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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 **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DE PAUL HOMES & SHELTERS, INC.		D Employer identification number 39-1708805
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number 920-435-4040
		1529 LEO FRIGO WAY		F Group Exemption Number ►
		City or town, state or country, and ZIP + 4 GREEN BAY, WI 54302		

• 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) ► **MODIFIED CASH**

I Website: ► **N/A**

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **376237.**

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	186071.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe) ► SEE STATEMENT 2	8	190166.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	376237.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	246680.
	13 Professional fees and other payments to independent contractors	13	4518.
	14 Occupancy, rent, utilities, and maintenance	14	33303.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe) ► SEE STATEMENT 1	16	78106.
17 Total expenses. Add lines 10 through 16	17	362607.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13630.
	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	640128.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	653758.

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	240.	2706.
23 Land and buildings	620029.	636664.
24 Other assets (describe) ► OTHER DEPRECIABLE ASSETS	19859.	14388.
25 Total assets	640128.	653758.
26 Total liabilities (describe) ►	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	640128.	653758.

832171
12-17-08

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

Form **990-EZ** (2008)

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		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	WI	
42a The books are in care of	VINCENT NICKLAS	
Located at	1529 LEO FRIGO WAY, GREEN BAY, WI	
Telephone no	(920) 435-4040	
ZIP + 4	54302	
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	
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

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization? ...
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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: Vincent Nicklas Date: 4/5/10

Type or print name and title: Vincent Nicklas Volunteer President

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 3/21/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr): 000118408

Firm's name (or yours if self-employed), address, and ZIP + 4: HERMANS & ASSOCIATES, CPA'S SC EIN: 39-1421794
1901 S WEBSTER AVE, SUITE 3 Phone: 920-435-6121
GREEN BAY, WI 54301

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

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

DE PAUL HOMES & SHELTERS, INC.

Employer identification number

39-1708805

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
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The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	264396.	352403.	147403.	152010.	186071.	1102283.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	264396.	352403.	147403.	152010.	186071.	1102283.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1102283.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	264396.	352403.	147403.	152010.	186071.	1102283.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			150000.			150000.
11 Total support. Add lines 7 through 10						1252283.

12 Gross receipts from related activities, etc. (see instructions) **12**13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.02	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.49	%

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) **15** _____ %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g **16** _____ %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) **17** _____ %

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h **18** _____ %

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

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

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE SUPPLIES AND EXPENSE		5775.	
INSURANCE		8010.	
LANDFILL EXPENSE		1842.	
TELEPHONE		7291.	
REPAIRS AND MAINTENANCE		8646.	
VEHICLE EXPENSE		1598.	
DEPRECIATION		37730.	
MISCELLANEOUS		1224.	
FUND RAISING		5990.	
TOTAL TO FORM 990-EZ, LINE 16		78106.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION		AMOUNT	
MISCELLANEOUS		10166.	
AFFILIATED SUPPORT		180000.	
TOTAL TO FORM 990-EZ, LINE 8		190166.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- 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

990-EZ PG 2

STATEMENT 4

TO PROVIDE LOW INCOME HOUSING IN GREEN BAY.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization DE PAUL HOMES & SHELTERS, INC.	Employer identification number 39-1708805
	Number, street, and room or suite no. If a P.O. box, see instructions. 1529 LEO FRIGO WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN BAY, WI 54302	

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 |

VINCENT NICKLAS

- The books are in the care of ► **1529 LEO FRIGO WAY - GREEN BAY, WI 54302**
Telephone No. ► **(920) 435-4040** 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 **MAY 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 **OCT 1, 2008**, and ending **SEP 30, 2009**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

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

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

3/18/2010
11:15

DEPAUL HOMES AND SHELTERS, INC.
Federal ID #: 39-1708805
Asset Summary - Book Basis
Period Ended 9/30/09

Company: DHS
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 1 Furniture and Equipment												
1	1	FURNITURE AND EQUI	08/01/91	N	MCRS SL	7	452 95	0 00	0 00	452 95	0 00	452 95
2	1	SUMP PUMP	08/01/92	N	MCRS SL	7	380 00	0 00	0 00	380 00	0 00	380 00
3	1	APPLIANCE	04/01/93	N	MCRS SL	7	149 00	0 00	0 00	149 00	0 00	149 00
4	1	APPLIANCE	04/01/93	N	MCRS SL	7	159 00	0 00	0 00	159 00	0 00	159 00
5	1	APPLIANCE	09/01/93	N	MCRS SL	7	149 00	0 00	0 00	149 00	0 00	149 00
6	1	APPLIANCE	10/01/93	N	MCRS SL	7	169 00	0 00	0 00	169 00	0 00	169 00
7	1	APPLIANCE	06/01/94	N	MCRS SL	7	150 00	0 00	0 00	150 00	0 00	150 00
8	1	APPLIANCE	08/01/94	N	MCRS SL	7	1,430 00	0 00	0 00	1,430 00	0 00	1,430 00
9	1	APPLIANCE	09/01/94	N	MCRS SL	7	758 00	0 00	0 00	758 00	0 00	758 00
10	1	SNOBLOWER	11/01/94	N	MCRS SL	7	1,229 90	0 00	0 00	1,229 90	0 00	1,229 90
11	1	RANGE-DOTY	05/01/95	N	MCRS SL	7	349 00	0 00	0 00	349 00	0 00	349 00
12	1	REFRIG-WEBSTER	07/01/95	N	MCRS SL	7	149 00	0 00	0 00	149 00	0 00	149 00
13	1	TELEVISION-DOTY	08/01/95	N	MCRS SL	7	282 45	0 00	0 00	282 45	0 00	282 45
14	1	GAS RANGES-WEBSTE	08/01/95	N	MCRS SL	7	698 00	0 00	0 00	698 00	0 00	698 00
15	1	GAS DRYER-WEBSTER	08/01/95	N	MCRS SL	7	399 00	0 00	0 00	399 00	0 00	399 00
16	1	WASHER-WEBSTER	09/01/95	N	MCRS SL	7	209 00	0 00	0 00	209 00	0 00	209 00
17	1	REFRIGERATOR-WEB	11/11/95	N	MCRS SL	7	416 91	0 00	0 00	416 91	0 00	416 91
18	1	GAS RANGE-WEBSTER	11/11/95	N	MCRS SL	7	296 90	0 00	0 00	296 90	0 00	296 90
19	1	WASHER-WEBSTER	12/22/95	N	MCRS SL	7	399 00	0 00	0 00	399 00	0 00	399 00
20	1	WASHER-WEBSTER	11/01/96	N	MCRS SL	7	379 00	0 00	0 00	379 00	0 00	379 00
21	1	VACUUMS-DOTY	02/01/97	N	MCRS SL	7	229 98	0 00	0 00	229 98	0 00	229 98
22	1	BABY CRIBS-DOTY	03/01/97	N	MCRS SL	7	199 98	0 00	0 00	199 98	0 00	199 98
23	1	REFRIG-WEBSTER	04/01/97	N	MCRS SL	7	499 00	0 00	0 00	499 00	0 00	499 00
24	1	OFFICE FURN-DOTY	04/01/97	N	MCRS SL	7	218 00	0 00	0 00	218 00	0 00	218 00
25	1	STEAM VAC-WEBSTER	08/01/97	N	MCRS SL	7	239 99	0 00	0 00	239 99	0 00	239 99
26	1	REFRIGERATOR-DOTY	08/01/97	N	MCRS SL	7	499 00	0 00	0 00	499 00	0 00	499 00
27	1	CABINET DOORS/SHELV	08/11/98	N	MCRS SL	7	570 00	0 00	0 00	570 00	0 00	570 00
28	1	CLOTHES RACK - DOT	01/15/99	N	MCRS SL	7	626 00	0 00	0 00	626 00	0 00	626 00
29	1	WASHER - WEBSTER	05/15/99	N	MCRS SL	7	250 00	0 00	0 00	250 00	0 00	250 00
30	1	RANGE - DOTY	06/15/99	N	MCRS SL	7	150 00	0 00	0 00	150 00	0 00	150 00
31	1	REFRIG- DOTY	07/15/99	N	MCRS SL	7	260 00	0 00	0 00	260 00	0 00	260 00
32	1	WATER HEATER & INS	04/21/00	N	MCRS SL	7	1,224 66	0 00	0 00	1,224 66	0 00	1,224 66
33	1	WASHING MACHINE -	05/18/00	N	MCRS SL	7	195 00	0 00	0 00	195 00	0 00	195 00
34	1	SNOWBLOWER - WEBS	09/11/00	N	MCRS SL	7	200 00	0 00	0 00	200 00	0 00	200 00
35	1	FURNACE 129 WEBSTE	11/28/00	N	MCRS SL	7	3,000 00	0 00	0 00	3,000 00	0 00	3,000 00
36	1	FURNACE 125 WEBSTE	01/30/01	N	MCRS SL	7	2,694 00	0 00	0 00	2,694 00	0 00	2,694 00
37	1	GAS RANGE 129 WEBST	03/02/01	N	MCRS SL	7	195 00	0 00	0 00	195 00	0 00	195 00
38	1	KENMORE ELECT RAN	03/07/01	N	MCRS SL	7	250 00	0 00	0 00	250 00	0 00	250 00
39	1	REFRIGERATOR 127 W	05/04/01	N	MCRS SL	7	250 00	0 00	0 00	250 00	0 00	250 00
40	1	LIGHT FIXTURE	04/26/01	N	MCRS SL	7	350 80	0 00	0 00	350 80	0 00	350 80
41	1	Snowblower-Christiana	01/02/02	N	MCRS SL	7	315 00	0 00	0 00	293 00	22 00	315 00
42	1	Dishwasher-Christiana	04/02/02	N	MCRS SL	7	310 00	0 00	0 00	287 45	22 55	310 00
43	1	Refrigerator-125 Webster	06/02/02	N	MCRS SL	7	265 00	0 00	0 00	246 30	18 70	265 00
44	1	Air Cond -Christiana	07/02/02	N	MCRS SL	7	3,410 00	0 00	0 00	3,166 70	243 30	3,410 00
45	1	Security system-Chrtian	11/28/02	N	MCRS SL	7	4,162 76	0 00	0 00	3,270 40	594 68	3,865 08
46	1	Furnace (2) Christiana	12/06/02	N	MCRS SL	7	6,990 00	0 00	0 00	5,491 85	998 57	6,490 42
47	1	Refrigerator Christiana	01/24/03	N	MCRS SL	7	270 00	0 00	0 00	211 85	38 57	250 42
48	1	Snowblower - Christiana	01/03/03	N	MCRS SL	7	575 00	0 00	0 00	451 70	82 14	533 84
49	1	SHOWER DOOR	10/06/03	N	MCRS SL	7	250 00	0 00	0 00	160 70	35 71	196 41
50	1	SECURITY CAMERA	10/06/03	N	MCRS SL	7	271 00	0 00	0 00	174 20	38 71	212 91
51	1	THERMOSTAT	11/05/03	N	MCRS SL	7	205 00	0 00	0 00	131 80	29 29	161 09
52	1	PHONE SYSTEM	01/13/04	N	MCRS SL	7	1,390 00	0 00	0 00	893 57	198 57	1,092 14
53	1	LAWN TRACTOR	05/13/04	N	MCRS SL	7	899 99	0 00	0 00	578 57	128 57	707 14
54	1	MICROWAVE	06/03/04	N	MCRS SL	7	199 00	0 00	0 00	127 93	28 43	156 36
55	1	STEAM VACUUM	09/16/04	N	MCRS SL	7	279 86	0 00	0 00	179 91	39 98	219 89

3/18/2010
11:15

DEPAUL HOMES AND SHELTERS, INC.

Federal ID #: 39-1708805

Company: DHS

Page: 2

Asset Summary - Book Basis

Period Ended 9/30/09

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 Furniture and Equipment (Continued)												
56	1	1993 FORD TRUCK	10/01/03	N	MCRS SL	5	3,840 00	0 00	0 00	3,456 00	384 00	3,840 00
57	1	Refrigerator - Christiana	07/29/05	N	MCRS SL	7	525 00	0 00	0 00	262 50	75 00	337 50
58	1	Dehumidifier - Christiana	08/16/05	N	MCRS SL	7	159 00	0 00	0 00	79 49	22 71	102 20
59	1	A/C Unit - Christiana	08/16/05	N	MCRS SL	7	2,023 42	0 00	0 00	1,011 71	289 06	1,300 77
60	1	A/C Unit - Christiana	08/26/05	N	MCRS SL	7	3,466 05	0 00	0 00	1,733 03	495 15	2,228 18
61	1	Furnace - 135 S Webster	03/14/06	N	MCRS SL	7	2,351 02	0 00	0 00	839 65	335 86	1,175 51
62	1	Bissell Vacuum	06/21/06	N	MCRS SL	7	189 99	0 00	0 00	67 85	27 14	94 99
63	1	Computer monitors	03/14/07	N	MCRS SL	3	891 54	0 00	0 00	445 77	297 18	742 95
64	1	Software - Windows XP	06/28/07	N	MCRS SL	3	369 98	0 00	0 00	184 99	123 33	308 32
65	1	Refrigerator - Christiana	07/24/08	N	SL	7	764 98	0 00	0 00	18 21	109 28	127 49
66	1	Air compressor & hook-up	04/18/08	N	SL	7	2,046 42	0 00	0 00	121 81	292 35	414 16
67	1	Giftworks software	01/31/08	N	SL	3	996 00	0 00	0 00	221 33	332 00	553 33
68	1	2-freezers,2-dryers, 2-washers - Christiana	04/09/08	N	SL	7	5,642 68	0 00	0 00	403 05	806 10	1,209 15
69	1	Water heater - Christiana	12/31/07	N	SL	7	1,469 03	0 00	0 00	157 40	209 86	367 26
70	1	Dishwasher - 1660 Chr	12/10/08	N	SL	7	429 00	0 00	0 00	0 00	51 07	51 07
71	1	Oven range - 1660 Chr	12/10/08	N	SL	7	534 00	0 00	0 00	0 00	63 57	63 57
Group # 1 Total							66,197 24	0 00	0 00	45,375 24	6,433 43	51,808 67
Group # 2 Buildings and Improvement												
1	1	129/131 S WEBSTER	05/01/91	R	MCRS SL	27 5	41,500 00	0 00	0 00	26,219 64	1,509 09	27,728 73
2	1	125/127 S WEBSTER	05/01/91	R	MCRS SL	27 5	49,500 00	0 00	0 00	31,275 00	1,800 00	33,075 00
3	1	1/2 BATH-125 S WEBSTE	05/01/92	R	MCRS SL	27 5	720 00	0 00	0 00	426 90	26 18	453 08
4	1	LAV & FAUCET-131 S	03/01/94	R	MCRS SL	27 5	420 95	0 00	0 00	220 55	15 31	235 86
5	1	1011 DOTY STREET HO	07/01/94	R	MCRS SL	27 5	58,900 00	0 00	0 00	30,522 10	2,141 82	32,663 92
6	1	REMODELING-1011 DO	10/01/94	R	MCRS SL	27 5	5,894 03	0 00	0 00	2,988 65	214 33	3,202 98
7	1	REMODELING-1011 DO	11/01/94	R	MCRS SL	27 5	4,159 72	0 00	0 00	2,096 30	151 26	2,247 56
8	1	PLMBG,TOILETS,SHOW 1011 DOTY ST	11/01/94	R	MCRS SL	27 5	14,206 50	0 00	0 00	7,171 00	516 60	7,687 60
9	1	REPLACE WINDOWS-12	08/01/95	R	MCRS SL	27 5	8,915 00	0 00	0 00	4,253 90	324 18	4,578 08
10	1	WIRING-1011 DOTY ST	11/01/94	R	MCRS SL	27 5	2,229 90	0 00	0 00	1,124 45	81 09	1,205 54
11	1	DRAINAGE-WEBSTER	06/18/96	R	MCRS SL	27 5	8,415 00	0 00	0 00	3,761 00	306 00	4,067 00
12	1	SIDING-WEBSTER	04/30/97	R	MCRS SL	27 5	8,920 00	0 00	0 00	3,714 80	324 36	4,039 16
13	1	WINDOWS & DOORS-W	07/13/98	R	MCRS SL	27 5	7,825 00	0 00	0 00	2,906 75	284 55	3,191 30
14	1	135 S WEBSTER	08/04/99	R	MCRS SL	27 5	71,400 00	0 00	0 00	23,690 80	2,596 36	26,287 16
15	1	DOOR & TRIM 125 S W	11/09/00	N	MCRS SL	27 5	539 32	0 00	0 00	148 05	19 61	167 66
16	1	NEW PORCH	11/10/00	N	MCRS SL	27 5	2,639 78	0 00	0 00	719 95	95 99	815 94
17	1	129 WEBSTER,LOWER R	01/29/01	N	MCRS SL	27 5	9,353 49	0 00	0 00	2,550 65	340 13	2,890 78
18	1	VINYL FLOORING 129	01/29/01	N	MCRS SL	7	715 70	0 00	0 00	715 70	0 00	715 70
19	1	VINYL FLOORING 129	01/10/01	N	MCRS SL	7	948 70	0 00	0 00	948 70	0 00	948 70
20	1	REMODELING AT 125&	05/01/01	N	MCRS SL	27 5	14,739 94	0 00	0 00	4,020 00	536 00	4,556 00
24	1	CARPET 125&127 WEBS	05/01/01	N	MCRS SL	7	3,707 84	0 00	0 00	3,707 84	0 00	3,707 84
26	1	VINYL 129 UPPER KITC	03/26/01	N	MCRS SL	7	215 91	0 00	0 00	215 91	0 00	215 91
31	1	DOORS & TRIM WORK	08/17/01	N	MCRS SL	27 5	4,790 28	0 00	0 00	1,305 95	174 19	1,480 14
32	1	2ND FLOOR PORCH,RA	09/11/01	N	MCRS SL	27 5	4,413 47	0 00	0 00	1,202 45	160 49	1,362 94
33	1	1660 Christiana-bldg land shown separately	12/01/01	R	MCRS SL	27 5	372,542 00	0 00	0 00	92,006 90	13,546 98	105,553 88
34	1	New roof-125 Webster	10/25/01	R	MCRS SL	27 5	11,925 00	0 00	0 00	3,018 20	433 64	3,451 84
35	1	New siding-127 Webster	01/28/02	R	MCRS SL	27 5	4,450 00	0 00	0 00	1,086 10	161 82	1,247 92
36	1	Insulation-127 Webster	01/28/02	R	MCRS SL	27 5	980 00	0 00	0 00	239 20	35 64	274 84
37	1	Alumin soffit & fascia 127 Webster	01/28/02	R	MCRS SL	27 5	2,980 00	0 00	0 00	726 80	108 36	835 16
38	1	Gutters/downspouts 127	01/28/02	R	MCRS SL	27 5	650 00	0 00	0 00	159 20	23 64	182 84
39	1	15 storm wind 127 Webst	01/28/02	R	MCRS SL	27 5	1,490 00	0 00	0 00	362 90	54 18	417 08
40	1	Windows & door 127 Web	02/19/02	R	MCRS SL	27 5	680 00	0 00	0 00	163 65	24 73	188 38

3/18/2010
11:15

DEPAUL HOMES AND SHELTERS, INC.
Federal ID #: 39-1708805
Asset Summary - Book Basis
Period Ended 9/30/09

Company: DHS
Page: 3

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 2 Buildings and Improvement (Continued)												
41	1	Roof replace - Webster	10/10/02	R	MCRS SL	27 5	5,004 80	0 00	0 00	1,083 95	181 99	1,265 94
42	1	Replace plumbing-129 Web	11/22/02	R	MCRS SL	27 5	2,264 54	0 00	0 00	483 75	82 35	566 10
43	1	New Carpeting Christiana	01/10/05	N	MCRS SL	7	384 50	0 00	0 00	192 25	54 93	247 18
44	1	Carpeting - Christiana	10/21/05	N	MCRS SL	7	990 92	0 00	0 00	353 90	141 56	495 46
45	1	New lighting - Christiana	11/10/05	N	MCRS SL	27 5	5,379 02	0 00	0 00	489 00	195 60	684 60
46	1	Conf Rm Lights - Christia	12/23/05	N	MCRS SL	15	561 58	0 00	0 00	93 60	37 44	131 04
47	1	Light Fixt - Christiana	12/23/05	N	MCRS SL	15	668 05	0 00	0 00	111 35	44 54	155 89
48	1	Plumbing - Christiana sheet metal over pipes	03/30/06	N	MCRS SL	27 5	1,944 84	0 00	0 00	176 80	70 72	247 52
49	1	Carpeting Christiana	02/28/07	N	MCRS SL	7	432 85	0 00	0 00	92 76	61 84	154 60
50	1	Christiana - 32 storm windows	04/17/07	N	MCRS SL	15	8,320 00	0 00	0 00	832 00	554 67	1,386 67
51	1	Christiana - 4 new window	05/08/07	N	MCRS SL	15	6,390 00	0 00	0 00	639 00	426 00	1,065 00
52	1	135 S Webster - shingles	09/06/07	N	MCRS SL	15	1,259 75	0 00	0 00	106 88	83 98	190 86
53	1	1011 Doty St - new roof	09/06/07	N	MCRS SL	15	7,609 88	0 00	0 00	645 69	507 33	1,153 02
54	1	New roof - 135 Webster	03/12/08	R	SL	15	12,236 44	0 00	0 00	475 86	815 76	1,291 62
55	1	Cabinets - laundry room Christiana	04/09/08	R	SL	15	1,595 77	0 00	0 00	53 19	106 38	159 57
56	1	Carpeting throughout 1660 Christiana	08/20/09	N	SL	7	12,672 00	0 00	0 00	0 00	150 86	150 86
57	1	Shower	10/24/08	R	SL	15	1,850 00	0 00	0 00	0 00	113 06	113 06
58	1	New Roof - 1660 Christiana	09/21/09	R	SL	15	33,408 70	0 00	0 00	0 00	0 00	0 00
Group # 2 Total							823,741 17	0 00	0 00	259,499 97	29,635 54	289,135 51
Group # 3 Land Improvements												
1	1	GRAVEL PARKING LOT	09/01/92	R	MCRS SL	15	460 00	0 00	0 00	460 00	0 00	460 00
2	1	FENCE - WEBSTER	06/27/00	N	MCRS SL	15	1,610 85	0 00	0 00	964 95	107 39	1,072 34
3	1	Asphalt parking lot-129 Webster	06/02/02	R	MCRS SL	8	5,700 00	0 00	0 00	4,483 50	712 50	5,196 00
4	1	Fencing-Christiana	08/20/02	N	MCRS SL	15	1,070 41	0 00	0 00	463 80	71 36	535 16
5	1	Playground - concrete and excavating	10/20/06	N	MCRS SL	15	11,379 00	0 00	0 00	1,137 90	758 60	1,896 50
6	1	Spindle gate - Christiana	02/07/08	R	SL	15	161 28	0 00	0 00	7 17	10 75	17 92
Group # 3 Total							20,381 54	0 00	0 00	7,517 32	1,660 60	9,177 92
Group # 4 Land												
1	1	Land @ 1660 Christiana St	12/01/01	R			74,958 00	0 00	0 00	0 00	0 00	0 00
2	1	Lot adjacent to 1660 Chr	04/02/02	R			14,700 00	0 00	0 00	0 00	0 00	0 00
3	1	Street blacktop - Webster	11/11/02	R			1,195 83	0 00	0 00	0 00	0 00	0 00
Group # 4 Total							90,853 83	0 00	0 00	0 00	0 00	0 00
Grand Total							1,001,173 78	0 00	0 00	312,392 53	37,729 57	350,122 10

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

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	DE PAUL HOMES & SHELTERS, INC.	39-1708805
	Number, street, and room or suite no. If a P.O. box, see instructions. 1529 LEO FRIGO WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN BAY, WI 54302	

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 |

VINCENT NICKLAS

- The books are in the care of ► 1529 LEO FRIGO WAY - GREEN BAY, WI 54302

Telephone No. ► (920) 435-4040

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 MAY 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 OCT 1, 2008, and ending SEP 30, 2009.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <u>N/A</u>

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)