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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 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

BEACON OF LIFE

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

1717 WOODLAND AVE.

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

DES MOINES, IA 50309-3323

D Employer identification number

42-1253088

E Telephone number

515-244-4713

F Group Exemption

Number ▶

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

I Website: ▶ WWW.BEACONFLIFEDM.COM

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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. ▶ \$ 561,022.

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	379,058.
	2	Program service revenue including government fees and contracts	2	124,314.
	3	Membership dues and assessments	3	
	4	Investment income	4	550.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	54,807.
	6b	Less: direct expenses other than fundraising expenses	6b	34,816.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,991.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 4)	8	2,293.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	526,206.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	198,558.
	13	Professional fees and other payments to independent contractors	13	61,589.
	14	Occupancy, rent, utilities, and maintenance	14	27,450.
	15	Printing, publications, postage, and shipping	15	2,363.
	16	Other expenses (describe ▶ See Statement 1)	16	189,736.
	17	Total expenses. Add lines 10 through 16	17	479,696.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	46,510.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	189,832.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 5	20	-3,239.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	233,103.

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	9,167.	42,685.
23 Land and buildings	299,978.	297,619.
24 Other assets (describe ▶ See Statement 2)	91,350.	72,628.
25 Total assets	400,495.	412,932.
26 Total liabilities (describe ▶ See Statement 3)	210,663.	179,829.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	189,832.	233,103.

832171
12-17-08

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **See Statement 8**

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 **See Statement 7**(Grants \$) If this amount includes foreign grants, check here ☐

28a 357,419.

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

31a

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

32 357,419.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOAN ELLIS, 2827 67TH STREET, DES MOINES, IA 50322	PRESIDENT 1.00	0.	0.	0.
MICHELE MCCAMMON, 510 SW 9TH STREET, DES MOINES, IA 50309	TREASURER 1.00	0.	0.	0.
MICHELE PREMO, 1200 LOCUST, DEPT D2-5E-6140, DES MOINES, IA 50391	VICE PRESIDENT 1.00	0.	0.	0.
JENNY IRLMEIER, 100 EAST GRAND AVE, SUITE 240, DES MOINES, IA 50309	SECRETARY 1.00	0.	0.	0.
RENEE DAVLIN, 711 HIGH STREET, DES MOINES, IA 50392	DIRECTOR 1.00	0.	0.	0.
MARILYN AMENDT, 2233 COUNTRY CLUB BLVD, DES MOINES, IA 50325	DIRECTOR 1.00	0.	0.	0.
ERNEST MOORE, 4922 WEST PARK DR., WEST DES MOINES, IA 50266	DIRECTOR 1.00	0.	0.	0.
CHARLA DAVIDSON, 2905 DELAWARE AVE, DES MOINES, IA 50317	DIRECTOR 1.00	0.	0.	0.
MARJORIE BURGESS, 801 GRAND AVENUE, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
RICHARD ROWE, 3737 WOODLAND AVENUE, SUITE 225, WEST DES MOINES, IA 50266	DIRECTOR 1.00	0.	0.	0.
BROOKE BENSCHOTER, 716 17TH STREET, DES MOINES, IA 50314	DIRECTOR 1.00	0.	0.	0.
GAIL BARNETT, 6611 UNIVERSITY AVENUE, SUITE 200, DES MOINES, IA	DIRECTOR 1.00	0.	0.	0.
RUTH HARDIN, 1717 WOODLAND AVE, DES MOINES, IA 50309	EXECUTIVE DIRECTOR 40.00	58,155.	0.	0.

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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and (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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. None		
42a The books are in care of RUTH HARDIN Telephone no. 515-244-4713 Located at 1717 WOODLAND AVE., DES MOINES, IA ZIP + 4 50309-3323		
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.		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 None		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

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

Sign Here Signature of officer: Ruth Hardin Date: 12/29/09

Type or print name and title: Ruth Hardin Executive Director

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 12/07/09 Check if self-employed: ☒ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: PITTMAN & COMPANY, LLP
40 OMEGA PLACE 8525 DOUGLAS AVE.
DES MOINES, IOWA 50322-2925

EIN: Phone no: (515) 276-2727

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	246,219.	266,883.	265,788.	328,797.	379,058.	1486745.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	124,742.	127,171.	109,478.	98,697.	124,314.	584,402.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	370,961.	394,054.	375,266.	427,494.	503,372.	2071147.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						2071147.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	370,961.	394,054.	375,266.	427,494.	503,372.	2071147.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,245.	1,573.	357.	118.	550.	3,843.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,245.	1,573.	357.	118.	550.	3,843.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				37,761.	57,100.	94,861.
13 Total support (Add lines 9, 10c, 11, and 12)						2169851.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.45 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.76 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.18 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.24 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
MISCELLANEOUS FUNDRAISING		6,986.	
AUTOMOBILE EXPENSE		1,318.	
BAD DEBTS		4,562.	
DEPRECIATION		24,346.	
DRUG TESTS		1,954.	
FOOD		48,362.	
GRANT EXPENSE		2,808.	
HOUSEHOLD SUPPLIES		50,535.	
INSURANCE		10,959.	
INTEREST		15,076.	
OFFICE SUPPLIES		4,455.	
TRAVEL EXPENSE		121.	
MISCELLANEOUS EXPENSE		2,456.	
PAYROLL TAXES		15,798.	
Total to Form 990-EZ, line 16		189,736.	

Form 990-EZ	Other Assets	Statement	2
Description	Beg. of Year	End of Year	
GREATER DES MOINES COMMUNITY FOUNDATION	12,743.	9,662.	
PREPAID EXPENSES	6,013.	7,239.	
RECEIVABLES	26,832.	18,043.	
Other Depreciable Assets	45,762.	37,684.	
Total to Form 990-EZ, line 24	91,350.	72,628.	

Form 990-EZ	Other Liabilities	Statement	3
Description	Beg. of Year	End of Year	
ACCOUNTS PAYABLE	8,853.	4,826.	
ACCRUED PAYROLL AND TAXES	10,963.	1,900.	
DEFERRED INCOME - RENT	7,044.	1,920.	
LINE OF CREDIT	26,000.	933.	
NOTE PAYABLE	0.	20,347.	
MORTGAGE NOTE PAYABLE	157,803.	149,903.	
Total to Form 990-EZ, line 26	210,663.	179,829.	

Form 990-EZ	Other Revenue	Statement	4
Description		Amount	
RESIDENT LAUNDRY		1,342.	
MISCELLANEOUS		951.	
Total to Form 990-EZ, line 8		2,293.	

Form 990-EZ	Other Changes in Net Assets or Fund Balances	Statement	5
Description		Amount	
UNREALIZED GAIN/LOSS		-3,239.	
Total to Form 990-EZ, line 20		-3,239.	

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 6

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

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Statement 7

PROVIDES HOMELESS WOMEN A MULTIFACETED APPROACH THAT INCLUDES ONE-ON-ONE COUNSELING. BUDGETING, HOUSING, JOB READINESS, EMPLOYMENT PLACEMENT, VIOLENCE AGAINST WOMEN, HEALTH ISSUES, AND MORE.

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Statement 8

BEACON OF LIFE PROVIDES HOMELESS WOMEN A MULTIFACETED APPROACH THAT INCLUDES ONE-ON-ONE COUNSELING, BUDGETING, HOUSING, JOB READINESS, EMPLOYMENT PLACEMENT, VIOLENCE AGAINST WOMEN, HEALTH ISSUES, AND MORE.

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**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 BEACON OF LIFE	Employer identification number 42-1253088
	Number, street, and room or suite no. If a P.O. box, see instructions. 1717 WOODLAND AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50309-3323	

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

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

RUTH HARDIN

- The books are in the care of ►
- 1717 WOODLAND AVE. - DES MOINES, IA 50309-3323**

Telephone No. ► **515-244-4713**

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 **February 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 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	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev 4-2009)