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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2008

				or tax year begi	nningSI	PTEMBER 1	, 2008	, and ending	AUGUST 31	, 20 09	
G	Che	ck all t	hat apply	Initial retur	n l	Final return	Amended	return	Address change	Name change	
			Name of fou	of foundation A Employer identification number					cation number		
Use the IRS											
label. JOSEPHINE E. & H. BRANDI						T AYERS FOUND	T AYERS FOUNDATION			47	
Otherwise, Number and street (or P O box number			number if	mail is not delivered to stre	et address)	Room/suite	B Telephone number (see	e page 10 of the instructions)			
	•	int						ļ			
	or t	ype. pecific	1 BOOGE	R HOLLOW					256-237-	7024	
		ctions.	City or town	, state, and ZIP cod	е	<u> </u>			C If exemption application pending, check here	ation is	
		0							D 1. Foreign organiza	<u> </u>	
			ANNISTO	N, AL 3620	7				2. Foreign organiza		
Н	Che	ck type	of organiza	ation: X Section	on 501(c)(3) exempt private	foundation		85% test, check h	nere and attach	
Γ	_		-	nexempt charitable		Other taxable p		tion			
ī						unting method X		crual	E If private foundation	n status was terminated	
	of v	ear <i>(fro</i>	m Part II, co.			ther (specify)				in a 60-month termination	
		▶ \$	•	933.98	(Part I,	column (d) must be o	n cash basis))(1)(B), check here	
E	art	Analy	sis of Reve	enue and Expens	es (The	435				(d) Disbursements	
		total o	f amounts in c	columns (b), (c), and	1 (d)	(a) Revenue and expenses per	(b) Net inve	II	(c) Adjusted net	for charitable	
		may n colum	ot necessaniy n (a) (see pac	equal the amounts ge 11 of the instructi	: In ions).)	books	incon	ne	income	purposes (cash basis only)	
Û	1			etc , received (attach sch		13,000.00			·	(00011 00010 0111)	
Š	2	Check	if the	foundation is not requ	ired to	= = , = = = .	1				
THINAAG	. 3	-	attach	Sch B							
Ž	4		•	est from securities							
ΠÏ	1 5 2			·····							
				oss)			<u> </u>				
Alakud	, D		·								
nΥe	5 ° 6	Gross s	ales pnce for all	sale of assets not on I	ine io			. +			
ē			n line 6a		2\						
Κeγ	7	•	•	ome (from Part IV, II	•		1				
70	ა ⁸			algaın s······			 				
ō	->9 -⊅0a	Gross sa	les less returns	s · · · · · · · · · · · · · · · · · · ·							
							 				
			est of goods sold						· · · ·	_	
				(attach schedule)							
	11 12			h schedule)		13,000.00	<u>, </u>		-		
_						13,000.00	1			 	
	13			ers, directors, trustees,							
es				aries and wages			1				
Š										 	
Expen	ıpa	Access	ees relier s	hedule)		<u> </u>	1			† · · · · · · · · · · · · · · · · · · ·	
_		,					+				
Administrative				ees (attach sche	7		1				
3173	17	Taylan	t · MAR · 2	(see page 14 of the 25st		_	 			 	
Ĕ	18 19) (see page 14 of the <u>Hi</u> fet I SChedule) zind der		· - ·				 	
Ē		Deprec		-scheddior-and der	Dietion.						
<u>خ</u>	20				• • • •		 	-	 		
and	21 22			and meetings			1				
ğ				itions						 	
=	23		•	ach schedule)						 	
perating	24			i administrative ex							
\neg	2.5		•	h 23		14,260.50			······································	14,260.50	
	25		-	grants paid		14,260.50			·····	14,260.50	
-	26			rsements Add lines 24	ano 25	14,200.50	1			1 22,200.50	
	27		ct line 26 fror			-1,260.50					
				openses and disburseme		1,200.50	' 			 	
				ome (if negative, en			 			 	
	C	AGIUST	eu net incom	e (if negative, enter	-U-)	t				1	

	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End End	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	٠ 1	Cash - non-interest-bearing	2,194.48	933.98	933.98
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less, allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U S and state government obligations (attach schedule)			
_	1	Investments - corporate stock (attach schedule)			-
		Investments - corporate bonds (attach schedule)			
	11	investments - land, buildings,			
		Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	12	(attach schedule) Investments - mortgage loans			
	13	Impropries and a self-out (add-orb, orb, orb, orb, orb, orb, orb, orb,			
	14	land hillidings and			1
		equipment basis Less accumulated depreciation (attach schedule) Other assets (describe			
	15	(attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item i)	2,194.48	022 00	000 00
	4-		2,194.48	933.98	933.98
	17	Accounts payable and accrued expenses			-
	18	Grants payable			
Liabilities	19	Deferred revenue			
i	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)		····	1
Τ	22	Other liabilities (describe			_
		7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
ë	24 25 26	Unrestricted			
<u>a</u>	25	Temporarily restricted			
8	26	Permanently restricted			,
핕		Foundations that do not follow SFAS 117,			
Ţ		check here and complete lines 27 through 31. ▶ X			
	27	Capital stock, trust principal, or current funds	2,194.48	933.98	
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds		· · · · · · · · · · · · · · · · · · ·	
it A	30	Total net assets or fund balances (see page 17 of the			
ž		ınstructions)	2,194.48	933.98	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	2,194.48	933.98	
E	art li	Analysis of Changes in Net Assets or Fund E	Balances		
1		net assets or fund balances at beginning of year - Part II,			
	end-	of-year figure reported on prior year's return)		1	2,194.48
2	Ente	r amount from Part I, line 27a	2	-1,260.50	
3	Othe		·····		
4	Add	lines 1, 2, and 3			933.98
		eases not included in line 2 (itemize) ▶		5	
6	Tota	net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b).	line 30 6	933.98
_					222.55

E	art IV Capital Gains	and Losses for Tax on Inve	estment Income			1 490 0
	(a) List and	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
	·	rick warehouse, or common stock, 200 s	sris MLC CO)	D-Donation	(IIIO, day, yi)	
ii k						
e						-
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a						
_k)					
						,
	<u> </u>					
e						
	omplete only for assets s	howing gain in column (h) and own			Gains (Col (h) g	
_	(i) F M V. as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
_a						
_t	·					
	;					
<u>_e</u>		<u></u> .		1	 	
2	Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3		or (loss) as defined in sections 12				· <u>-</u>
	If gain, also enter in Part I,	line 8, column (c) (see pages 13 a	and 17 of the instructions)			
	If (loss), enter -0- in Part I, I	ine 8	<u> </u>	3		
P	art V Qualification Un	der Section 4940(e) for Redu	iced Tax on Net Investment Inc	ome		
w		leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	¹⁷ 🗀	Yes X No
_		ount in each column for each year,		fore mak	ing any entries	
	(a) Base penod years salendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	, ione man	(d) Distribution of (col (b) divided by	
_	2007	15,630.00	2,393.88		((-)	6.5291
	2006	15,140.00				1.8935
_	2005	34,500.00				4.1839
_	2004	41,565.00	17,460.55			2.3805
	2003	34,950.00	7,719.28			4.5276
2	Total of line 1 column (d)			2		19.5146
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
•	_	dation has been in existence if less	• • • •	3		3.9029
4	Enter the net value of non	charitable-use assets for 2008 from	m Part X, line 5	4	-	3,136.22
5	Multiply line 4 by line 3 .			5		12,240.35
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		12,240.35
8	Enter qualifying distribution	ns from Part XII, line 4	in Part VI, line 1b. and complet	8 e that pa	art using a 1%	14,260.50 tax rate See
	the Part VI instructions on		,,	. 12	•	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here						
•	Date of ruling letter: (attach copy of ruling letter if necessary - see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2						
3	Add lines 1 and 2		0	.00			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4						
5	Tax based on Investment Income. Subtract line 4 from line 3 If zero or less, enter -0		0	.00			
6	Credits/Payments						
а	. ,						
	Exempt foreign organizations-tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868) 6c						
d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			.00			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			.00			
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax ▶ Refunded ▶ 11		0	.00			
	t VII-A Statements Regarding Activities						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No.			
	participate or intervene in any political campaign?	1a		<u> </u>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			.,			
	of the instructions for definition)?	1 b		<u> </u>			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
C	Did the foundation file Form 1120-POL for this year?	1 c		<u>x</u>			
d	· · · · · · · · · · · · · · · · · · ·						
	(1) On the foundation ►\$ NONE (2) On foundation managers ►\$ NONE						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on						
	foundation managers. > \$ NONE			v			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>			
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			.,			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		<u>X</u>			
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		<u>X</u>			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>			
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		x				
_	conflict with the state law remain in the governing instrument?	6	x				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	^				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) > ALABAMA	ļ					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		x				
e	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)						
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			x			
	page 27)? If "Yes," complete Part XIV	9					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		x			
	names and addresses	10					

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			•
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address			
14	The books are in care of ►WILLIAM A. JULIAN, CPA Telephone no ► 256-236-34	56		
	Located at ▶ P.O. BOX 1710, ANNISTON, AL ZIP+4 ▶ 36202	- -		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	NON	€	
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	 	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)]	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	١	1 1	v
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	D ' ' ' ' ' '	:		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No	-		
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2008.)			
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	$\vdash \dashv$	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4 b		x

Form **990-PF** (2008)

Form 990-PF (2008)						Page 6
Part VII-B S	tatements Regarding Activities fo	or Which Form 4	720 May Be Requi	red (continued)		
5a During the ye (1) Carry on (2) Influence	ear did the foundation pay or incur any amou propaganda, or otherwise attempt to influent the outcome of any specific public election	unt to nce legislation (section n (see section 4955); c	4945(e))?	Yes X No		
•	r indirectly, any voter registration drive?			·		
	grant to an organization other than a char					
	09(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	,	
(5) Provide f	or any purpose other than religious, charitat	ole, scientific, literary, o	or			
education	nal purposes, or for the prevention of cruelty	to children or animals	?	Yes X No	,	
b If any answer	r is "Yes" to 5a(1)-(5), did any of the transact	tions fail to qualify un	der the exceptions des	cribed in		ļ
Regulations s	section 53 4945 or in a current notice regains	rding disaster assistan	ce (see page 22 of the	nstructions)?	5b	
Organizations	s relying on a current notice regarding disas	ter assistance check h	ere	▶ 🔲		
c If the answer	is "Yes" to question 5a(4), does the found	ation claim exemption	from the tax		·	
because it ma	aintained expenditure responsibility for the g	rant?		. Yes No)	
If "Yes," attac	ch the statement required by Regulations sec	tion 53 4945-5(d)				
6a Did the found	fation, during the year, receive any funds, o	directly or indirectly, to	pay premiums			
on a persona	I benefit contract?			Yes X No	·	
b Did the found	fation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contrac	t?	6b	
If you answer	red "Yes" to 6b, also file Form 8870					
7a At any time d	uring the tax year, was the foundation a pa	irty to a prohibited tax	shelter transaction?	Yes X No	·	
	foundation receive any proceeds or have					
	ormation About Officers, Directors I Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emple	oyees,	
	ers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instr	uctions).	
	(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 a other allows	
JOSEPHINE E	. AYERS	PRESIDENT				
BOOGER HO	LLOW, ANNISTON, AL 36207	1	0	ol		0
H. BRANDT A	YERS	SECRETARY				
BOOGER HO	LLOW, ANNISTON, AL 36207	1	0	ol		0
WILLIAM A.	JULIAN	TREASURER				
P.O. BOX 17	10, ANNISTON, AL 36202	1	•	ام		_
	-0,	+	0	0		0
		+	0	0		0
2 Compensation	on of five highest-paid employees (ot				tructions).	
If none, ente	on of five highest-paid employees (ot r "NONE."	her than those inc		e page 23 of the inst		
If none, ente	on of five highest-paid employees (ot			e page 23 of the inst	tructions). (e) Expense a other allowa	ccount,
If none, ente	on of five highest-paid employees (ot r "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense a	ccount,
If none, ente	on of five highest-paid employees (ot r "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense a	ccount,
If none, ente	on of five highest-paid employees (ot r "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense a	ccount,
If none, ente	on of five highest-paid employees (ot r "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense a	ccount,

Total number of other employees paid over \$50,000

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
"NONE"		
<u></u> _		
Total number	er of others receiving over \$50,000 for professional services	· · · · >
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number one and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
	Summary of Program-Related Investments (see page 23 of the instructions)	A A
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	· · · · · · · · · · · · · · · · · · ·	
2		
All other prod	gram-related investments. See page 24 of the instructions	<u> </u>
3		
		
Total, Add I	ines 1 through 3	

Form **990-PF** (2008)

P	 Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.) 	ign foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	3,183.98
b	Average of monthly cash balances	1b	
C		1 c	
d	Total (add lines 1a, b, and c)	1 d	3,183.98
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,183.98
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	47.76
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,136.22
6_	Minimum investment return. Enter 5% of line 5	6	156.81
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privious foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	156.81
2 a	Tax on investment income for 2008 from Part VI, line 5		
b		1	
С		7 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		156.81
4	Recoveries of amounts treated as qualifying distributions		
5		1 _ 1	156.81
6	Deduction from distributable amount (see page 25 of the instructions)	6	· ·
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	156.81
P	art XII Qualifying Distributions (see page 25 of the instructions)	· · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T II	
-			14,260.50
a b		1a 1b	14,260.50
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
2			
3	purposes	2	
-	Amounts set aside for specific charitable projects that satisfy the		
a		3a 3b	
4	Cash distribution test (attach the required schedule)		14,260.50
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	4	14,200.50
5			
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)		14,260.50
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	whether the four	luation

Form **990-PF** (2008)

	rt XIII Undistributed Income (see page	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI, line 7	Corpus	Years prior to 2007	2007	2008 156.81
2	Undistributed income, if any, as of the end of 2007				
_	Enter amount for 2007 only			1	
	Total for pnor years 2020				<u> </u>
3	Excess distributions carryover, if any, to 2008				
	From 2003 34,564,04				
	From 2004 40,692.53				
	From 2006 34 087 71				
	From 2006				
_	From 2007				
f	Total of lines 3a through e	139,594.80			
,	Qualifying distributions for 2008 from Part XII,	200,001.00	-		
•	line 4 ▶ \$14,260.50				
9	Applied to 2007, but not more than line 2a			i	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
	· · · · · [
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		156.81
	Applied to 2008 distributable amount	14,103.69			130.01
5 5	Remaining amount distributed out of corpus	14,103.03			
3	(If an amount appears in column (d), the same	 			
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	153,698.49			
b	Prior years' undistributed income Subtract				
С	line 4b from line 2b Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2008. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2009.				
7	Amounts treated as distributions out of corpus		-		
-	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
-	applied on line 5 or line 7 (see page 27 of the	34,564.04			
_	instructions)	31,331.04	-	<u> </u>	
9	Excess distributions carryover to 2009.	119,134.45			
10	Subtract lines 7 and 8 from line 6a				
10	Excess from 2004				
4	Excess from 2004				
	Excess from 2005				
ت ب					
a	Excess from 2007 15,510.31 Excess from 2008 14,103.69				
<u> </u>					Form 990-PF (2008)

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	art VII-A, question 9)					
1 a	If the foundation has									
	foundation, and the rulin	g is effective for 2008, e	nter the date of the ruling		•					
b	Check box to indicate wh	hether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2008	(b) 2007	(c) 2006	(d) 2005					
ь	85% of line 2a									
-										
C	Qualifying distributions from Part XII, line 4 for each year listed									
d	Amounts included in line 2c not used directly for active conduct of exempt activities									
e 3	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c									
3	Complete 3a, b, or c for the alternative test relied upon									
а	"Assets" alternative test - enter									
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)									
b	"Endowment" alternative test-									
	enter 2/3 of minimum invest- ment return shown in Part X, line 6 for each year listed									
C	"Support" alternative test - enter									
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or revealter).									
	or royalties) (2) Support from general									
	public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)									
	(3) Largest amount of support from an exempt organization									
	(4) Gross investment income									
Pa					ion had \$5,000 or m	ore in assets at any				
_	_ _	the year - see page		ons.)		<u>.</u>				
1	Information Regardin									
а	List any managers of before the close of any	the foundation who he tax year (but only if the	nave contributed mor- ney have contributed i	e than 2% of the tot more than \$5,000) (\$	al contributions receiv See section 507(d)(2))	ved by the foundation				
JO	SEPHINE E. & H.	BRANDT AYERS								
b	List any managers of ownership of a partner					y large portion of the				
37 /	x									
$\frac{N/2}{2}$	A Information Regardin	a Contribution Grant	Gift Loan Scholarel	nin etc Programs:						
_	Check here ► X if tunsolicited requests forganizations under ot	the foundation only a for funds. If the foun	makes contributions dation makes gifts, g	to preselected char grants, etc (see pag	ritable organizations are 28 of the instruction	and does not accept ons) to individuals or				
a	The name, address, a			·	be addressed					
b	The form in which app	lications should be su	bmitted and information	on and materials they	y should include.					
	Any submission deadli	ines			· · · · · · · · · · · · · · · · · · ·					
d	Any restrictions or li factors.	mitations on awards	such as by geogra	aphical areas, charit	able fields, kinds of	institutions, or other				

Part XV Supplementary Information (3 Grants and Contributions Paid Dur	continued)	oved for E	uturo Payment	
Recipient	If recipient is an individual,	Foundation		T
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
SEE ATTACHED SCHEDULE				14,260.50
				14,200.50
Total			▶ 3a	14,260.50
b Approved for future payment		<u> </u>		
, , , , , , , , , , , , , , , , , , ,				
				1

Part XV	I-A Analysis of Income-Produ	icing Acti	vities			
	s amounts unless otherwise indicated		ated business income (b)	Excluded by	y section 512, 513, or 514 (d)	(e) Related or exempt function income
•	m service revenue:	Business code		Exclusion code		(See page 28 of the instructions)
		-	<u> </u>	 		
b				+		
		<u> </u>		 		
d						
е				- 		
f				 		
-	s and contracts from government agencies			 		
	rship dues and assessments			 		
	on savings and temporary cash investments		-			······························
	ds and interest from securities			- 		
	tal income or (loss) from real estate					
	ot-financed property			 -		
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	nvestment income					
8 Gain or	(loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory					
11 Other re	evenue a					
b						
c						
d						
е						
12 Subtota	al Add columns (b), (d), and (e)					
	Add line 12, columns (b), (d), and (e)				13	
(See works	heet in line 13 instructions on page 28 t	to verify calc	ulations.)			
Part XVI	-B Relationship of Activities	to the Ac	complishment of Ex	xempt Purp	oses	
Line No.	Explain below how each activities the accomplishment of the for page 28 of the instructions.)	ity for whi oundation's	ch income is reporte exempt purposes (c	d in column other than b	n (e) of Part XVI-A cor by providing funds for	tributed importantly to such purposes) (See
	<u> </u>	-11-1-	.			
1	The Foundation was est					
	Brandt Ayers and direc			narities	. This income i	s from the
	temporary investment o	і іате	runas.			
		·				
					_	
						·
						-
	 					
				-		
	 					
	 					
	 					
	i					

01111 000 1 1	12000									
Part XVI	1	Information R	Regarding	Transfers	To and	Transactions	and	Relationships	With	Noncharitable
,		Exempt Organ	nizations							

1 '	501(c)	e organization directly o of the Code (other than fers from the reporting fo	section 501(c)(3) organizations)	or in sectio	n 527, re					n section		Yes	No_
ű		ash										1a(1)		x
		ther assets										1a(2)		Х
b	Other	transactions												
		ales of assets to a nonch												<u> </u>
		irchases of assets from										1b(2)		_ <u>X</u>
		ental of facilities, equipment												$\frac{x}{x}$
		eimbursement arrangeme oans or loan guarantees											_	$\frac{x}{x}$
		erformance of services of												<u>x</u>
С		ng of facilities, equipmen										1c		
		answer to any of the ab										alue o	f the g	goods,
	other	assets, or services given	by the reportin	g foundation If	f the found	ation red	ceived l	less t	han fair m	narket value	in any tran	sactio	n or s	haring
	arrang	gement, show in column (d) the value of th	e goods, other	assets, or se	ervices re	eceived							
			 ::::			-								
(a) l	ine no	(b) Amount involved	(c) Name of	noncharitable exer	mpt organizati	ion	(d) D	escrip	tion of tran	sfers, transaction	ons, and shar	ing arra	ngemer	nts
					<u> </u>									
				·····					-				-	
	_													
			<u> </u>		-						•			
					-	-								
				<u>. </u>		-						<u> </u>		
														
2 a		foundation directly or	•								Г		_	_
		n 501(c) of the Code (oth		601(c)(3)) or in s	section 527	?					L	Ye	s 📙	No
b	If "Yes	s," complete the following						т		/ \ D		h		
		(a) Name of organization	l	(b) Ty	ype of organiz	zation		-		(c) Description	on of relations	inip		
				 		·								
								l						
								1						
								1						
	Under	penalties of perjury, I declar	are that I have ex	amined this return	n, including a	accompan	ying sc	hedule	es and state	ements, and to	the best o	f my ki	nowled	ge and
	bellel,	it is tide, consecut and domp	MA A A	or prepared (other	tilali taxpayt	ei oi naut	2/1	,)	4.3	DAGE	S DE	a >		,,cago
_	—	/X(UU					<u> ગા</u>	10	10	PRO-	<u> 120</u>	<u> </u>	_	
e e	Sig	gnature of officer or trustee	<i>U</i>				Date			Title	Preparer's	.doptif	ana n	ımbor
Ĭ		\sim \sim	. 0 . 0	۸۸	İ	Date			Check if	wod ►X	(See Signatu			
Sign Here	aid arer's Only	Preparer's signature	Ulum a	the last		3-4	-10]	self-emplo	yeu	P00050	684		
נט	Paid Preparer's Use Only	Firm's name (or yours if	WILLIA	A. JULIZ	AN, CPA					EIN ▶	72-135		·	
	F 5	self-employed), address,	P.O. B		. , 3200					1	. = = = =			
		and ZIP code	ANNIST		5202					Phone no	256-23	6-34	56	
											Fo	m 990	0-PF	(2008)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization

Employer identification number

JOSEPHINE E. & H. BI	RANDT AYERS FOUNDATION	63-0943547
Organization type (check one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treatment	ated as a private foundation
	501(c)(3) taxable private foundation	
= = = = = = = = = = = = = = = = = = = =	covered by the General Rule or a Special Rule. (Note for both the General Rule and a Special Rule. See it	
General Rule		
	ing Form 990, 990-EZ, or 990-PF that received, du one contributor Complete Parts I and II	iring the year, \$5,000 or more (in money or
Special Rules		
under sections 509()(3) organization filing Form 990, or Form 990-EZ, (a)(1)/170(b)(1)(A)(vi), and received from any one of or (2) 2% of the amount on Form 990, Part VIII, I and II	contributor, during the year, a contribution of the
during the year, agg)(7), (8), or (10) organization filing Form 990, or Fo gregate contributions or bequests of more than \$1,0 r educational purposes, or the prevention of cruelty	000 for use exclusively for religious, charitable,
during the year, son not aggregate to mo the year for an exclu applies to this organ)(7), (8), or (10) organization filing Form 990, or Fone contributions for use <i>exclusively</i> for religious, chapter than \$1,000 (If this box is checked, enter here <i>isively</i> religious, charitable, etc., purpose Do not conization because it received nonexclusively religious.	rritable, etc., purposes, but these contributions did the total contributions that were received during emplete any of the parts unless the General Rule s, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but they n	re not covered by the General Rule and/or the Spec nust answer "No" on Part IV, line 2 of their Form 99 their Form 990-PF, to certify that they do not meet	90, or check the box in the heading of their

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page	1 of	1	of Part I
raye	01		OFART

Name of organization

JOSEPHINE E. & H. AYERS FOUNDATION

Employer identification number 63-0943547

Part I	Contributors	(see instructions)
	Continuators	

			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOSEPHINE & H. BRANDT AYERS 1 BOOGER HOLLOW ANNISTON, AL 36207	\$13,000.00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

JOSEPHINE E. & H. BRANDT AYERS FOUNDATION

Employer Identification number

63-0943547

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		• • • \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer Identification number

63-0943547

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) ▶\$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZiP + 4 Relationship of transferor to transferee

JOSEPHINE E. & H. BRANDT AYERS FOUNDA	SCHEDULE ATION		August 31, 2009
PAID DURING YEAR	STATUS	PURPOSE	AMOUNT
NORTH CAROLINA HISTORY MUSEUM	501-C3	GENERAL FUND	\$333 00

PAID DURING YEAR	SIAIUS	PURPOSE	AMOUNI
NORTH CAROLINA HISTORY MUSEUM NORTH CAROLINA	501-C3	GENERAL FUND	\$333 00
ST TIMOTHY'S EPISCOPAL CHURCH 224 TRAMMELL STREET	501-C3	GENERAL FUND	\$100 00
CALHOUN, GA 30701 CAMP MCDOWELL 105 DELONG ROAD	501-C3	GENERAL FUND	\$50 00
NAUVOO, AL 35578 GRACE EPISCOPAL CHURCH P.O. BOX 1791	501-C3	GENERAL FUND	\$10,127 50
ANNISTON, AL 36202 HABITAT FOR HUMANITY P O BOX 1135	501-C3	GENERAL FUND	\$100 00
ANNISTON, AL 36202 CHRISTMAS CLEARING HOUSE ANNISTON, AL	501-C3	GENERAL FUND	\$1,000.00
SALVATION ARMY WOMEN'S AUX P O. BOX 218	501-C3	GENERAL FUND	\$500 00
ANNISTON, AL 36202 CHILDREN'S SERVICES ANNISTON , AL	501-C3	GENERAL FUND	\$200 00
KNOX CONCERT SERIES P O BOX 2501 ANNISTON, AL 36202	501-C3	GENERAL FUND	\$750 00
COMMUNITY ENABLER ANNISTON, AL	501-C3	GENERAL FUND	\$300 00
RELAY FOR LIFE ANNISTON, AL	501-C3	GENERAL FUND	\$100 00
JOE HARDIN LECTURESHIP FUND MOBILE, AL	501-C3	GENERAL FUND	\$50 00
UNITED CEREBRAL PALSY P O BOX 694 ANNISTON, AL 36202	501-C3	GENERAL FUND	\$400 00
AMERICAN CANCER SOCIETY ANNISTON, AL	501-C3	GENERAL FUND	\$250 00

\$14,260 50

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal Revenue S	ervice	- I no a soparato applicador	1107 00011 10001111			
•	•	h Extension, complete only Pa				▶ X
If you are f Do not comple	iling for an <mark>Additional (Not Au</mark> te <i>Part II unless</i> you have alrea	itomatic) 3-Month Extension, or ady been granted an automatic	omplete only Part II 3-month extension of	on pag on a prev	e 2 of this form). riously filed Form	8868.
Part I Auto	matic 3-Month Extension	of Time. Only submit origina	(no copies neede	d).		
		nd requesting an automatic 6-m			ox and complete	
•					• • • • • • • •	▶ 📙
	orations (including 1120-C fi ome tax returns.	lers), partnerships, REMICs, ar	nd trusts must use	Form 70	004 to request	an extension of
one of the re electronically returns, or a c	turns noted below (6 month f (1) you want the additiona omposite or consolidated Fro	electronically file Form 8868 s for a corporation required t (not automatic) 3-month extem 990-T Instead, you must suling of this form, visit www.irs.gov	o file Form 990-T) nsion or (2) you file omit the fully comple	Howeve Forms eted and	er, you cannot 990-BL, 6069, signed page 2	file Form 8868 or 8870, group (Part II) of Form
Type or	Name of Exempt Organization	···-			Employer identi	fication number
print	JOSEPHINE E. & H. B	RANDT AYERS FOUNDATIO	N		63-0943547	
File by the	Number, street, and room or su	ite no. If a P O. box, see instructions.				
due date for	1 BOOGER HOLLOW					
filing your return See instructions	City, town or post office, state,	and ZIP code. For a foreign address,	see instructions.			
Check type o	f return to be filed (file a sepa	arate application for each return)	:		_	
Form 990	• —	Form 990-T (corporation)		Fori	m 4720	
Form 990	-BL	Form 990-T (sec. 401(a) or 408(a) t	rust)	Fori	m 5227	
Form 990	-EZ	Form 990-T (trust other than above)	, ^	For	m 6069	
X Form 990	.PF	Form 1041-A		For	m 8870	
	are in the care of ► <u>JOSEP</u> No. ► <u>256-237-7024</u>	HINE AYERS FAX N	0. ▶			
If this is for for the whole g	a Group Return, enter the org	e or place of business in the Ur anization's four digit Group Exe If it is for part of the group, c on will cover.	mption Number (GEN	۷)	d attach a list v	. If this is with the
until APF	t an automatic 3-month II 15 , 2010 ganization's return for: calendar year or	(6 months for a corporation, to file the exempt organization	ion required to f n return for the orga	ile Forn anızation	n 990-T) exte named above.	ension of time The extension is
×	tax year beginning SEPTEM	BER 1 , 2008 , a	nd ending AUGUST	31	, 200	09 .
2 If this tax	year is for less than 12 month	ns, check reason: Initial re	eturn Fınal re	turn	Change in acc	counting period
nonrefund b If this ap made. Ind c Balance	dable credits. See instructions plication is for Form 990-PF (clude any prior year overpaym Due, Subtract line 3b from liid of coupon or, if required, but	or 990-T, enter any refundable	credits and estimat	ed tax p	ayments 3b deposit m). See	\$ 0.00
Caution. If you	are going to make an electro	nic fund withdrawal with this Fo	rm 8868, see Form	8453-E0	and Form 8879	9-EO
for payment in						
	t and Paperwork Reduction	Act Notice, see Instructions.			Form 8	3868 (Rev 4-2009)

Form 886	8 (Rev 4-2009)			Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete o	nly Part II a	and check this box	×
	Only complete Part II if you have already been granted an automatic 3-month			
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page			
	Additional (Not Automatic) 3-Month Extension of Time. Onl		original (no co	pies needed).
Type o	Name of Exempt Organization	7	Employer identif	
File by the extended due date		1501 pp.	For IRS use only	
filing the return S instruction	City, town or post office, state, and ZIP code. For a foreign address, see instruction	s		
Check	type of return to be filed (File a separate application for each return):			
1 1	Form 990		Form 1041-A	Form 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720	Form 8870
	Form 990-EZ Form 990-T (trust other than above)		Form 5227	
STOP!	Do not complete Part II if you were not already granted an automatic 3-n	onth exte	nsion on a previ	ously filed Form 8868.
• The	books are in the care of			
Tele	phone No. ▶ FAX No. ▶			
• If the	e organization does not have an office or place of business in the United States	, check this	box	
● If thi	s is for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Nui	nber (GEN)) If	this is
for the	whole group, check this box If it is for part of the group, check t	his box	▶ and atta	ch 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			
5 F	or calendar year, or other tax year beginning	and en	ding	·
6 If	this tax year is for less than 12 months, check reason Initial return	Final reti	urn Chang	ge in accounting period
_	tate in detail why you need the extension	_		•
_				
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter t	he tentativ	e tax, less any	
	onrefundable credits. See instructions.			8a \$
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	ble credits	and estimated	
	x payments made. Include any prior year overpayment allowed as a cree			
	reviously with Form 8868		,	8b \$
_	alance Due. Subtract line 8b from line 8a. Include your payment with this for	m. or. if re	auired deposit	- - - - - - - - - -
	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen			8c \$
	Signature and Verificati		See metractions	10014
Under pe	enalties of perjury, I declare that I have examined this form, including accompanying schedules correct, and complete, and that I am authorized to prepare this form		nts, and to the best of	of my knowledge and belief,
٠				a i
Signature	Title NR	E512	DENT Date	-3/16/10
	, 0			Form 8868 (Rev 4-2009)

WILLIAM A. JULIAN, CPA

P.O. BOX 1710

ANNISTON, AL 36202