	
ē	24			1,307,	007	
33	25	Temporarily restricted				
8	26	Permanently restricted  Foundations that do not follow SFAS 117, check here	<del></del>			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
Ľ.		-				
ō	27	Capital stock, trust principal, or current funds		<del></del> -		
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Š	29	Retained earnings, accumulated income, endowment, or other funds				
4	30	Total net assets or fund balances (see page 17 of the	o	1 207	007	
Ne		instructions)		1,307,	007	
	31	Total liabilities and net assets/fund balances (see page 17		1 207	007	
_	Physic 1	of the instructions)	0	1,307,	88/	<u> </u>
-	Part I	<del></del>	agrae with			l
•		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		4	
		of-year figure reported on pnor year's return)		ŀ	<u>1</u> 2	1,307,887
		amount from Part I, line 27a			3	1,307,887
,		r increases not included in line 2 (itemize)		ŀ		1,307,887
•		ines 1, 2, and 3		Ì	4	1,307,687
		eases not included in line 2 (itemize)	line 20	ŀ	_5_	1 307 997
	ଓ Iotal	net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b),	line 30		6	1,307,887

Part IV Capital Gains a	nd Losses for Tax on Investm	ent income			
(a) List and descri	ibe the kind(s) of property sold (e.g., real estate ehouse, 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 K-1 74-2799269	STCG		P	VARIOUS	VARIOUS
ь К-1 74-2799269			P	VARIOUS	VARIOUS
c					
d					
9					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	or other basis ense of sale	, , ,	n or (loss) ) minus (g) ————————————————————————————————————
a 9,467					9,467
ь 2,741					2,741
C					
е					
Complete only for assets showing	gain in column (h) and owned by the fo				ol (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ess of col (i)		less than -0-) <b>or</b> om col (h))
a		_			9,467
b					2,741
c					
θ	<u> </u>			ļ	
2 Capital gain net income or (net ca	apital loss)  If gain, also enter in If (loss), enter -0- in			2	12,208
3 Net short-term capital gain or (los	ss) 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).		1	
If (loss), enter -0- in Part 1, line 8	· - · · · · · · · · · · · · · · · · · ·			3	9,467
Part V Qualification U	<u>nder Section 4940(e) for Redu</u>	ced Tax on Net	<u>Investment Inco</u>	me	<del> </del>
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net investme	ent income.)		
If section 4940(d)(2) applies, leave th	is part blank				<b>37</b> / <b>3</b>
and the second second				'es No	N/A
	tion 4942 tax on the distributable amount ify under section 4940(e). Do not comple		se penou? i	es 🔲 140	
	· · · · · · · · · · · · · · · · · · ·	·		· · · · · · · · · · · · · · · · · · ·	
1 Enter the appropriate amount in (a)	each column for each year; see page 18 (b)	of the instructions ber	(c)	es	
Base period years Calendar year (or tax year beginnin	Adjusted qualifying distribution	ons Net value	e of nonchantable-use as		nbution ratio livided by col (c))
2007					
2006			<u> </u>		
2005					
2004					
				<del></del>	
2 Total of line 1, column (d)				2	
	5-year base penod—divide the total on li	ne 2 by 5, or by the			
•	has been in existence if less than 5 years			3	
4 Enter the net value of noncharita	ble-use assets for 2008 from Part X, line	5		4	
5 Multiply line 4 by line 3	••			5	<u> </u>
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6		•		7	
8 Enter qualifying distributions from	n Part XII, line 4			8	
If line 8 is equal to or greater that	n line 7, check the box in Part VI, line 1b	, and complete that pa	art using a 1% tax rate		
the Part VI instructions on page	10.		<del>-</del>		5 990 PE (2008

Form	990-PF (2008) THE MARSHA SHANKLIN FOUNDATION 26-3034927			P	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	s)			
1a	Exempt operating foundations described in section 4940(d)(2), check here   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			1,2	247
	here  and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				
	of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2	_		1,2	247
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 lf zero or less, enter -0-			1.2	247
6	Credits/Payments:			······· <del>·</del> ····	
а	2008 estimated tax payments and 2007 overpayment credited to 2008				
b	Exempt foreign organizations—tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)  6c				
٦ 0	Backup withholding erroneously withheld 6d 6d				
d 7	Total credits and payments Add lines 6a through 6d				
			_		-
8				1 1	247
9				<u> </u>	417
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 2009 estimated tax Refunded 11				
	rt VII-A Statements Regarding Activities	E		V T	Na.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ŀ	40	Yes	No X
	participate or intervene in any political campaign?	ŀ	1a		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			J	v
	of the instructions for definition)?	ŀ	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	Į		1	
	published or distributed by the foundation in connection with the activities.	ŀ	. 1	ŧ	₹.
C	Did the foundation file Form 1120-POL for this year?	ŀ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			1	
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$			1	
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		1	1	
_	foundation managers  \$	ŀ		1	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ı		1	<b>37</b>
	incorporation, or bylaws, or other similar instruments? If "Yes " attach a conformed copy of the changes	ŀ	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	^	4b		•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ŀ	5		X
_	If "Yes," attach the statement required by General instruction T.		- [	- 1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		- 1		
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ŀ			
	conflict with the state law remain in the governing instrument?	- }	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	ļ	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	I			
	instructions) TX	l			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ŀ		.,	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			1	
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on		_ [		
	page 27)? If "Yes," complete Part XIV	,	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT 5		10	X	<u> </u>
		Foi	m 99	リーピト	(2008)

orm	990-PF (2008) THE MARSHA SHANKLIN FOUNDATION 26-3034	927			Р	age 5
	rt VII-A Statements Regarding Activities (continued)					-3
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		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	cation?	N/A	13		
	Website address NONE					
14		Telephone no	<b>→ 361-5</b>	78-	624	8
	404 W. GUADALUPE					
	Located at ► VICTORIA, TX	ZIP+4	77901	•		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		1			▶ ∐
· <u>·</u>	and enter the amount of tax-exempt interest received or accrued during the year	<u> ▶ 1</u>	15			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	irea			7	
	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):	□ ,,	X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v <sub>aa</sub>	Y No		`	
	disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No X No X 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)?	Yes	X 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 )	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regula	ations	_			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here		▶ 🗌			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2008?		N/A	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and	П.,	₩			
	6e, Part XIII) for tax year(s) beginning before 2008?	∐ Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
D	Are there any years listed in 2a for which the foundation is <b>not</b> 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)		N/A	2b	•	Ī
С	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?	X Yes	No			
b	If "Yes," did it have excess business holdings in 2008 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 penod? (Use Schedule C, Form 4720, to determine if the					•
	foundation had excess business holdings in 2008.)			3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it		/-			Ī
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	2008?	N/A	4b		

Form 990-PF (2008)

chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?

orn	n 990-PF (2008) THE MARSHA SHAN	KLIN FOUNDATION	26-3	034927			Page 6
P	art VII-B Statements Regarding	Activities for Which Form	4720 May Be F	Required (con	tinued)	····	
5a	During the year did the foundation pay or incur a			_			
	(1) Carry on propaganda, or otherwise attempt t	to influence legislation (section 494	15(e))?	<b>∠</b> Υ	es X No		
	(2) Influence the outcome of any specific public	election (see section 4955), or to	carry on,	_	_		
	directly or indirectly, any voter registration dr	ive?		∐ ¥	es X No		
	(3) Provide a grant to an individual for travel, stu	idy, or other similar purposes?		U ¥	es X No	- 1	
	(4) Provide a grant to an organization other than	a chantable, etc., organization de	scribed in	_	_	- 1	
	section 509(a)(1), (2), or (3), or section 4940	(d)(2)? (see page 22 of the instru	ctions)	Y	es X No		
	(5) Provide for any purpose other than religious,	, chantable, scientific, literary, or		_	_		
	educational purposes, or for the prevention of	of cruelty to children or animals?		Y	es X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qualify under t	he exceptions desci	nbed in		- 1	•
	Regulations section 53 4945 or in a current notice	e regarding disaster assistance (s	ee page 22 of the in	structions)?	_N/A [	5b	
	Organizations relying on a current notice regards				▶ 🗌		
С	If the answer is "Yes" to question 5a(4), does the	foundation claim exemption from	the tax			- 1	
	because it maintained expenditure responsibility	for the grant?		N/A 🗌 Y	'es 🗌 No	- 1	
	If "Yes," attach the statement required by Regula	ations section 53 4945-5(d)		_			
6a	Did the foundation, during the year, receive any		premiums				I
	on a personal benefit contract?	. ,		Π ν	es X No		
b	Did the foundation, during the year, pay premium	ns, directly or indirectly, on a perso	nal benefit contract	?		6b	x
_	If you answered "Yes" to 6b, also file Form 8870	• •					
7a	At any time during the tax year, was the foundati		er transaction?		es X No		
	If yes, did the foundation receive any proceeds of			_	_N/A	7b	
	art VIII Information About Officers	s. Directors, Trustees, Fo	undation Mana	gers, Highly F	aid Employee	es,	
•	and Contractors	, ,			, ,		
1	List all officers, directors, trustees, foundation	managers and their compensat	ion (see page 22 o	f the instructions	).		
			(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
	(a) Name and address	s	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		count, other llowances
M	YRA STARKEY	VICTORIA	SECRETARY				
	04 W. GUADALUPE	TX 77901	1	o	0		0
	YRA STARKEY	VICTORIA	TREASURER				
	04 W. GUADALUPE	TX 77901	1	0	0		0
	AIL ATKINSON	LEAGUE CITY	VICE PRES				
	150 DEVEREUX DRIVE	TX 77573	1	ه ا	0		0
	OHN TROSCLAIR	TYLER	PRESIDENT				
	6961 WILSON RD	TX 75707	1	٥	0		. 0
	Compensation of five highest-paid employee		line 1—see page 2	23 of the instructi	ons).		
-	If none, enter "NONE."				•		
	<u></u>		(b) Title, and average		(d) Contributions to	(0)	) Expense
	(a) Name and address of each employee page	aid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	àcc	count, other
			devoted to position		compensation	a	llowances
N	ONE						
-•		•	<u> </u>			<u></u>	
			1		<u></u>	<u> </u>	
	-						
			1	1	<b>.</b>	L.	
						1	
[ot:	al number of other employees paid over \$50,000		1		-	<b></b>	T
. Ju				-	Fo	m 99	0-PF (2008)

Form 990-PF (2008) THE MARSHA SHANKLIN FOUNDATION	26-3034927	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid Emp	oloyees,
3 Five highest-paid independent contractors for professional services (see page 1)	age 23 of the instructions). If none, enter "NONI	E."
(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		<u>▶  </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant star of organizations and other beneficianes served, conferences convened, research papers produced		Expenses
1 N/A		
2	<del> </del>	
3		
4		
Part IX-B Summary of Program-Related Investments (see p	page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions 3		

Total. Add lines 1 through 3

### Part XII Qualifying Distributions (see page 25 of the instructions)

qualifies for the section 4940(e) reduction of tax in those years.

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3
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.,	1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u></u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3
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 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	] 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2008)

Pa	art XIII Undistributed Income (see page 26 of	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				31,193
2	Undistributed income, if any, as of the end of 2007				
а	Enter amount for 2007 only				
b	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2008				
	From 2003		1		
b	From 2004	7			
C	From 2005				
ď	From 2006				
-	From 2007	7			
f	Total of lines 3a through e	7			
4	Qualifying distributions for 2008 from Part XII,				
•	line 4 ▶\$ 3				
а	Applied to 2007, but not more than line 2a		1		
	Applied to undistributed income of prior years (Election				
	required—see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
G	• •				
	required—see page 26 of the instructions)				3
d	••				
- 8	Remaining amount distributed out of corpus	-:-	-[		
5	Excess distributions carryover applied to 2008				
	(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:		1		
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Pnor years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
θ	Undistributed income for 2007. Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2008. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2009			••••	31,190
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 2003 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2004		1		
b	Excess from 2005	1	1		
C	Excess from 2006	1	1		
d	Excess from 2007	1	1		
_		1	1		
θ	LAGESS HUITI 2000		ŧl		- 000 DE (

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

FUNDS TO BE USED IN VICTORIA COUNTY, TEXAS.

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

INTENDED USE & AMOUNT REQUESTED

Any submission deadlines.

CALENDAR YEAR END

Page 11

3 Grants and Contributions Paid During the	If recipient is an individual, show any relationship to	Foundation			
Recipient	show any relationship to any foundation manager	status of recipient		Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor				
a Paid during the year					
K-1 74-2799269	DOMAGI	ON BLOW T	וומנוי	PDOM V 1	3
	DONATI	ON FLOW I	INKU	FROM K-1	3
				]	
		İ			
					ļ
Total	•			<b>▶</b> 3a	3
b Approved for future payment				1	
N/A					
				•	
					1
	<u> </u>	<u> </u>		<u> </u>	<del> </del>
Total				▶ 3b	I

P	art XVI-A	Analysis of Income-Producing Act	ivities	<u> </u>			
		unts unless otherwise indicated.		d business income (b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
1		vice revenue			code		the instructions )
				<u></u>			
							<del></del>
		<del></del>	<del></del>				
				<del> </del>	-		
	f				<del></del>		· · · · · · · · · · · · · · · · · · ·
		d contracts from government agencies					
	_	dues and assessments					
		avings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	14	24,079	
		nd interest from securities			14	13,180	
	Net rental in	come or (loss) from real estate:					
	a Debt-fin	anced property					
	b Not deb	t-financed property					
,	Net rental in	come or (loss) from personal property					
,	Other invest	ment income			15	42,460	
3	Gain or (loss	s) from sales of assets other than inventory			18	12,208	
		or (loss) from special events					
)	Gross profit	or (loss) from sales of inventory					
	Other reven						
	b GAND	ER SLOUGH LTD 74-2799269					23
	с						
	d						
	е					21 225	
		d columns (b), (d), and (e)	<u></u>		0	91,927	23
		ne 12, columns (b), (d), and (e)				13	92,16
	art XVI-B	in line 13 instructions on page 28 to verify calculation  Relationship of Activities to the Activities		ont of Evennt B	Purnoso		
<u>.r</u>	all VALD	Explain below how each activity for which income		•			
ı	.in <u>e</u> No.	the accomplishment of the foundation's exempt pu	•			· · · · · · ·	
	•	page 28 of the instructions )				, a. <b>,</b> (5.55	
	N/A						
	•						
				<u>-</u>			
				<del></del>			
						<del> </del>	
-							
_					_		<del> </del>
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V						<del></del>	Form 990-PF (200

	•	'		
orm 990-PF (2008)	THE	MARSHA	SHANKLIN	FOUNDATION
01111 000 1 1 (2000)			~~~~~~	

990-PF (2008)	THE MARSHA	SHANKLIN	FOUNDATION	26-3034927	Page 13
+ YVIII In:	formation Pagard	ling Transfore	To and Transactions	and Palationshins With Noncharits	hla

		Exempt Organiz	ations									
1	Did the o	rganization directly or ind		in any of the following	with any other	er organiza	tion describ	 ed			Yes	No
					01(c)(3) organizations) or in section 527, relating to political							
	organizations?											
а	Transfers	from the reporting found	lation to a non	chantable exempt orga	inization of							
	(1) Cash											
(2) Other assets												X
<b>b</b> Other transactions:												
(1) Sales of assets to a noncharitable exempt organization												<u> </u>
(2) Purchases of assets from a nonchantable exempt organization												<u> </u>
(3) Rental of facilities, equipment, or other assets												X
(4) Reimbursement arrangements												<u> </u>
	(5) Loan	s or loan guarantees								1b(5)		_X_
	(6) Perfo	ormance of services or m	embership or	fundraising solicitations	3					1b(6)		_X_
C	Sharing of	of facilities, equipment, m	ailing lists, oth	er assets, or paid empl	loyees					_1c		X
d	If the ans	wer to any of the above i	s "Yes," comp	lete the following sched	dule. Column	(b) should	i always sho	w the fair marke	t			
		he goods, other assets, o	-									
	value in a	any transaction or shanno	arrangement	, show in column (d) th	e value of the	e goods, of	ther assets,	or services rece	ıved.			
_	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt of	organization	(d) [	escription of	transfers, transactu	ons, and sh	aring arranger	ments	
1/	<u> </u>		<u> </u>					_				
			<u> </u>									
		_	<del> </del>				_				-	
_			-	•••		<u> </u>						
		· <del>-</del>	<del> </del>			<u> </u>						
			+									
			1				<del></del>			<u> </u>		
-		<u>-                                    </u>	<del>                                     </del>									
_												
			<del> </del>			<del> </del>			_			
-			<u> </u>							-		
	·-							-				
<b>2</b> a	Is the fou	indation directly or indirec	tly affiliated w	nth, or related to, one or	r more tax-ex	cempt orga	nızations					_
	describe	d in section 501(c) of the	Code (other tl	nan section 501(c)(3)) o	or in section (	527?				□ Y <sub>1</sub>	es 🛚 🗓	No
ь	If "Yes,"	complete the following so	hedule									
		(a) Name of organization		(b) Type of organ	ization			(c) Descriptio	n of relation	nship		
	N/A											
								<del></del> -				
_						-						
_								·				
	Under per belief, it is	alties of perjury, I declare that true, correct, and coppelete	it I have examin Declaration of p	ed this return, including ac reparer (other than taxpaye	companying so er or fiduciary) i	hedules and is based on	l statements, all informatior	and to the best of n of which preparer	ny knowled has any kn	ge and owledge		
	<b>N</b>							TREASU		·		
	Signs	ature of officer or trustee	Milio				KEK					
9	, Signa	nate of officer of pusies		Date Title				1	<u> </u>	Dropomdo !do-t	dar.	
Пe		$K_{\wedge}$	Date						Preparer's identi			
oign Here	્ર ≥	Bronoroda N // X/	100	1 001			, ,	Check if	اہہ	number (see Sig	-	
7		Preparer's	bloke.	<b>J</b> (¥#			9/10	self-employed	''~니	page 30 of the if <b>P00058</b>		
	Paid Preparer's Use Only	Firm's name (or yours if	GOLDMA	N, HUNT & N	NOTZ, I		1 . ,,-	<del></del>				
	ا دے ا	self-employed), address,		I. NAVARRO S				ļ	EIN ▶	74-190	299	7
		and ZIP code	VICTO		7904-17					361-57		
_					<del></del>					_		

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.

OMB No 1545-0047

2008

Name of the organization

Employer identification number

THE MARSHA SI	HANKLIN FOUNDATION	
Organization type (check o	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a	а pпvate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust treated as a private trus	vate foundation
	501(c)(3) taxable private foundation	
· -	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> . Only a es for both the General Rule and a Special Rule See instructions	
	ling Form 990, 990-EZ, or 990-PF that received, during the year,	, \$5,000 or more (in money or
	one contributor Complete Parts I and II	
Special Rules		
under sections 509(	c)(3) organization filing Form 990, or Form 990-EZ, that met the 3 (a)(1)/170(b)(1)(A)(vi), and received from any one contributor, do or (2) 2% of the amount on Form 990. Part VIII, line 1h or 2% of and II	uring the year, a contribution of the
dunng the year, agg	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the gregate contributions or bequests of more than \$1,000 for use expressional purposes, or the prevention of cruelty to children or	xclusively for religious, charitable,
during the year, son not aggregate to mo the year for an exclu	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, the contributions for use exclusively for religious, chantable, etc., ore than \$1,000. (If this box is checked, enter here the total cont dusively religious, chantable, etc., purpose Do not complete any nization because it received nonexclusively religious, chantable,	, purposes, but these contributions did inbutions that were received during of the parts unless the <b>General Rule</b>
Caution. Organizations that 990-EZ, or 990-PF), but the	t are not covered by the General Rule and/or the Special Rules or by <b>must</b> answer "No" on Part IV, line 2 of their Form 990, or chect of their Form 990-PF, to certify that they do not meet the filing req	ck the box in the heading of their

	B (Form 990, 990-EZ, or 990-PF) (2008)	<del></del>	Page I of I of Parti
	organization MARSHA SHANKLIN FOUNDATION		Employer identification number 26-3034927
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARSHA J SHANKLIN ESTATE P.O. BOX 50505  BELLEVUE WA 98015-0505	\$ 1,211,44	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
NO.	tumoj dadrosoj drie za	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Page 1 of 1 of Part ii Name of organization **Employer identification number** 26-3034927 THE MARSHA SHANKLIN FOUNDATION Part II Noncash Property (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) LIMITED PARTNERSHIP INTEREST IN 1 **GANDER SLOUGH 74-2799269** 1,211,444 6/20/08 \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) \$ (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions)

\$

# 365MSFDN The Marsha Shanklin Foundation 26-3034927 FYE: 12/31/2008

## **Federal Statements**

her Income
1 - Ot
t I, Line 1
Par,
9-PF
- Form 99
Statement 1

Adjusted Net Income	w	0		Charitable Purpose	w	O		Charitable Purpose	v.		o   v
Net Investment Income	\$ 71,288 -28,828	\$ 42,460	Xes	Adjusted Net	₹.	w 0	xpenses	Adjusted Net	·v		\$
Revenue per Books	\$ 71,288 -28,828 233	\$ 42,693	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	492 \$ 492	492 \$ 492	- Form 990-PF, Part I, Line 23 - Other Expenses	Net	\$	10,452	152 \$ 10,452
uo	HO E		Statement 2 - For	Total	\$	\$	Statement 3 - Form 99	Total	\$	10,452	\$ 10,452
Description	K-1 74-2799269 ROYALTIES K-1 74-2799269 ROYALTY DEDUCT GANDER SLOUGH LTD 74-2799269	TOTAL		Description	FOREIGN TAXES	TOTAL		Description		EXPENSES PORTFOLIO DEDUCTIONS	TOTAL

365MSFDN The Marsha Shanklin Foundation 26-3034927 **Federal Statements** 

26-3034927

FYE: 12/31/2008

## Statement 4 - Form 990-PF, Part II, Line 13 - Other Investments

Description						
	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
GANDER SLOUGH 74-2799269						
	\$	_ \$_	1,307,887		\$_	1,307,887
TOTAL	\$	0 \$	1,307,887		\$_	1,307,887

S City, State, Zip Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors BELLEVUE WA 98015-0505 Federal Statements Address 365MSFDN The Marsha Shanklin Foundation MARSHA J SHANKLIN ESTATE
PO BOX 50505 Name FYE: 12/31/2008 26-3034927

365MSFDN The Marsha Shanklin Foundation
26-3034927 Federal Statements
FYE: 12/31/2008
Form 990-PF, Part XV, Line 2b - Application Format and Required Contents
Description
INTENDED USE & AMOUNT REQUESTED
Form 990-PF, Part XV, Line 2c - Submission Deadlines
Description
CALENDAR YEAR END
Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
Description  FUNDS TO BE USED IN VICTORIA COUNTY, TEXAS.
FORDS TO BE USED IN VICTORIA COUNTY, TEARS.
•

## **... 8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

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.  Electronic Filing (e-file), Generally, you can electronically file Form 9868 if you want a 3-month automatic file form 9868 electronically file forms 960-T, including 1110-1111 (11) (11) (11) (11) (11) (11) (11)	<ul> <li>If you are</li> <li>Do not comp</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this bor filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ( plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	on page 2 of previously file	of this form).			
time to file income tax returns.  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically (f 1) you want the additional not automatic 3-month extension or (2) you file Forms 990-BL, 6089, or 8870, gorporaturns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and algned page 2 (Part) i) of Form 8868. For more details on the electronic filing of this form, visit www.ira.gov/efile and click on e-file for Chartics 4 Monprofils.  Type or Name of Exempt Organization The Ministria Shanklin Foundiation File by the disease to Policy and form or suite no. If a P.O. box, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City town or post office, state, and ZIP code. For a foreign address, see instructions.  P.O. Box 4848 City town or post office, state, and ZIP cod	A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check	this box a	nd complete			
one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form 990-BL, 1698, or 87870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8886. For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charitiss & Nonprofits.  Type or Print The Musths Shanklin Foundation  The M			7004 to req	uest an exte	nsion of		
The M. Ish: Shanklin Foundation  The M. Ish: Shanklin Foundation  The M. Ish: Shanklin Foundation  Number, street, and room or suite no. If a P.O. box, see Instructions.  Number, street, and room or suite no. If a P.O. box, see Instructions.  P.O. Box 4848  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Victoria, Texas 77903  Check type of return to be filled (file a separate application for each return):  Form 990-BL  Form 990-T (corporation)  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-EZ  Form 990-T (must other than above)  Form 8870  The books are in the care of   Myra Starkey, 404 W. Guadalupe St., Victoria, Texas 77901  Telephone No.   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If this is for a group Return and attach a list with the names and Eilks of all members the extension will cover.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15  20 99, to file the exempt organization return for the organization's return for:  August 15  Calendar year 20  The street and a street and show a street or street and show a street and sh	one of the relectronically returns, or a	eturns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed ar	ver, you ca s 990-BL, 6 nd signed pa	nnot file For 069, or 8870 age 2 (Part II)	m 8868 D, group of Form		
Number, street, and room or suite no. If a P.O. box, see Instructions.  P.O. Box 4848 City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Victoria, Texas 77903  Check type of return to be filed (file a separate application for each return):  Form 990-El.	Type or	Name of Exempt Organization	Employer identification numb				
P.O. Box 4848  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Victoria, Toxas 77903  Check type of return to be filed (file a separate application for each return):  Form 990  Form 990-BL  Form 990-T (corporation)  Form 990-BL  Form 990-T (see. 401(a) or 408(a) trust)  Form 527  Form 6089  Form 990-PF  Form 990-F   Form 1041-A   Form 8870  The books are in the care of ▶ Myrin Starkey, 404 W. Guadalupe St., Victoria, Texas 77901  Telephone No. ▶ (561)	print		26	303492	!7		
Victoria, Texas 77903	due date for filing your	• • • • • • • • • • • • • • • • • • • •					
Form 990		1 · -					
Form 990	Check type	of return to be filed (file a separate application for each return):					
Form 990-BL		<u> </u>	П	Form 4720			
Form 990-EZ			$\overline{\Box}$				
The books are in the care of ▶ Myra Starkey, 404 W. Guadalupe St. Victoria, Texas 77901  Telephone No. ▶ (_361_)376-0330	☐ Form 99		ō				
The books are in the care of ▶ Myra Starkey, 404 W. Guadalupe St., Victoria, Texas 77901  Telephone No. ▶ ( .361 ) .576-0330 FAX No. ▶ ( .361 ) .576-0556  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)	☑ Form 99		ā				
Telephone No. ▶ ( 361 ) 576-0330 FAX No. ▶ ( 361 ) 576-0556  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)							
untilAugust 15, 20.09 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    Calendar year 20or   Calend	Telephone If the orga If this is for the whole	No. ► ( 361 ) 576-0330 FAX No. ► ( 361 ) 576-0330 Inization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ► □ . If it is for part of the group, check this box .	box	If this			
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 or 990-T, 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, or, if required, deposit with FTD coupon or, 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	until for the ▶ □	August 15 , 20.09, to file the exempt organization return for the organization organization's return for: calendar year 20or	named abo	ove. The exte	ension is		
less any nonrefundable credits. See instructions.  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  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.  3a \$ 0  \$ 0  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO				in accountin	g period		
payments made. Include any prior year overpayment allowed as a credit.  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 \$ 0  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO			. 1	\$	0		
deposit with FTD coupon or, 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				\$	n		
	c Baland deposi	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payme	nt	\$	0		
			53-EO and	Form 8879-	EO		

Form 8	Form 8868 (Rev. 4-2008) Page 2									
Note.	. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete on omplete Part II if you have already been granted an automatic 3-month extension filing for an Automatic 3-Month Extension, complete only Part I (on page	on on a previou	check this	s box . ▶ form 8868.					
	Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.									
Type	or	Name of Exempt Organization		ployer identification number						
File by extend due da	ed .	Number, street, and room or suite no. If a P.O. box, see instructions.	Fo	or IRS use	only					
filing the return. instruc	16 See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		-						
Chec	k type	of return to be filed (File a separate application for each return):								
☐ Fo	om 99	D □ Form 990-PF □ Form	n 1041-A		orm 6069					
☐ Fo	orm 991	D-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	n 4720		orm 8870					
□ F	om 99	D-EZ Form 990-T (trust other than above)	n 5227							
STOP	Pl Do no	ot complete Part II if you were not already granted an automatic 3-month e	extension on a	previous	y filed Form	8868.				
• The	books	are in the care of ▶								
Tele	ephone	No. ▶ () FAX No. ▶ ()								
		nization does not have an office or place of business in the United States,								
		r a Group Return, enter the organization's four digit Group Exemption Num								
for th	e whol	group, check this box	k this box	▶□	and attach a	L				
		names and EINs of all members the extension is for.								
4	l reque	st an additional 3-month extension of time until	20	0						
		endar year, or other tax year beginning, 20			. 20	<b>3</b> .				
		ax year is for less than 12 months, check reason:   Initial return   Fit								
		n detail why you need the extension								
•										
8a	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the to	entative tax,							
	less an	y nonrefundable credits. See instructions.		8a	\$					
b	If this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and							
		ed tax payments made. Include any prior year overpayment allowed as a cr								
	amoun	paid previously with Form 8868.		8b	\$					
C	Balance	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if requ	ulred, deposit							
	with FT	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	e 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.										
Signati	ure 🕨	Title ▶ Authorized Agent	<del></del>	Date ►	May 15. 20	09				
				For	m <b>8868</b> (Rev.	4-2008)				

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