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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 the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

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

**C** Name of organization**North Central Uniserv**

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

**93 Eastmont, Suite 200**

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

**East Wenatchee, WA 98802****D** Employer identification number**91-0885517****E** Telephone number**(509) 886-0870****F** Group ExemptionNumber **▶**

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 the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) ( 6 ) ◀ (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 **▶ \$ 810,157.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

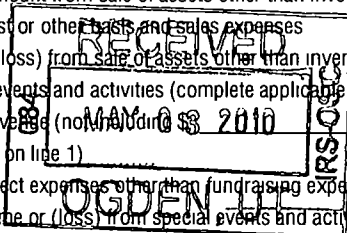
|            |                                                                                         |                                                                                                                                                  |            |           |
|------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Revenue    | 1                                                                                       | Contributions, gifts, grants, and similar amounts received                                                                                       | 1          |           |
|            | 2                                                                                       | Program service revenue including government fees and contracts                                                                                  | 2          | 31,952.   |
|            | 3                                                                                       | Membership dues and assessments                                                                                                                  | 3          | 768,512.  |
|            | 4                                                                                       | Investment income                                                                                                                                | 4          | 9,693.    |
|            | 5a                                                                                      | Gross amount from sale of assets other than inventory                                                                                            | 5a         |           |
|            | 5b                                                                                      | Less: cost or other basis and sales expenses                                                                                                     | 5b         |           |
|            | 5c                                                                                      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                        | 5c         |           |
|            | 6                                                                                       | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |            |           |
|            | 6a                                                                                      | Gross revenue (not including reported on line 1) of contributions                                                                                | 6a         |           |
|            | 6b                                                                                      | Less: direct expenses other than fundraising expenses                                                                                            | 6b         |           |
| 6c         | 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                                                                                                                                               |            |           |
| 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 <b>▶</b> )                                                      | 8                                                                                                                                                |            |           |
| 9          | <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <b>▶</b>                   | 9                                                                                                                                                | 810,157.   |           |
| Expenses   | 10                                                                                      | Grants and similar amounts paid (attach schedule)                                                                                                | 10         |           |
|            | 11                                                                                      | Benefits paid to or for members                                                                                                                  | 11         | 16,113.   |
|            | 12                                                                                      | Salaries, other compensation, and employee benefits                                                                                              | 12         | 471,477.  |
|            | 13                                                                                      | Professional fees and other payments to independent contractors                                                                                  | 13         | 4,470.    |
|            | 14                                                                                      | Occupancy, rent, utilities, and maintenance <b>See Statement 3</b>                                                                               | 14         | 75,767.   |
|            | 15                                                                                      | Printing, publications, postage, and shipping                                                                                                    | 15         | 2,210.    |
|            | 16                                                                                      | Other expenses (describe <b>▶</b> <b>See Statement 2</b> )                                                                                       | 16         | 725,519.  |
| 17         | <b>Total expenses</b> Add lines 10 through 16 <b>▶</b>                                  | 17                                                                                                                                               | 1,295,556. |           |
| Net Assets | 18                                                                                      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18         | -485,399. |
|            | 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         | 52,737.   |
|            | 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 <b>▶</b>                                                                  | 21         | -432,662. |

**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                                                     | 79,173.               | 22 118,235.     |
| 23 Land and buildings                                                                 | 150,407.              | 23 150,407.     |
| 24 Other assets (describe <b>▶</b> <b>See Statement 1</b> )                           | 40,684.               | 24 64,678.      |
| 25 <b>Total assets</b>                                                                | 270,264.              | 25 333,320.     |
| 26 <b>Total liabilities</b> (describe <b>▶</b> <b>Payables and accruals</b> )         | 217,527.              | 26 765,982.     |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 52,737.               | 27 -432,662.    |

SCANNED MAY 26 2010



P 15



**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.                                                                                                                                                                                                                            |     |    |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                                                                                                          |     | X  |
| 35b | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                                                        | N/A |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N                                                                                                                                                                                                                                                                                                                            |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">▶ 37a 0.</span>                                                                                                                                                                                                                                                                                                                               |     |    |
| 37b | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                  |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                                                                                                                                                                                                                                                 |     | X  |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">38b N/A</span>                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 39  | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| 39a | a Initiation fees and capital contributions included on line 9 <span style="float: right;">39a N/A</span>                                                                                                                                                                                                                                                                                                                                                               |     |    |
| 39b | b Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">39b N/A</span>                                                                                                                                                                                                                                                                                                                                                      |     |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <span style="float: right;">▶ N/A</span> ; section 4912 <span style="float: right;">▶ N/A</span> ; section 4955 <span style="float: right;">▶ N/A</span>                                                                                                                                                                                        |     |    |
| 40b | 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 <span style="float: right;">40b N/A</span>                                                                                                                                                                       |     |    |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>                                                                                                                                                                                                                                                                                              |     |    |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 40e | 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 <span style="float: right;">40e X</span>                                                                                                                                                                                                                                                                     |     |    |
| 41  | List the states with which a copy of this return is filed. <span style="float: right;">▶ None</span>                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| 42a | The books are in care of <span style="float: right;">▶ Laine Lasker</span> Telephone no. <span style="float: right;">▶ 509-886-0870</span><br>Located at <span style="float: right;">▶ 93 Eastmont Ave #20, East Wenatchee, WA</span> ZIP + 4 <span style="float: right;">▶ 98802</span>                                                                                                                                                                                |     |    |
| 42b | 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)?<br>If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | Yes | No |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>                                                                                                                                                                                                                                                                           |     | X  |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶</span><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ 43 N/A</span>                                                                                                                                                                                             |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                                                      |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                               |     | X  |

**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  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

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

N/A

| (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 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: Pamela Steinburg Date: \_\_\_\_\_

Type or print name and title: Pamela Steinburg President, North Central Uniserv

**Paid Preparer's Use Only** Preparer's signature: Kristi M. M. Date: 4/9/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Northwest CPA Group PLLC  
1333 Columbia Park Trail, Ste 210  
Richland, WA 99352

EIN: \_\_\_\_\_ Phone no.: 509-735-1300

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

Form 990-EZ (2008)

## Form 990-EZ

## Other Assets

## Statement 1

| Description                   | Beg. of Year | End of Year |
|-------------------------------|--------------|-------------|
| Receivables and prepaids      | 27,244.      | 52,008.     |
| Other Depreciable Assets      | 13,440.      | 12,670.     |
| Total to Form 990-EZ, line 24 | 40,684.      | 64,678.     |

## Form 990-EZ

## Other Expenses

## Statement 2

| Description                   | Amount   |
|-------------------------------|----------|
| Office expenses               | 16,796.  |
| Retirement                    | 581,547. |
| Meetings and committees       | 107,001. |
| Training                      | 20,175.  |
| Total to Form 990-EZ, line 16 | 725,519. |

## Form 990-EZ

## Occupancy, Rent, Utilities and Maintenance

## Statement 3

| Description                   | Amount  |
|-------------------------------|---------|
| Depreciation                  | 4,794.  |
| Other Expenses                | 70,973. |
| Total to Form 990-EZ, line 14 | 75,767. |

## Form 990-EZ

## Rental Income

## Statement 4

| Kind and Location of Property                | Activity Number | Gross Rental Income |
|----------------------------------------------|-----------------|---------------------|
| Office rental                                | 1               | 9,195.              |
| Total incuded on Form 990-EZ, Part I, line 4 |                 | 9,195.              |

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 5

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

To promote the cause of education on behalf of its members.

**Depreciation and Amortization 990EZ**  
(Including Information on Listed Property)

OMB No 1545-0172

**2008**  
Attachment  
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **North Central Uniserv** Business or activity to which this form relates **Form 990-EZ Page 1** Identifying number **91-0885517**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

|    |                                                                                                                                       |                              |                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount See the instructions for a higher limit for certain businesses                                                         | 1                            | 250,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                               | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation                                                                 | 3                            | 800,000.         |
| 4  | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-                                                       | 4                            |                  |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                           | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property Enter the amount from line 29                                                                                         | 7                            |                  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                                                   | 8                            |                  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8                                                                             | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562                                                                 | 10                           |                  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5                                        | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11                                                 | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12                                                            | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|    |                                                                                                                |    |  |
|----|----------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation for qualified property (other than listed property) placed in service during the tax year | 14 |  |
| 15 | Property subject to section 168(f)(1) election                                                                 | 15 |  |
| 16 | Other depreciation (including ACRS)                                                                            | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

|    |                                                                                                                                   |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008                                                  | 17 | 4,794. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |        |

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|------------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                              |                     |                |            |                            |
| b 5-year property              |                                      |                                                                              |                     |                |            |                            |
| c 7-year property              |                                      |                                                                              |                     |                |            |                            |
| d 10-year property             |                                      |                                                                              |                     |                |            |                            |
| e 15-year property             |                                      |                                                                              |                     |                |            |                            |
| f 20-year property             |                                      |                                                                              |                     |                |            |                            |
| g 25-year property             |                                      |                                                                              | 25 yrs              |                | S/L        |                            |
| h Residential rental property  | /                                    |                                                                              | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |                                                                              | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |                                                                              | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |                                                                              |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

|                |   |  |        |    |     |  |
|----------------|---|--|--------|----|-----|--|
| 20a Class life |   |  |        |    | S/L |  |
| b 12-year      |   |  | 12 yrs |    | S/L |  |
| c 40-year      | / |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|    |                                                                                                                                                                                                       |    |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property Enter amount from line 28                                                                                                                                                             | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 4,794. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                               | 23 |        |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|--------------------------------------------------|-------------------------------------|--------------------------------------------------|-------------------------------|--------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--------------------------------------------------|-------------------------------------|--------------------------------------------------|-------------------------------|--------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------|---------------------------------------|

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use

|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |

**27** Property used 50% or less in a qualified business use

|  |  |   |  |  |       |  |  |
|--|--|---|--|--|-------|--|--|
|  |  | % |  |  | S/L - |  |  |
|  |  | % |  |  | S/L - |  |  |
|  |  | % |  |  | S/L - |  |  |

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                           | (a)<br>Vehicle | (b)<br>Vehicle | (c)<br>Vehicle | (d)<br>Vehicle | (e)<br>Vehicle | (f)<br>Vehicle |
|-----------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) |                |                |                |                |                |                |
| <b>31</b> Total commuting miles driven during the year                                                    |                |                |                |                |                |                |
| <b>32</b> Total other personal (noncommuting) miles driven                                                |                |                |                |                |                |                |
| <b>33</b> Total miles driven during the year<br>Add lines 30 through 32                                   |                |                |                |                |                |                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                               | Yes            | No             | Yes            | No             | Yes            | No             |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?                       |                |                |                |                |                |                |
| <b>36</b> Is another vehicle available for personal use?                                                  |                |                |                |                |                |                |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

|                                                                                                                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                         |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?                                                                                                                                                          |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                    |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?                                                                                                                                         |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---------------------------------------------|--------------------------------------|

**42** Amortization of costs that begins during your 2008 tax year.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**43** Amortization of costs that began before your 2008 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report.

44

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

|                                                               |                                                                                                                            |                                                     |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Type or print                                                 | Name of Exempt Organization<br><b>North Central Uniserv</b>                                                                | Employer identification number<br><b>91-0885517</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<br><b>93 Eastmont, Suite 200</b>                     |                                                     |
|                                                               | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>East Wenatchee, WA 98802</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 |

**Laine Lasker**

- The books are in the care of ► **93 Eastmont Ave #20 - East Wenatchee, WA 98802**

Telephone No ► **509-886-0870**

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 **April 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

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

|                                                                                                                                                                                                                               |    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                           | 3a | \$            |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                                                      | 3b | \$            |
| c <b>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. | 3c | \$ <b>N/A</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form **8868** (Rev. 4-2009)