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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department 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 7/01, 2008, and ending 6/30, 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 **DISABLED AMERICAN VETERANS**
17 OLIVER BUEHRLE CHAPTER
5054 MONTICELLO
JEFFERSON CITY, MO 65109
Physical Location ↑ - no MAIL SLIP

D Employer identification number **43-6074347**

E Telephone number **636-6515**
(573) 392-5850

F Group Exemption Number **0557**

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).

I Website: ▶ **N/A**

J Organization type (check only one) — ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

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. ▶ \$ **445,288.**

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

1 Contributions, gifts, grants, and similar amounts received	1	6,157.
2 Program service revenue including government fees and contracts	2	46,113.
3 Membership dues and assessments	3	4,213.
4 Investment income	4	1,335.
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) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	387,238.
6b Less: direct expenses other than fundraising expenses	6b	342,807.
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	44,431.
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 1)	8	232.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	102,481.
10 Grants and similar amounts paid (attach schedule SEE STATEMENT 2)	10	19,411.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	200.
14 Occupancy, rent, utilities, and maintenance	14	9,983.
15 Printing, publications, postage, and shipping	15	1,026.
16 Other expenses (describe ▶ SEE STATEMENT 3)	16	40,729.
17 Total expenses (add lines 10 through 16)	17	71,349.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,132.
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	383,175.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	414,307.

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	66,828.	97,960.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 4)	316,347.	316,347.
25 Total assets	383,175.	414,307.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	383,175.	414,307.

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

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SUPPORT DISABLED VETERANS AND THIER FAMILIES**

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.

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

28 SEE STATEMENT 5(Grants \$ 19,411.) If this amount includes foreign grants, check here ☐**28a** 71,349.**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** 71,349.**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
DAN BROWN	COMMANDER 20.00	0.	0.	0.
LARRY MILLER	SR VICE COMMAND 10.00	0.	0.	0.
CLARK PETERSON	JR VICE COMMAND 10.00	0.	0.	0.
WILLIAM BURTON	TREASURER 15.00	0.	0.	0.
ROBERT FINDLEY	MMBR CHAIRMAN 20.00	0.	0.	0.
MICK JONES	BINGO CHAIR 10.00	0.	0.	0.
WILLIAM STUCKER	LEGIS. CHAIRMAN 7.00	0.	0.	0.
BILL KRAMER	BUILDING CHAIR 25.00	0.	0.	0.
ABOVE OFFICERS/B.O.D. ADDRESS 5054 MONTICELLO JEFFERSON CITY, MO 65109	0	0.	0.	0.
Physical Address of Building NO MAIL BOX or MAIL DROP SLOT AT DAV BUILDING MAIL RECEIVED AT: P.O. BOX 261 JEFFERSON CITY, MO 65102				

Part V Other Information (Note the statement requirement in General Instruction V.)

	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 6033(e) notice, reporting, and proxy tax requirements?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	
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	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	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?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39 a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b 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	40 b	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	40 e	X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42 a The books are in care of ▶ WILLIAM BURTON Telephone no ▶ (573) 392-5850
 Located at ▶ 5054 MONTICELLO JEFFERSON CITY MO ZIP + 4 ▶ 65109

P.O. Box 261 JEFFERSON CITY MO. 65102

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: ▶ _____

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

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: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

▶ **43** ☐ N/A
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
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

	Yes	No
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

	Yes	No
46		
47		
48		
49a		
49b		

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.'

(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 and deferred compensation	(e) Expense account and other allowances

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

Total number of other independent contractors 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

William E. Stucker, Jr.
 Signature of officer

5 JAN. 2010
 Date

WILLIAM E. STUCKER, JR., ADJUTANT (SECRETARY-VOLUNTEER)
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *JO L. MOORE* CPA
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EVERS & COMPANY, CPA'S, LLC
 520 DIX ROAD
 JEFFERSON CITY, MO 65109

Date
 12/16/09

Check if self-employed ▶ ☐

Preparer's Identifying Number (See instructions)
 N/A

EIN ▶ N/A

Phone no ▶ (573) 635-0227

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

▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

► Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **DISABLED AMERICAN VETERANS**
17 OLIVER BUEHRLE CHAPTER

Employer identification number
43-6074347

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
---------------	---

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4- through 7 in column (d)				
	9 Net income summary. Combine lines 3 and 8 in column (d)				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue	283,266.	103,624.	348.	387,238.
DIRECT EXPENSES	2 Cash prizes	248,158.	69,298.		317,456.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	25,351.			25,351.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				342,807.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				44,431.

9 Enter the state(s) in which the organization operates gaming activities: MO

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100.0 %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name: ▶ MICK JONESAddress: ▶ 5054 MONTICELLO, JEFFERSON CITY, MO 65109**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****X****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager informationName: ▶ MICK JONES

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ ORGANIZES EVENTS AND VOLUNTEERS☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****X****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____**BAA**

TEEA3703L 07/18/08

Schedule G (Form 990 or 990-EZ) 2008

2008

FEDERAL STATEMENTS
DISABLED AMERICAN VETERANS
17 OLIVER BUEHRLE CHAPTER

PAGE 1

43-6074347

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

OTHER INCOME

	\$	232.
TOTAL	\$	<u>232.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	NATIONAL TRANSPORTATION GRANT	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 13,500.

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	OTHER INDIVIDUALS OR ORG. UNDER \$5000	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,911.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 2,520.
CLEANING	4,345.
CONFERENCES, CONVENTIONS, AND MEETINGS	2,750.
DUES	100.
FEES	45.
INSURANCE	176.
KITCHEN HELP	2,700.
KITCHEN SUPPLIES	19,931.
MISCELLANEOUS	707.
REFUNDS ON RENTALS	1,925.
REPAIRS & MAINTENANCE	2,401.
SAFETY DEPOSIT BOX	60.
SMALL EQUIPMENT AND OFFICE SUP	1,630.
TELEPHONE	1,439.
TOTAL	\$ <u>40,729.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 316,347.	\$ 316,347.
TOTAL	\$ <u>316,347.</u>	\$ <u>316,347.</u>

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CHAPTER 17 DISABLED AMERICAN VETERANS IS DEDICATED TO ONE, SINGLE PURPOSE - BUILDING BETTER LIVES FOR ALL DISABLED VETERANS AND THEIR FAMILIES, ESPECIALLY THE CENTRAL MISSOURI AREA. THIS MISSION IS CARRIED FORWARD BY PROVIDING ASSISTANCE TO VETERANS AND THEIR FAMILIES IN OBTAINING BENEFITS AND SERVICES EARNED THROUGH MILITARY SERVICE AS PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS (VA), REPRESENTING THE INTERESTS OF DISABLED VETERANS AND THEIR FAMILIES IN GOVERNMENTAL MATTERS TO INCLUDE SUPPORTING PROGRAMS OF THE NATIONAL CHAPTER, AND PROVIDING SERVICE PROGRAMS TO PROMOTE THE SOCIAL WELFARE OF CHAPTER MEMBERS AS WELL AS THE COMMUNITY IN WHICH THEY LIVE. THE PRIMARY SOURCE OF REVENUE IS A BINGO AND PULL-TAB EVENT SCHEDULED REGULARLY AT THE CHAPTER'S OWN FACILITY.

**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	Employer identification number
	DISABLED AMERICAN VETERANS 17 OLIVER BUEHRLE CHAPTER	43-6074347
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	5054 MONTICELLO	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	JEFFERSON CITY, MO 65109	

NOTE: THE STREET ADDRESS IS THE BUILDING LOCATION. THERE IS NOT A MAIL BOX OR MAIL SLOT AT THE BUILDING. ALL MAIL IS PICKED UP BY A VOLUNTEER OFFICIAL ATB PO. BOX 261 JEFFERSON CITY, MO. 65102.

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

- | | | |
|---|--|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ► **WILLIAM BURTON**

Telephone No. ► **636-6515**

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 2/15, 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 7/01, 20 08, and ending 6/30, 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 \$	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 for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)