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Short Form

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

06-01, 2008, and ending

05-31, 2009

B Check if applicable:

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

BALDWIN SUPPORTING FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
415 COACH LANE
City or town, state or country, and ZIP + 4
COEUR D'ALENE, ID 83814

D Employer identification number

91-6528388

E Telephone number

F Group Exemption
Number . . . ►G Accounting method Cash Accrual
Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Organization type (check only one) - 501(c)(3) ► (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 6,636

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 6,636
	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) (attach schedule)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
Expenses	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c
	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)	8
	8 Other revenue (describe ►)	9 6,636
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	10 6,270
	10 Grants and similar amounts paid (attach schedule)	11
	11 Benefits paid to or for members	12
Net Assets	12 Salaries, other compensation, and employee benefits	13 1,310
	13 Professional fees and other payments to independent contractors	14
	14 Occupancy, rent, utilities, and maintenance	15
	15 Printing, publications, postage, and shipping	16 60
	16 Other expenses (describe ► STM130)	17 7,640
	17 Total expenses. Add lines 10 through 16 ►	18 (1,004)
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 1,080,366
	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)	20
	20 Other changes in net assets or fund balances (attach explanation)	21 1,079,362

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,081,741	22 1,028,522
23 Land and buildings		23
24 Other assets (describe ► STM131)		24 52,215
25 Total assets	1,081,741	25 1,080,737
26 Total liabilities (describe ► STM132)	1,375	26 1,375
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,080,366	27 1,079,362

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 01

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, or other relevant information for each program title.

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

28 COUNCIL HIGH SCHOOL. THIS CONTRIBUTION WAS MADE FOR

BUILDING RENOVATIONS AND SUPPORTING ATHLETIC PROGRAMS.

(Grants \$) If this amount includes foreign grants, check here ► 28a 6,270

29

Digitized by srujanika@gmail.com

30

Page 10 of 10

If this amount includes foreign grants, check here ▶

21

Other program services (attach schedule) (Grants, \$). If this amount includes foreign grants, check here

32. Total program service expenses (add lines 28a through 31a) This amount includes foreign grants, check here

Total program service expenses (add lines 202 through 314)

(b) Title and average
(c) Compensation
(d) Contributions to
(e) Expense

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
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, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a 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?	37b	X
38 a 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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 501(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	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Enter amount of tax on line 40c reimbursed by the organization ► _____		
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	X
41 List the states with which a copy of this return is filed. ► ID		
42 a The books are in care of ► DONALD D BALDWIN Telephone no ► 208-870-9539 Located at ► 415 COACH LANE COEUR D ALENE, ID ZIP + 4 ► 83814		
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)? 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 .	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

47 Yes No

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization(s) a section 527 organization?

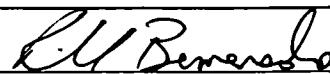
49b Yes No

50 Complete this table for the 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				
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

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 officer) is based on all information of which preparer has any knowledge			
				
	11/24/10 Date			
<p>► Signature of officer</p> <p>► DONALD D BALDWIN, TRUSTEE</p> <p>Type or print name and title.</p>				
Paid Preparer's Use Only	Preparer's signature ► 	Date 01-16-2010	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying No (See Inst) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► BERMENSOLO & ASSOCIATES 1087 W RIVER ST STE 280 BOISE, ID 83702	EIN ►		
		Phone no. ►	208-344-6340	

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

Employer identification number

91-6528388

BALDWIN SUPPORTING FOUNDATION

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 (Please check only one organization)

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). (Attach Schedule H)
 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). (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) 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?
 h Provide the following information about the organizations the organization supports.

Yes
11g(i)
11g(ii)
11g(iii)

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

EEA

Schedule A (Form 990 or 990-EZ) 2008

MA2-4

Federal Supporting Statements**2008 PG 01**

Your Social Security Number

91-6528388

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION**FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE****STATEMENT #122**

<u>ACTIVITY</u>	<u>AMOUNT</u>	<u>RELATIONSHIP</u>
GRANTEE ADDRESS PROGRAM SERVICE COUNCIL HIGH SCHOOL PO BOX 468 COUNCIL	6,270	N/A
	TOTAL	<u>6,270</u>

Federal Supporting Statements**2008 PG 01**

Your Social Security Number

91-6528388

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

STATEMENT #130

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK CHARGES	60
TOTAL	60

Federal Supporting Statements**2008 PG 01**

Your Social Security Number

91-6528388

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION**FORM 990EZ, PART II, LINE 24
OTHER ASSETS SCHEDULE 3**

STATEMENT #131

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
VEHICLE		52,215
TOTAL	<hr/>	52,215

Federal Supporting Statements**2008 PG 01**

Your Social Security Number

91-6528388

Name(s) as shown on return

BALDWIN SUPPORTING FOUNDATION**FORM 990EZ, PART II, LINE 26**
OTHER LIABILITIES SCHEDULE 3

STATEMENT #132

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
EAGLE CHRISTIAN CHURCH PROJECT		
- LIBRARY PROGRAM	525	525
- REC FIELD PROGRAM	850	850
TOTAL	<u>1,375</u>	<u>1,375</u>

BALDWIN SUPPORTING FOUNDATION
EIN: 91-6528388

A STATEMENT ATTACHED TO AND MADE PART OF
FORM 990-EZ, SHORT FORM -
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
PART III, STATEMENT 01
FOR THE YEAR ENDED MAY 31, 2009

This supporting organization was created and shall be operated exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals, pursuant to the provisions of Section 501(c)(3) of the Internal Revenue Code. The supporting organizations as specified in the trust agreement are as follows:

- CITY OF KAMIAH
- KAMIAH HIGH SCHOOL
- COUNCIL HIGH SCHOOL
- EAGLE CHRISTIAN CHURCH
- BIBLE STUDY FELLOWSHIP/RAFIKI FOUNDATION
- KTSY FM (CHRISTIAN RADIO)
- CAMPUS CRUSADE FOR CHRIST
- AWANA CLUBS INTERNATIONAL
- BOISE STATE UNIVERSITY
- VALLEY COUNTY SEARCH AND RESCUE
- BRONCO ATHLETIC ASSOCIATION
- BOY SCOUTS OF AMERICA
- GIRL SCOUTS OF AMERICA SILVER SAGE COUNCIL
- RONALD MCDONALD HOUSE CHARITIES OF IDAHO
- IDAHO COMMUNITY FOUNDATION
- FIDELITY CHARITABLE GIFT FUND
- VANGUARD CHARITABLE ENDOWMENT PROGRAM

BALDWIN SUPPORTING FOUNDATION
EIN: 91-6528388

A STATEMENT ATTACHED TO AND MADE PART OF
FORM 990-EZ, SHORT FORM -
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PART I, STATEMENT 02
FOR THE YEAR ENDED MAY 31, 2009

SUPPORTED ORGANIZATIONS	LINE NUMBER
1. CITY OF KAMIAH	6
2. KAMIAH HIGH SCHOOL	2
3. COUNCIL HIGH SCHOOL	2
4. EAGLE CHRISTIAN CHURCH	1
5. BIBLE STUDY FELLOWSHIP/RAFIKI FOUNDATION	1
6. KTSY FM (CHRISTIAN RADIO)	1
7. CAMPUS CRUSADE FOR CHRIST	1
8. AWANA CLUBS INTERNATIONAL	1
9. BOISE STATE UNIVERSITY	2
10. VALLEY COUNTY SEARCH AND RESCUE	7
11. BRONCO ATHLETIC ASSOCIATION	2
12. BOY SCOUTS OF AMERICA	7
13. GIRL SCOUTS OF AMERICA SILVER SAGE COUNCIL	7
14. RONALD MCDONALD HOUSE CHARITIES OF IDAHO	7
15. IDAHO COMMUNITY FOUNDATION	7
16. FIDELITY CHARITABLE GIFT FUND	7
17. VANGUARD CHARITABLE ENDOWMENT PROGRAM	7

Application for Extension of Time to File an Exempt Organization Return

► **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.

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.

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 if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, 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 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization BALDWIN SUPPORTING FOUNDATION	Employer identification number 91-6528388
	Number, street, and room or suite no. If a P O box, see instructions 415 COACH LANE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions COEUR D ALENE, ID 83814	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ DONALD D BALDWIN 415 COACH LANE, ID 83814

Telephone No ► 208-870-9539 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01-15, 20 10, 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 06-01, 20 08, and ending 05-31, 20 09

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 or 990-T, 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 BALDWIN SUPPORTING FOUNDATION	Employer identification number 91-6528388
	Number, street, and room or suite no. If a P O box, see instructions 415 COACH LANE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions COEUR D'ALENE, ID 83814	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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 ► **DONALD D BALDWIN**

Telephone No. ► **208-870-9539** 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

- 4 I request an additional 3-month extension of time until **04-15-2010**
- 5 For calendar year _____, or other tax year beginning **06-01-2008** and ending **05-31-2009**
- 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

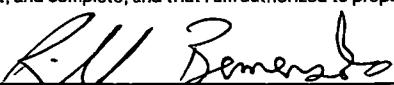
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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 ►

CPA

Date ►

1-12-2010

EEA

Form 8868 (Rev. 4-2009)