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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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 <b>THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH ACTIVITIES ORGANIZATION, INC.</b>		D Employer identification number <b>62-1703651</b>
		Number and street (or P.O. box, if mail is not delivered to street address) <b>1268 WILLOWOOD RD</b>		E Telephone number <b>865-539-2681</b>
		Room/suite <b></b>		F Group Exemption Number <b></b>
		City or town, state or country, and ZIP + 4 <b>KNOXVILLE, TN 37922-7610</b>		

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

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

I Website: **WWW.CBFOSPORTS.COM**

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) ( 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 **\$ 320,528.**

## 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	32,843.
	2 Program service revenue including government fees and contracts	2	213,320.
	3 Membership dues and assessments	3	
	4 Investment income	4	27.
	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	12,872.
	b Less: direct expenses other than fundraising expenses	6b	6,436.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,436.	
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 <b>SEE STATEMENT 2</b> )	8	61,466.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	314,092.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	18,221.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	69,020.
	14 Occupancy, rent, utilities, and maintenance	14	37,196.
	15 Printing, publications, postage, and shipping	15	2,596.
	16 Other expenses (describe <b>SEE STATEMENT 1</b> )	16	190,096.
	17 Total expenses Add lines 10 through 16	17	317,129.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,037.>
	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	106,759.
	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	103,722.

## 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	91,884.	86,604.
23 Land and buildings		
24 Other assets (describe <b>OTHER DEPRECIABLE ASSETS</b> )	14,875.	17,118.
25 Total assets	106,759.	103,722.
26 Total liabilities (describe <b></b> )	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,759.	103,722.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Form 990-EZ (2008)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **SEE STATEMENT 7**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 TO PROVIDE SPRING AND FALL SOFTBALL PROGRAMS FOR OVER 675  
BOYS AND GIRLS TO PARTICIPATE IN.

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

28a 78,127.

29 TO PROVIDE BASKETBALL PROGRAMS FOR OVER 700 BOYS AND GIRLS  
TO PARTICIPATE IN.

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

29a	48,650.
-----	---------

30 TO PROVIDE A VOLLEYBALL PROGRAM FOR OVER 550 GIRLS TO  
PARTICIPATE IN.

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

30a 77,324.

31 Other program services (attach schedule) SEE STATEMENT 8

(Grants \$ 14,750. ) If this amount includes foreign grants, check here

31a	60,370.
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32 **Total program service expenses** (add lines 28a through 31a)

32	264,471.
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH  
ACTIVITIES ORGANIZATION, INC.**

62-1703651

**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	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 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	40b	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	40e	X
41 List the states with which a copy of this return is filed. ▶ TN		
42a The books are in care of ▶ TED FRIZEN Telephone no. ▶ (865) 769-8649		
Located at ▶ 1268 WILLOWOOD RD, KNOXVILLE, TN ZIP + 4 ▶ 37922		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH  
ACTIVITIES ORGANIZATION, INC.**

62-1703651

**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

- |  | Yes | No       |
|--|-----|----------|
| <b>46</b> 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 |     | <b>X</b> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | <b>X</b> |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | <b>X</b> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     | <b>X</b> |
| <b>49b</b> If "Yes," was the related organization(s) a section 527 organization?   |     |          |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 <span style="float:right">▶</span>				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 <span style="float:right">▶</span>		

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** Date 6-30-10

Ted Frazee  
Signature of officer

TED FRIESEN Treasurer/Secretary  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature Daniel M. Mize CPA Date 6/28/10 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 PUGH & COMPANY P.C.  
315 N. CEDAR BLUFF RD.  
KNOXVILLE, TN 37923

EIN   Phone no. (865) 769-0660

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

Form 990-EZ (2008)

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**

Employer identification number  
62-1703651

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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]

Total

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH**

Schedule A (Form 990 or 990-EZ) 2008 **ACTIVITIES ORGANIZATION, INC.**

62-1703651 Page 3

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,370.			25,450.	32,843.	59,663.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	220,565.	370,510.	299,508.	284,662.	287,658.	1,462,903.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5	221,935.	370,510.	299,508.	310,112.	320,501.	1,522,566.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						1,522,566.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	221,935.	370,510.	299,508.	310,112.	320,501.	1,522,566.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	475.	681.	624.	185.	27.	1,992.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	475.	681.	624.	185.	27.	1,992.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						1,524,558.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.87 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.82 %

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

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

Schedule A (Form 990 or 990-EZ) 2008



## 2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OCCUPANCY, RENT, UTILITIES											
1	LEASEHOLD IMPROVEMENTS	082508	SL	15.00	17	30,000.		15000.	15,000.	125.		1,000.
2	VOLLEYBALL REFEREE STAND	033009	SL	5.00	19B	1,800.		900.	900.			990.
3	VOLLEYBALL NET STANDARDS	033009	SL	5.00	19B	4,522.		2,261.	2,261.			2,487.
4	CONCESSION STAND PIZZA WARMER	033009	SL	5.00	19B	884.		442.	442.			486.
	* 990-EZ PG 1 TOTAL											
	OCCUPANCY, RENT, UTILITIES					37,206.		18603.	18,603.	125.	0.	4,963.
	* GRAND TOTAL 990-EZ PG 1 DEPR					37,206.		18603.	18,603.	125.	0.	4,963.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
DUES & ANNUAL REPORT FEES	215.		
UNIFORMS AND SMALL EQUIPMENT	52,354.		
PHONE AND SECURITY SYSTEM	498.		
OFFICE SUPPLIES	562.		
CONCESSIONS SUPPLIES	33,353.		
TROPHIES AND FLOWERS	7,389.		
SIGN EXPENSE	1,300.		
WEBSITE	236.		
INSURANCE	24,845.		
BANK FEES	1,793.		
CAMP EXPENSES	4,200.		
BOWL GAME EXPENSES	2,475.		
GAME SUPERVISION	2,992.		
PICTURES	4,840.		
ADVERTISING	542.		
COUNTY FEES	9,545.		
STORAGE	706.		
MEDICAL EXPENSE	1,024.		
MISCELLANEOUS	6,080.		
UNRECOVERABLE THEFT LOSS	35,147.		
TOTAL TO FORM 990-EZ, LINE 16	190,096.		

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION	AMOUNT		
SIGN SPONSORS	7,820.		
PHOTO COMMISSIONS	1,000.		
CONCESSION SALES	48,924.		
MISCELLANEOUS	1,677.		
IRS REFUND	2,045.		
TOTAL TO FORM 990-EZ, LINE 8	61,466.		

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FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	3
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AFFILIATE'S NAMEAFFILIATES ADDRESSTENNESSEE DISTRICT, OPTIMIST  
INTERNATIONAL1101 REMINGTON DRIVE  
KNOXVILLE, TN 37923PURPOSE OF PAYMENTAMOUNT

DUES

795.

AFFILIATE'S NAMEAFFILIATES ADDRESS

OPTIMIST INTERNATIONAL

4494 LINDELL BLVD  
ST. LOUIS, MO 63108PURPOSE OF PAYMENTAMOUNT

DUES

2,676.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

3,471.

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTIONAMOUNT

DEPRECIATION

4,963.

OTHER EXPENSES

32,233.

TOTAL TO FORM 990-EZ, LINE 14

37,196.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE DONATION A.L. LOTTS ELEMENTARY 9320 WESTLAND DRIVE KNOXVILLE, TN 37922	NONE	1,000.
CHARITABLE DONATION CEDAR BLUFF MIDDLE SCHOOL 707 N CEDAR BLUFF RD KNOXVILLE, TN 37923	NONE	1,000.
CHARITABLE DONATION WEST VALLEY MIDDLE SCHOOL 9118 GEORGE WILLIAMS RD KNOXVILLE, TN 37922	NONE	4,000.
CHARITABLE DONATION FARRAGUT HIGH SCHOOL PROJECT GRADUATION 11237 KINGSTON PIKE KNOXVILLE, TN 37922	NONE	500.
CHARITABLE DONATION BEARDEN HIGH SCHOOL 8325 KINGSTON PIKE KNOXVILLE, TN 37919	NONE	250.
CHARITABLE DONATION FARRAGUT MIDDLE SCHOOL PHYS ED DEPT 200 WEST END AVE KNOXVILLE, TN 37922	NONE	500.
SCHOLARSHIP BRANDON JOHNSON  KNOXVILLE, TN 37922	NONE	1,500.
SCHOLARSHIP LAUREN HUGHES  KNOXVILLE, TN 37922	NONE	1,500.
SCHOLARSHIP MELISSA EGGERT  KNOXVILLE, TN 37922	NONE	1,500.

THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH

62-1703651

SCHOLARSHIP .  
MATHEW OLGESBY

NONE

1,500.

KNOXVILLE, TN 37922

SCHOLARSHIP

DAUGHTER OF  
BOARD MEMBER

1,500.

CARA GREGG

KNOXVILLE, TN 37922

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

14,750.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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 7

TO SPONSOR YOUTH SPORTS PROGRAMS FOR BOYS AND GIRLS IN THE KNOXVILLE AREA.



FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

8

## DESCRIPTION

## GRANTS

## EXPENSES

TO PROVIDE A FOOTBALL AND CHEERLEADING PROGRAM FOR  
OVER 500 BOYS AND GIRLS TO PARTICIPATE IN.

0.

45,620.

SCHOLARSHIPS TO GRADUATING SENIORS WHO HAVE  
PARTICIPATED IN SPORTS PROGRAMS AND DONATIONS TO  
OTHER PROGRAMS THAT SUPPORT THE ORGANIZATION'S EXEMPT  
PURPOSE.

14,750.

14,750.

TOTAL TO FORM 990-EZ, LINE 31

14,750.

60,370.

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

▶ See separate instructions.

▶ Attach to your tax return.

THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH  
ACTIVITIES ORGANIZATION, INC.

Business or activity to which this form relates

Identifying number

FORM 990-EZ PAGE 1

62-1703651

**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	3,603.
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	1,000.
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		3,603.	5 YRS.	HY	SL	360.
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	4,963.
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	

**THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH  
ACTIVITIES ORGANIZATION, INC.**

Form 4562 (2008)

62-1703651 Page 2

**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) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 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) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (do not 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 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	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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2008 tax year

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**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**

TRIZENOFINANCIALPSI.COM

## **CEDAR BLUFF - FARRAGUT OPTIMIST CLUB (CBFO)**

### **SCHOLARSHIP APPLICATION FOR HIGH SCHOOL STUDENTS**

Cedar Bluff - Farragut Optimist Club (CBFO) will be awarding scholarships to assist deserving high school seniors in the pursuit of a major or minor field of study. To be considered for CBFO scholarship, the applicant must be a graduating senior who has participated in a CBFO Youth Activity and meets the following criteria:

- I. The following must be received from each candidate:
  1. Completed CBFO Scholarship application form.
  2. Submit an essay on the topic: **"The Internet: Today's Evolution or Tomorrow's Menace?"**. This essay should include how this issue appeals to their interest. The essay must be sufficiently specific to assure the Selection Subcommittee that the candidate understands the specific topic (with the length between 450-500 words) as well as assessing the candidate skills for written expression. The approach can encompass a young person's personal experience, the experience of their community, country or a more historical perspective.
  3. Students must have demonstrated involvement in community/public service including volunteer work, extra-curriculum activities, and student organization, voting education, and church/religious organizations, etc. Please attach a description of your involvement in these activities
  4. Copy of transcripts from each school attended as applicable. Qualification is determined by such factors as academic record (Grade Point Average (GPA) of 3.0 on a 4.0 scale), potential performance, need for assistance, and interest in community/public service.
  5. Letter of recommendation from current instructor or advisor.
- II. The following describes the time line for receipt of applications, the selection process, and award of scholarships:
  1. Applications and enclosures are due to your guidance office on or before April 30, 2010 for pick-up by the CBFO Scholarship Committee member.
  2. The CBFO Scholarship Chairperson and Selection Subcommittee will complete their review using a point scoring rating of the applications and make recommendations.
  3. The President of CBFO through the will of its members, which has the final authority, will make the final selection of the recipient (s).
  4. The President of the CBFO will announce the scholarship awardees soon after the final selections. The CBFO Scholarship Chairperson will provide a notification to the selected candidate soon after the selection. The award is expected to be announced in May 2010. Formal presentations may be made pending availability of student.

I hereby release the CBFO and its members and my school of any liability associated with the use of information obtained in connection with the application for this scholarship. Further, I expressly grant the CBFO authority to use general information for press release purposes in announcing the recipients of the scholarships.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## CEDAR BLUFF - FARRAGUT OPTIMIST CLUB (CBFO)

### SCHOLARSHIP APPLICATION FOR HIGH SCHOOL STUDENTS

Cedar Bluff - Farragut Optimist Club (CBFO) will be awarding scholarships for graduating seniors whom have participated in a CBFO Youth Activity. To be considered for this scholarship, please complete this application and requirements:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First M. I. Last

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Sex (Male \_\_\_ Female \_\_\_) No. of Siblings \_\_\_\_\_ No. of Siblings in college: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class Standing: \_\_\_\_\_

High School Attending: \_\_\_\_\_

High School Address: \_\_\_\_\_

Student Status: High School Senior \_\_\_ GPA: \_\_\_ of \_\_\_ ACT Score: \_\_\_ SAT Score \_\_\_

College/University you will attend: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_ Area of Concentration: \_\_\_\_\_

Career Objective/Interests: \_\_\_\_\_

Please indicate family's income range:

Less than \$50,000 \_\_\_ \$50,000-100,000 \_\_\_ \$100,000-\$200,000 \_\_\_ Over \$200,000 \_\_\_

Other scholarships/grants you have received: \_\_\_\_\_

Organizations you belong to: \_\_\_\_\_

Hobbies/Activities: \_\_\_\_\_

CBFO Youth Activities Participated in: \_\_\_\_\_

I hereby release the CBFO, its members and/or my school of any liability associated with the use of information obtained in connection with the application for this scholarship. Further, I expressly grant the CBFO authority to use general information for press release purposes in announcing the recipients of the scholarships.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Part I only ☐

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

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

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH ACTIVITIES ORGANIZATION, INC.</b>	Employer identification number <b>62-1703651</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1268 WILLOWOOD RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KNOXVILLE, TN 37922-7610</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 |

TED FRIZEN

- The books are in the care of ► **1268 WILLOWOOD RD - KNOXVILLE, TN 37922**

Telephone No. ► **(865) 769-8649**FAX No. ► **(865) 769-8630**

- 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 <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	\$ 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)

SCANNED

Date **2-18-10**By **dm**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).			
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE CEDAR BLUFF FARRAGUT OPTIMIST YOUTH ACTIVITIES ORGANIZATION, INC.</b>		Employer identification number <b>62-1703651</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1268 WILLOWOOD RD</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KNOXVILLE, TN 37922-7610</b>		

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

- ☐ Form 990    ☒ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**TED FRIZEN**

- The books are in the care of **1268 WILLOWOOD RD - KNOXVILLE, TN 37922**  
 Telephone No. **(865) 769-8649** FAX No. **(865) 769-8630**

- 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 is for.

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2010**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **4/27/10**

Form 8868 (Rev. 4-2009)

**SCANNED**  
 Date **5-18-10**  
 By **AM**

Certified Mail  
 Date **5-14-10**  
 By 