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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)

OMB No 1545-1150

2008

Open to Public  
Inspection

► 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 NOV 1, 2008 and ending OCT 31, 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	C Name of organization  ST. TAMMANY HOME BUILDERS ASSOCIATION	D Employer identification number  72-0810727
	Number and street (or P O box, if mail is not delivered to street address)  28603 KRENTEL ROAD	E Telephone number  985-882-5002
	City or town, state or country, and ZIP + 4  LACOMBE, LA 70445	F Group Exemption Number ►

- 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) ►

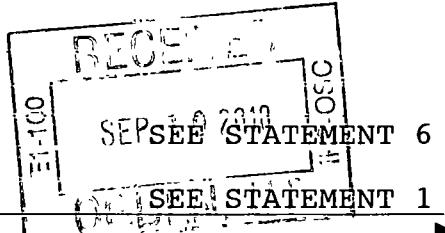
I Website: ► WWW.STHBA.ORG

H Check ►  if the organization is notJ Organization type (check only one) —  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 ► \$ 570,612.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 345,914.
	4 Investment income	4 10,094.
	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 178,174.
b Less direct expenses other than fundraising expenses	6b 142,225.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 35,949.	
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 4 )	8 36,430.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 428,387.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11 9,189.
	12 Salaries, other compensation, and employee benefits	12 149,447.
	13 Professional fees and other payments to independent contractors	13 9,800.
	14 Occupancy, rent, utilities, and maintenance	14 34,743.
	15 Printing, publications, postage, and shipping	15 21,870.
	16 Other expenses (describe ► SEE STATEMENT 1 )	16 257,612.
	17 Total expenses. Add lines 10 through 16	17 482,661.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -54,274.
	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)	19 697,695.
	20 Other changes in net assets or fund balances (attach explanation)	20 -189,695.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 453,726.



## 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	SEE STATEMENT 2 )	376,552. 22	323,152.
23 Land and buildings		263,007. 23	256,340.
24 Other assets (describe ► SEE STATEMENT 2 )		66,854. 24	47,430.
25 Total assets		706,413. 25	626,922.
26 Total liabilities (describe ► SEE STATEMENT 3 )		8,718. 26	173,196.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		697,695. 27	453,726.

11P

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

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 THE ASSOCIATION IS DEDICATED TO ENHANCING THE QUALITY OF  
LIFE BY PROMOTING EXCELLENCE IN THE HOME BUILDING INDUSTRY  
THROUGH EDUCATION, NETWORKING, AND COMMUNITY INVOLVEMENT.

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

28

29

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

29a

30

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

30a

**31 Other program services (attach schedule)**

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

31a

**32 Total program service expenses (add lines 28a through 31a)**

32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 8		100,911.		

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 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  
 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

	Yes	No
33	X	
34	X	

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?

35a	X
35b	N/A
36	X

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N

► 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.

37b	X
38a	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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations Enter

39a N/A

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A

40b	N/A
40c	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

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	

41 List the states with which a copy of this return is filed ► LA

42a The books are in care of ► FARRAR TINGLE Telephone no ► 985-882-5002  
 Located at ► 28603 KRENTEL ROAD, LACOMBE LA ZIP + 4 ► 70445

	Yes	No
42b	X	
42c	X	

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		
42c		

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.?

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

43	►	
43		N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
44	X	
45	X	

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

Form 990-EZ (2008)

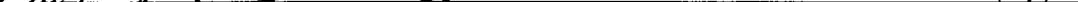
**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
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."		

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

N/A

Total number of other ~~independent~~ contractors each receiving over \$100,000

**Sign Here**  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  
Signature of officer 9/2/10  
Date

9/2/11  
Date

Sign  
Here

~~JOHN BARRY, PRESIDENT~~

Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>8/23/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	JAMES L. WHITE			
Firm's name (or yours if self-employed), address, and ZIP + 4	BERNARD & FRANKS, CORP. OF C.P.A.'S 4141 VETERANS BLVD, SUITE 313 METAIRIE, LA 70002-5581		EIN <input type="checkbox"/>	Phone <input type="checkbox"/> no (504) 885-0170

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**Form 990-EZ (2008)**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION			AMOUNT
PUBLIC RELATIONS			37,035.
STAFF EXPENSES			8,811.
GOVERNMENTAL AFFAIRS			10,216.
ECONOMIC DEVELOPMENTAL FOUNDATION			6,500.
PRESIDENT'S EXPENSES			5,442.
STATE DIRECTOR'S EXPENSES			5,075.
EXECUTIVE DIRECTOR'S EXPENSES			7,941.
BANK AND CREDIT CARD FEES			3,655.
OFFICE SUPPLIES			3,055.
NATIONAL DIRECTOR'S EXPENSES			1,825.
EDUCATION SEMINARS AND MEETINGS			663.
DUES NATIONAL AND STATE ASSOCIATION			149,025.
SALES AND MARKETING			11,062.
DIRECTORY			7,307.
TOTAL TO FORM 990-EZ, LINE 16			257,612.
FORM 990-EZ			STATEMENT
OTHER ASSETS			2
DESCRIPTION			BEG. OF YEAR
NET ACCOUNTS RECEIVABLE			52,676.
CONSTRUCTION IN PROCESS			8,933.
PREPAID SALARIES			0.
ACCRUED INTEREST			0.
OTHER DEPRECIABLE ASSETS			5,245.
TOTAL TO FORM 990-EZ, LINE 24			66,854.
FORM 990-EZ			STATEMENT
OTHER LIABILITIES			3
DESCRIPTION			END OF YEAR
ACCOUNTS PAYABLE			8,718.
DEFERRED REVENUE-MEMBER DUES			0.
ACCRUED SALARIES AND BENEFITS			172,310.
TOTAL TO FORM 990-EZ, LINE 26			886.
			8,718.
			173,196.

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FORM 990-EZ	OTHER REVENUE	STATEMENT 4
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DESCRIPTION	AMOUNT
OTHER INCOME	16,797.
SALES AND MARKETING	11,658.
DIRECTORY	7,975.
TOTAL TO FORM 990-EZ, LINE 8	36,430.

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FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 5
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DESCRIPTION	AMOUNT
CORRECTION OF AN ERROR REGARDING MEMBER DUES	-189,695.
TOTAL TO FORM 990-EZ, LINE 20	-189,695.

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FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT 6
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DESCRIPTION	AMOUNT
DEPRECIATION	8,889.
OTHER EXPENSES	25,854.
TOTAL TO FORM 990-EZ, LINE 14	34,743.

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**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 7**

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

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT		
			BEN	PLAN	EXPENSE
JOHN BARRY 28603 KRENTEL ROAD, LACOMBE, LA 70445	PRESIDENT 5.00	0.	0.	0.	
RON LEE 28603 KRENTEL ROAD, LACOMBE, LA 70445	VICE PRESIDENT 5.00	0.	0.	0.	
JENNY GOODROW 28603 KRENTEL ROAD, LACOMBE, LA 70445	TREASURER 5.00	0.	0.	0.	
KENNETH ADAMS, JR. 28603 KRENTEL ROAD, LACOMBE, LA 70445	SECRETARY 5.00	0.	0.	0.	
CLIFTON SIVERD 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
JOHN BRUHL 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
DENNIS DOBSON 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
CINDY DURACHER 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
KENNY ELLIOTT 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
SILVIO FERNANDEZ 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
MICHAEL GABRIEL 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
DAVID GASPARD 28603 KRENTEL ROAD, LACOMBE, LA 70445	DIRECTOR 5.00	0.	0.	0.	
ROBERT HURLEY 28603 KRENTEL ROAD, LACOMBE, LA	DIRECTOR 5.00	0.	0.	0.	
JEFF LASSERE 28603 KRENTEL ROAD, LACOMBE, LA	DIRECTOR 5.00	0.	0.	0.	

MITCH RIPOLL 28603 KRENTEL ROAD, LACOMBE, LA	DIRECTOR 5.00	0.	0.	0.
DARWIN SHARP 28603 KRENTEL ROAD, LACOMBE, LA	DIRECTOR 5.00	0.	0.	0.
FARRAR TINGLE 28603 KRENTEL ROAD, LACOMBE, LA	EXECUTIVE DIRECTOR 40.00	50,000.	0.	0.
BEN KIRK 28603 KRENTEL ROAD, LACOMBE, LA	GOVERNMENTAL AFFAIRS 40.00	50,911.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		100,911.	0.	0.

THE ASSOCIATION IS DEDICATED TO ENHANCING THE QUALITY OF LIFE BY PROMOTING EXCELLENCE IN THE HOME BUILDING INDUSTRY THROUGH EDUCATION, NETWORKING, AND COMMUNITY INVOLVEMENT.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	<b>ST. TAMMANY HOME BUILDERS ASSOCIATION</b>	<b>72-0810727</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions	
	<b>28603 KRENTEL ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>LACOMBE, LA 70445</b>	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► \_\_\_\_\_  
Telephone No ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JUNE 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 NOV 1, 2008, and ending OCT 31, 2009

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

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

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.

- 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)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization ST. TAMMANY HOME BUILDERS ASSOCIATION	Employer identification number 72-0810727
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 28603 KRENTEL ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LACOMBE, LA 70445	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of ► \_\_\_\_\_

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box. . . . . ►  and attach a list with the names and EINs of all members the extension is for

 4 I request an additional 3-month extension of time until SEPT. 15, 2010.

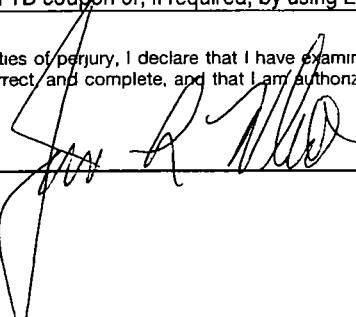
 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.  
 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

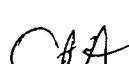
 7 State in detail why you need the extension ALL OF THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME  
 \_\_\_\_\_  
 \_\_\_\_\_

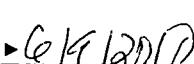
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ <u>0</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <u></u>
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 \$ <u>0.00</u>

**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 ► 

 Date ► 

Form 8868 (Rev. 4-2009)