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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short 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 2008 calendar year, or tax year beginning** JULY 01, 2008, **and ending** JUNE 30, 20 09

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> CITIZEN CPR, INC.		<b>D Employer identification number</b> 59-2469360
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		PO BOX 24298		(863) 680-1277
		City or town, state or country, and ZIP + 4 LAKELAND FL 33802-4928		<b>F Group Exemption Number</b> . . . ▶

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

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

**I Website:** ▶ N/A

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

**J Organization type** (check only one) -- ☒ 501(c)(3) (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 . . . ▶ \$** 181,593

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

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	53,505
	2	Program service revenue including government fees and contracts . . . . .	2	126,317
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	1,771
	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 <b>gambling</b> , check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
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) . . . . .	6c		
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) . . . . .	7c		
8	Other revenue (describe ▶ _____) . . . . .	8		
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	181,593	
<b>EXPENSES</b>	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	87,318
	13	Professional fees and other payments to independent contractors . . . . .	13	27,995
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	11,160
	15	Printing, publications, postage, and shipping . . . . .	15	533
	16	Other expenses (describe ▶ See attachment #1) . . . . .	16	36,734
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	163,740
<b>NET ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	17,853
	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	64,497
	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	82,350

**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 instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	66,386	22 83,082
23 Land and buildings . . . . .		23
24 Other assets (describe ▶ See attachment #2) . . . . .	1,513	24 1,723
25 <b>Total assets</b> . . . . .	67,899	25 84,805
26 <b>Total liabilities</b> (describe ▶ See attachment #3) . . . . .	3,402	26 2,455
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	64,497	27 82,350

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

Form **990-EZ** (2008)

SCANNED FEB 03 2010

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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## Expenses

What is the organization's primary exempt purpose? See attachment #4

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

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.

28 See attachment #5

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

28a	142,563
-----	---------

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	142,563
----	---------

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instr. 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**

See attachment #6

**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?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule 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?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 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	
40a 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.	NONE	
42a The books are in care of	See attachment #7	
Located at		
Telephone no.		
ZIP + 4		
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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	
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
- 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		X

(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: Susan Barham Date: 1/21/2010

Type or print name and title: SUSAN BARHAM EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: David R. Ramos Date: 1/20/10 Check if self-employed: ☒ Preparer's Identifying No. (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: David R Ramos CPA 4215 Old Road 37 Lakeland, FL 33813- EIN: 863-701-7885

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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,078	40,483	38,466	47,119	53,505	222,651
<b>2</b> 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	88,974	121,492	137,321	136,374	126,317	610,478
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	3,600	3,600	3,600	3,600	3,600	18,000
<b>6 Total.</b> Add lines 1-5	135,652	165,575	179,387	187,093	183,422	851,129
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						851,129

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	135,652	165,575	179,387	187,093	183,422	851,129
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	286	125	286	1,123	1,771	3,591
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	286	125	286	1,123	1,771	3,591
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						854,720

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.58 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	99.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**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. ☐

MAZ-4

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

**For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.**

Employer Identification Number

59-2469360

Description of Other Expenses	Amount
INSTRUCTION EXPENSE	14,021
MANIKIN EXPENSE	2,238
P R MATERIALS	2,128
INSURANCE	5,818
ACCOUNTING FEES	1,800
LICENSES AND FEES	136
SUPPLIES	5,775
TRAVEL CONFERENCE	3,916
DEPRECIATION	902
Total	36,734



Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

**For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.**

<b>Employer Identification Number</b>
59-2469360

**Totals**

# SCHEDULE OF OTHER LIABILITIES

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public  
Inspection

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization

CITIZEN CPR, INC.

Employer Identification Number

59-2469360

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,402	2,425
Totals	3,402	2,425

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization CITIZEN CPR, INC.	Employer Identification Number 59-2469360

### Primary Purpose

TO PROVIDE INSTRUCTION AND CERTIFICATION OF LOCAL RESIDENTS IN MODIFIED  
BASIC LIFE SUPPORT.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization CITIZEN CPR, INC.			Employer Identification Number 59-2469360
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	142,563

Exempt Purpose Achievements

INSTRUCITON AND CERTIFICATION OF LOCAL RESIDENTS IN MODIFIED BASIC LIFE SUPPORT.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.		
Name of Organization CITIZEN CPR, INC.				Employer Identification Number 59-2469360
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp	(E) Expense Account & Other Allowances
SUSAN BARHAM 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	EXECUTIVE DIRECTOR 40.00	45,077	4,512	0
LINDA PILKINGTON, HEALTH SERV CONSU 3818 S SCENIC HWY LAKE WALES, FL 33898-6412	CHAIRMAN 2.00	0	0	0
WALKER WILKERSON, CPA PARTNER NCT GROUP, CPAs, LLP P O BOX 1076 LAKELAND, FL 33802-1076	CHAIRMAN 2.00	0	0	0
PATTI RUBEN REGIONS BANK, VP BUSINESS BANKING 124 S FL. AVENUE LAKELAND, FL 33801	SECRETARY 2.00	0	0	0
BEA DICKEY, CPA, EXEC DIR. POLK COUNTY SHERIFF'S OFFICE 455 S. BROADWAY BARTOW, FL 33830	TREASURER 2.00	0	0	0
LORI DEANGELIS, SR. ATTORNEY PUBLIX SUPERMARKETS, INC. PO BOX 407 Lakeland, FL 33802-0407	DIRECTOR 1.00	0	0	0
JENNY BLANK, RN, ASST VICE-PRE, ER WINTER HAVEN HOSPITAL 200 AVENUE F N E. EINTER HAVEN, FL 33881	DIRECTOR 1.00	0	0	0
MELONY BELL, AUDITOR DEPT OF MOTOR VEHICLES 412 N LANIER AVE FORT MEADE, FL 33841	DIRECTOR 1.00	0	0	0
LINDA MAY, DDS 1495 E MAIN STREET BARTOW, FL 33830	DIRECTOR 1.00	0	0	0
BILL LUCKETT POLK COMMUNITY COLLEGE 999 A AVENUE H.N.E. WINTER HAVEN, FL 33880	VICE CHAIRMAN 2.00	0	0	0
LEE CLACK, RN, CNO LAKE WALES MEDICAL CENTER 410 S 11TH STREET LAKE WALES, FL 33853	DIRECTOR 1.00	0	0	0
WILL CURTIS	DIRECTOR	0	0	0

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.			
Name of Organization CITIZEN CPR, INC.			Employer Identification Number 59-2469360	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
PENNSYLVANIA FINANCIAL GROUP 902 S. FL. AVENUE, SUITE 3C LAKELAND, FL 33801	1.00	0	0	0
MARLON LYNN, PRES., AIA MARLON LYNN ARCHITECT, PA 708 S. FLORIDA AVE. LAKELAND, FL 33801	DIRECTOR 1.00	0	0	0
ANDORRA FOLEY, RN LAKELAND REGIONAL MEDICAL CENTER 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805	DIRECTOR 1.00	0	0	0
SHARON PAUL, DIR. PROF. SERVICES WATSON CLINIC, LLP 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805	DIRECTOR 1.00	0	0	0
LISA WOLFE, DIR CATH LAB BARTOW REGIONAL MEDICAL CENTER P. O. BOX 1050 Bartow, FL 33830	DIRECTOR 1.00	0	0	0
TOM CONGER, SR VICE PRESIDENT 1115 HWY 98 SOUTH LAKELAND, FL 33801	DIRECTOR 1.00	0	0	0
HARVEY CRAVEN, EMS DIRECTOR POLK CO PO BOX 1458 BUILDING 250, STE 12, BARTOW AIRPORT BARTOW, FL 33831	DIRECTOR 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization CITIZEN CPR, INC.	Employer Identification Number 59-2469360
Part V - Line 42a	

Individual Name ..... SUSAN BARHAM  
or  
Business Name:

Street Address ..... 1021 LAKELAND HILLS BLVD.

U.S. Address:

Zip code 33805 City LAKELAND State FL  
or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (863) 680-1277

Fax Number ..... (863) 680-1277

BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization CITIZEN CPR, INC.	Employer Identification Number 59-2469360
Part V - Line 42a	

Individual Name . . . . . SUSAN BARHAM  
or  
Business Name

Street Address . . . . . 1021 LAKELAND HILLS BLVD.

U S Address

Zip code 33805 City LAKELAND State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (863) 680-1277

Fax Number (863) 680-1277



**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. ☒ **X**
- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>	Name of Exempt Organization <b>CITIZEN CPR, INC.</b>	<b>Employer identification number</b> <b>59-2469360</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>PO BOX 24928</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LAKELAND FL 33802-4928</b>	

**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 (sec 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 ► See attachment #2

Telephone No. ► \_\_\_\_\_ 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, 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 JULY 01, 20 08, and ending JUNE 30, 20 09

**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2008)

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