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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For ca	alend	ar year 2009, or tax year beginning		, and ending			
G Cr	ieck a	ill that apply Initial return	Initial return of a fo	-		Final return	
		Amended return	Address chang	je	<u></u>	Name change	
Use	the IF	Name of foundation				A Employer Identification	number
	bel.						
Othe	erwis	e, THE ELLIE & LES HAYT :	FAMILY FOUND	ATION		02-0760235	
	rint	Number and street (or P O box number if mail is not de	ivered to street address)	Room	/suite	B Telephone number	
	type.	POE WE TIME! DIME				602-253-84	91
See S	-	City of town, state, and Zir code				C If exemption application is pe	
1313111	u 6 (10)	PHOENIX, AZ 85007				D 1. Foreign organizations	, check here
H CI	heck 1	type of organization X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach co	mputation
	Sec	tion 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		E If private foundation stat	us was terminated
i Fai	r mai	ket value of all assets at end of year J Accounting	ng method: X Cash	Accrual		under section 507(b)(1)	
- (fro	om P		her (specify)			F If the foundation is in a 6	60-month termination
_	\$	1,140,887. (Part I, colu	mn (d) must be on cash b	oasis.)		under section 507(b)(1)	(B), check here
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investme	ent	(c) Adjusted net	(d) Disbursements for chantable purposes
		necessarily equal the amounts in column (a)	expenses per books	income		Income	(cash basis only)
		Contributions, gifts, grants, etc , received				N/A	
l		Check X if the foundation is not required to attach Sch. B					· · · · · · · · · · · · · · · · · · ·
	3	Interest on savings and temporary cash investments					
1	4	Dividends and interest from securities	25,776.	25,7	76.		STATEMENT 1
ວ	5a	Gross rents				· · · · · · · · · · · · · · · · · · ·	
207	þ	Net rental income or (loss)				4	
_ 0		Net gain or (loss) from sale of assets not on line 10	<34,064.	>			
3 21	þ	Gross sales pnce for all assets on line 6a 81, 119.	<u> </u>	111111111111		1. 's' -::::::::::::::::::::::::::::::::::	
SEP 0 9 Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
Ä	8	Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·	,		***************************************
	9	Income modifications Gross sales less returns					
SCANNED	10a	and allowances	· · · · · · · · · · · · · · · · · · ·	14,41,4.,		 	
Z	þ	Less Cost of goods sold					
Z	C	Gross profit or (loss)	-50		<u> </u>		
ठ	11	Other income	<58.		<u> </u>	<u> </u>	STATEMENT 2
ഗ	12	Total. Add lines 1 through 11	<8,346.	> 25,7			
	13	Compensation of officers, directors, trustees, etc	0.		0.	DE05"	0.
	14	Other employee salaries and wages				H KECEN	/ED
တ္က	15	Pension plans, employee benefits				4	
nses	1 .	Legal fees				SEP 07	
G	þ	Accounting tees				OLI VI	85
ய	C	Other professional fees				OODEN	<u> </u>
ţį	17	Interest Taxes STMT 3	683.	-	583.	L_UGUEN.	UT 0.
Operating and Administrative Expe	18	•	003.	-	.03.		V •
ij	19	Depreciation and depletion				-	
P P	20	Occupancy Traval conferences and meetings					
ρ	21	Travel, conferences, and meetings					
jan	22	Printing and publications Other expenses STMT 4	3,007.	3 (007.		0.
ting	23		3,007.				0.
era	24	expenses. Add lines 13 through 23	3,690.	3.6	590.		0.
ô	25	Contributions, gifts, grants paid	84,509.	1			84,509.
	1	Total expenses and disbursements.	04,307.	<u> </u>	••		04,509.
	20	Add lines 24 and 25	88,199.	3.6	590.		84,509.
_	27	Subtract line 26 from line 12	30,133.	-			31,303.
	1	Excess of revenue over expenses and disbursements	<96,545.	>			-
	1	Net investment income (if negative, enter -0-)		22,0	028.	(
	1	Adjusted net income (if negative, enter -0-)		1		N/A	
						*	***************************************

	20	Loans from officers, directors, trustees, and other disqualified persons	
3	21	Mortgages and other notes payable	
1	22	Other liabilities (describe	,
	23	Total liabilities (add lines 17 through 22)	0. 0.
		Foundations that follow SFAS 117, check here	
_	ŀ	and complete lines 24 through 26 and lines 30 and 31.	
Š	24	Unrestricted .	
5	25	Temporarily restricted	
5	26	Permanently restricted	
=		Foundations that do not follow SFAS 117, check here	
		and complete lines 27 through 31.	
ņ	27	Capital stock, trust principal, or current funds	1,129,553. 1,129,553.
Š	28	Paid-in or capital surplus, or land, bldg, and equipment fund	31,559. 31,559.
Ž	29	Retained earnings, accumulated income, endowment, or other funds	<276,692.> <20,225.>
	30	Total net assets or fund balances	884,420. 1,140,887.

Part ||| Analysis of Changes in Net Assets or Fund Balances

31 Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30			
	(must agree with end-of-year figure reported on prior year's return)	_ 1		884,420.
2	Enter amount from Part I, line 27a	2	2	<96,545.
3	Other increases not included in line 2 (itemize)	<u>5</u> 3	3	353,012.
4	Add lines 1, 2, and 3	4	1	1,140,887.
5	Decreases not included in line 2 (itemize)	5	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	. [6	1,140,887.

884,420.

1,140,887

•	rehouse, or common stock	sold (e g , real estate, , 200 shs MLC Co)		How acquired ' - Purchase) - Donation	(c) Date ac (mo , day	y, yr)	(d) Date sold (mo , day, yr)
12 STIFEL NICOLAUS				P	VARIO	US	VARIOUS
<u>. </u>				<u> </u>	-		
				<u> </u>			
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale						in or (loss (f) minus	
81,119.			115,183.				<34,06
			-		<u> </u>		
							
							
Complete only for assets shown	ng gain in column (h) and o	wned by the foundation	on 12/31/69		(I) Gains (Co	ıt (h) naır	minus
	(i) Adjusted basis		cess of col (i)	1 (col (k), but no	ot less tha	ın -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any		Losses (from col	(h))
							<34,06
				 			
				-	···-		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		.,					
Capital gain net income or (net c		also enter in Part I, line ' i, enter -0- in Part I, line		2			<34,06
Net short-term capital gain or (lo	•		,				•
If gain, also enter in Part I, line 8		222(3) and (0).	J				
If (loss), enter -0- in Part I, line 8			<u></u>	3		N/I	<i>1</i>
art V Qualification L	Inder Section 4940	(e) for Reduced	Tax on Net In	vestment li	ncome	-	
or optional use by domestic privat	a foundations subject to the	anation ADAD/al towar					
	to roundations subject to the	s section 4540(a) tax on	net investment incon	ne)			
section 4940(d)(2) applies, leave		s Section 4340(a) tax on	net investment incon	ne)			
	this part blank						Vac X
as the foundation liable for the sec	this part blank ction 4942 tax on the distrib	outable amount of any ye	ear in the base period				Yes X
as the foundation liable for the sec	this part blank ction 4942 tax on the distrib alify under section 4940(e)	utable amount of any ye Do not complete this pa	ear in the base period				Yes X
as the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in (a)	this part blank ction 4942 tax on the distrib alify under section 4940(e) each column for each year,	utable amount of any ye Do not complete this pa see instructions before (b)	ear in the base period int making any entries (i	;)		Oistr	(d)
rs the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in (a) Base period years	this part blank ction 4942 tax on the distrib alify under section 4940(e) each column for each year,	utable amount of any ye Do not complete this pa see instructions before (b) irfying distributions	ear in the base period int making any entries (i Net value of nonch	;) aritable-use asso	1 1	Dıstr (col (b) d	(d) ibution ratio ivided by col (c))
is the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2008	this part blank ction 4942 tax on the distrib alify under section 4940(e) each column for each year,	utable amount of any year of not complete this particular see instructions before (b) lifying distributions 59,591.	ear in the base period it making any entries (i Net value of nonch	e) aritable-use assi	18.	Distr col (b) d	(d) ibution ratio ivided by col. (c)) . 0464
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Form		02 - 076			Page 4			
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 - see	instru	ctio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.							
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%	1		2	20.			
	of Part I, line 27b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.			
3	Add lines 1 and 2	3		2	20.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		-	0.			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		2	20.			
6	Credits/Payments							
а	2009 estimated tax payments and 2008 overpayment credited to 2009							
b	Exempt foreign organizations - tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868)							
d	Backup withholding erroneously withheld . 6d							
7	Total credits and payments Add lines 6a through 6d	7		1,0	63.			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		8	43.			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 240 • Refunded ▶	11			03.			
	rt VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		Yes	No			
	any political campaign?		1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	1	, ,,				
	distributed by the foundation in connection with the activities							
C	Did the foundation file Form 1120-POL for this year?		10	:	X			
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
-	(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation managers \blacktriangleright \$ 0 •							
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation							
	managers ▶ \$ 0.							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х			
	If "Yes," attach a detailed description of the activities.		····	*********				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r						
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X			
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a	-	X			
) If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b					
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		X			
	If "Yes," attach the statement required by General Instruction T.	•						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				1			
	By language in the governing instrument, or				1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law						
	remain in the governing instrument?		6	Х	1			
7	Did the foundation have at least \$5,000 in assets at any time during the year?	•	7	Х				
	If "Yes," complete Part II, col. (c), and Part XV							
8:	a Enter the states to which the foundation reports or with which it is registered (see instructions)							
,	AZ		.		1			
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		'					
,	of each state as required by General Instruction G? If "No," attach explanation SEE STATEM	ENT 8	8b	Ì	x			
9				<u> </u>				
Ī	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		g	Ì	X			
10	Did any persons become substantial contributors during the tay year? (1977)							

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 990-PF (2009)

4a

X

X

orm 990-PF (2009) THE ELLIE & LES HAYT FAM			02-07602	35 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	·····
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire	• —		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		L Ye	s X No	•
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[]	
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	
section 53 4945 or in a current notice regarding disaster assistance (see instruc		•	N/A	5b
Organizations relying on a current notice regarding disaster assistance check he			. • -	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the second of t		. /	. 🗀 ".	
expenditure responsibility for the grant?		/A YE	s L No	
If "Yes," attach the statement required by Regulations section 53.4945			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?	ay pieniums on		s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal henefit contract?	T6		6b X
If "Yes" to 6b, file Form 8870.	ersonal benefit contract.	•	-	on A
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	□ v _o	s X No	
b If yes, did the foundation receive any proceeds or have any net income attributa	•			7b
Information About Officers Directors Trusts		nagers. Highly		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part VIII Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
A No	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
SEE STATEMENT 10	···	0.	0.	0.
]
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u> </u>	
2 Compensation of the ingliest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other
NONE	devoted to position		compensation	allowances
HONE				
		 		
		 		
		 		
		1	_	
	1			
Total number of other employees paid over \$50,000 .		•	<u> </u>	0

Form **990-PF** (2009)

Form, 9	90-PF(2009) THE ELLIE & LES HAYT FAMILY FOU	NDATION 02-	0760235 Page 7
Part	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Fiv	e highest-paid independent contractors for professional services. If none, ent	er "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE		
Total	number of others receiving over \$50,000 for professional services		▶ 0
	[IX-A] Summary of Direct Charitable Activities		
List th	ne foundation's four largest direct charitable activities during the tax year. Include relevant stati er of organizations and other beneficiaries served, conferences convened, research papers pri	stical information such as the oduced, etc	Expenses
1			
• —			
-	M. A.		
2			
3			
4			
Par	t IX-B Summary of Program-Related Investments		
Desc	ribe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2	Amount
1	N/A		
2			
_	her program-related investments. See instructions		
3		-	

0.

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	922,434.
	Average of monthly cash balances	1b	922,434. 12,564.
6	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	934,998.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<u></u>
٠	1c (attach detailed explanation) . 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	934,998.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,025.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	920,973.
6	Minimum investment return. Enter 5% of line 5	6	46,049.
	P. 1.1 1.1.1 A. 1.1 A. 1.1.1 A. 1.1.1 A. 1.1.1 A. 1.1 A. 1.1.1 A. 1.1.1 A. 1.1.1 A. 1.1.1 A. 1.1.1 A.	d certain	
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)		
1	Minimum Investment return from Part X, line 6	1	46,049.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	220.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	45,829.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	45,829.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	45,829.
F	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		04 500
а	• • • • • • • • • • • • • • • • • • • •	<u> 1a </u>	84,509.
þ	•	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	• "	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	84,509.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income Enter 1% of Part I, line 27b	5	220.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	84,289.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for	the section

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,			1	
line 7				45,829.
2 Undistributed income, if any, as of the end of 2009	HI. 1111-1111-1-1-1	***************************************	,	· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2008 only			63,624.	
b Total for prior years	· · · · · · · · · · · · · · · · · · ·	······································		'-',', '' ,''!!!!!!!'' !''r' .}!!. '\;. '
		0.		
3 Excess distributions carryover, if any, to 2009	<u> </u>			11 '** ; '' ,.'*{ '!.'!-'-' ''!.;18#\\!
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 84,509.				
a Applied to 2008, but not more than line 2a			63,624.	
b Applied to undistributed income of prior		11		,,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	- 1111.1 - '' '.'' '141. [.1311.**********
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		*·· ·· * *****************************	- 1,, , , , , , ' 1 '' , ' '!!!	20,885.
e Remaining amount distributed out of corpus	0.	***************************************		***************************************
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.	1111-11111-1111-1111		0.
must be shown in column (a)) 6 Enter the net total of each column as				
Indicated below:	0.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	· · · · · · · · · · · · · · · · · · ·			
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				24,944.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9		1		
a Excess from 2005	1			
b Excess from 2006	1			
c Excess from 2007	1			
d Excess from 2008	1			
e Excess from 2009		<u> </u>		<u> </u>

	LIE & LES HA				60235 Page 10
Part XIV Private Operating	Foundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f			▶ └	· · · · · · · · · · · · · · · · · · ·	
b Check box to indicate whether the four		ng foundation described		4942(j)(3)_or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 years		<u>.</u>
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			,		
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u></u>			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		<u> </u>	-		
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
s "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties) (2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary In	formation (Compl	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Founda	tion Managers:				
a List any managers of the foundation year (but only if they have contribute			itributions received by th	e foundation before the cl	ose of any tax
SEE STATEMENT 11		. , ,			
b List any managers of the foundation	who own 10% or more of t	the stock of a cornoration	/or an equally large por	tion of the ownership of a	nartnershin or
other entity) of which the foundation			(or an equally large per	tion of the ownership of a	partitorismp of
NONE			<u> </u>		
2 Information Regarding Contrib Check here ► X if the foundation the foundation makes gifts, grants, e	n only makes contributions	to preselected charitable	e organizations and does	not accept unsolicited rec	juests for funds If
				complete items 2a, b, c, ar	10 U
a The name, address, and telephone n	imber of the person to wh	om applications should b	e addressed		
b The form in which applications should	d be submitted and inform	ation and materials they	should include		
c Any submission deadlines					<u></u>
d Any restrictions or limitations on awa	ards, such as by geographi	cal areas, charitable field	s, kinds of institutions, o	r other factors	

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution		
a Paid during the year	or substantial contributor	recipient			
SEE STATEMENT 12					
Total	T	1	<u>▶ 3a</u>	84,509.	
NONE					
Total		<u>-</u>	> 2h	0	

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelated business income		Excluded	by section 512, 513, or 514	(e)
groot amounts amount out of the second	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion	Amount	function Income
a					
b					
C					
d	-:-	-			
8					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments .					
4 Dividends and interest from securities			01	25,776.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01	<58.>	
8 Gain or (loss) from sales of assets other					
than inventory			18	<34,064.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
1 Other revenue					
a	-				1.
b	-				
C	-				1
d	-				·
e	-			z0 246	
12 Subtotal Add columns (b), (d), and (e)	L		0.	<8,346.>	
13 Total. Add line 12, columns (b), (d), and (e)		-		. 13	<8,346.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
-	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	2.0								
ŀ	Did the organization directly or indirectly engage in any of the following	g with any other	organizatio	n described in s	ection 501(c) of	[Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 52	7, relating to pol	tıcal organı	zations?		ļ			
a	Transfers from the reporting foundation to a noncharitable exempt org	ganization of.				ļ			
	(1) Cash					Ŀ	1a(1)		X
	(2) Other assets						1a(2)	ĺ.	X
b	Other transactions								
	(1) Sales of assets to a noncharitable exempt organization					[-	1b(1)	()	X
	(2) Purchases of assets from a noncharitable exempt organization					F	1b(2)		X
	(3) Rental of facilities, equipment, or other assets						1b(3)		X
	(4) Reimbursement arrangements					Г	1b(4)		X
	(5) Loans or loan guarantees	•	••		•	T T	1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	ns .					1b(6)		X
2	Sharing of facilities, equipment, mailing lists, other assets, or paid em		-		•	· }	10		X
	If the answer to any of the above is "Yes," complete the following sche-		chould alw	 vave show the fa	ur market value of the	L annds oth		ate	
4	or services given by the reporting foundation. If the foundation receive							cts,	
	column (d) the value of the goods, other assets, or services received	co icss than ian i	ilainet valu	t in any transac	tion of stiaring arrang	101110111, 3110	AA 111		
a)ı	ine no (b) Amount involved (c) Name of noncharitable	exempt organiz	ation	(d) Descri	otion of transfers, transact	hone and she			
-,	N/A	oxcompt organiza	1000	(u) Descrip	Juon of transfers, transact	uons, and sna	inng an	angeme	nts
	N/A	-,							
					··				
					 .				
		·		_					
		·	,						
2a	Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exe	mpt organiz	zations describe	d				
	in section 501(c) of the Code (other than section 501(c)(3)) or in sect		, ,		-		Yes	ГХ	No
h	If "Yes," complete the following schedule		-			<u> </u>	, 163		7 140
	(a) Name of organization	(b) Type of org	anization		(c) Description of	relationshir	,		
	N/A	1.7							
				*		· · · · · ·			
_	1	ļ				_			
_	Under penalties of pegary, I declare that I have examined this return uncluding according	mpanying schedule	s and statem	ents, and to the be	st of my knowledge and t	belief, it is tru	e. come	ct	
	and complete Declaration of preparer other na talgayer or fill uciary) is based on						-,	~~	
	V (1885) (109.	19-1	- (0						
စ္	Signature of officer or trustee	Data		Tilla	· · · · · · · · · · · · · · · · · · ·				
Sign Here		Date		Title	Check if	Preparer's	Identif	vlna sv-	nher .
B	Preparer's Standard		AUG	3 0 2010	self-) rieparers	iuenur	yay nun	iDei
ัด	Firm's name (or yours DENNIS, SCHMICH & CO. 3839 N. 3RD STREET.	7 T m2			employed > L	<u> </u>			
	Firm's name (or yours DENNIS, SCHMICH & C				EIN ►				
	if self-employed), 3839 N. 3RD STREET.	SUITE	305			(02 2	<i>-</i> -	F ^ ^	^
	address, and ZIP code PHOENIX, AZ 85012	 			Phone no.	602 2	05-	<u> 590</u>	<u>u </u>

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
ALLIANCE RESOURCES PARTNERS L STIFEL NICOLAUS	P		34. 25,742.		0.	25,7	34. 42.
TOTAL TO FM 990-PF, PART I, L	N 4		25,776.		0.	25,7	76.
FORM 990-PF	0'	THER II	NCOME			STATEMENT	2
DESCRIPTION]	(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		
ALLIANCE RESOURCE PARTNERS LE FEDERAL TAX REFUND)			276.> 218.	<276 218		•
TOTAL TO FORM 990-PF, PART I,	LINE	11	<u> </u>	<58.>	<58	.>	-
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
FOREIGN TAX PAID		602					_
		683.		683.			0.
TO FORM 990-PF, PG 1, LN 18		683.		683.			0.
TO FORM 990-PF, PG 1, LN 18 =	0	683.	XPENSES			STATEMENT	
=	(EXPE	683.	XPENSES (B) NET INVI	683. EST-		(D) CHARITA	0.
FORM 990-PF	EXPE PER	683. THER E A) NSES	(B) NET INVI MENT INC	683. EST-	(C) ADJUSTED NET INCOM	(D) CHARITA	0.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FU	UND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED GAIN EXCESS PERCENTAGE DEPLETION OVER COST		351,20 1,80	
TOTAL TO FORM 990-PF, PART III, LINE 3		353,0	12.
FORM 990-PF CORPORATE STOCK		STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET	T
GROUP MEXICO SA DE CV SER B WAL-MART DE MEXICO SA DE CV SER V APACHE CORP	220,351. 97,326. 144,438.	220,33 97,33 144,4	26.
BAYER AG SPONSORED ADR CANADIAN OIL SANDS TRUST NEW UNIT CHEVRON CORP	39,900. 68,244. 30,796.	39,90 68,24 30,79	00. 44.
ENCANA CORP GENL DYNAMICS CORP COM NORTHROP GRUMMAN CORP	19,434. 40,902. 55,850.	19,41 40,90 55,81	34. 02.
OCCIDENTAL PETRO CORP SOUTHERN COMPANY	25,056. 80,235.	25,0 80,2	56. 35.
TECO ENERGY INC MARATHON OIL CORP DOMINION RES VA NEW	4,055. 27,786. 60,326.	4,09 27,79 60,3	86. 26.
INTEGRYS ENERGY GROUP COCA COLA COMPANY PROCTER & GAMBLE COMPANY	15,116. 28,500. 30,315.	15,1 28,5 30,3	00. 15.
WESTERNZAGROS RESOURCES ARCHER DANIELS MIDLAND HEADWATERS INCORPORATED	1,112. 15,655. 19,560.	1,1 15,6 19,5	55.
JOHNSON & JOHNSON CENOVUS ENERGY INC CONSTITUTION MINING CORP	32,205. 15,120. 15,200.	32,2 15,1 15,2	20.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,087,482.	1,087,4	82.

FÒRM 990-PF	OTHER	INVESTMENTS		STATEMENT	7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET	ľ
INV. IN ALLIANCE RESOURCES	LP	COST	34,694.	34,69	94.
TOTAL TO FORM 990-PF, PART	II, LINE	13	34,694.	34,69	94.
FORM 990-PF EXPLANATION	CONCERNING	G PART VII-A,	LINE 8B	STATEMENT	8
EXPLANATION THE STATE OF ARIZONA DOES NOT WITH ANY GOVERNMENT OFFICIAL		E A COPY OF T	HE FORM 990-PF		
				BE FILED	
FORM 990-PF LIST		NTIAL CONTRIB	UTORS	BE FILED STATEMENT	<u> </u>
FORM 990-PF LIST NAME OF CONTRIBUTOR	PART VII-		UTORS		 9
	PART VII	-A, LINE 10	ANE		9

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS					EMENT 10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LESTER J. HAYT 902 W. PALM LANE PHOENIX, AZ 85007		PRESIDENT/DIREC	CTOR 0.	0.	0.
NANCY LEWIS 902 W. PALM LANE PHOENIX, AZ 85007		SECRETARY/DIRECTION 1.00	CTOR 0.	0.	0.
MICHELLE GRACE 902 W. PALM LANE PHOENIX, AZ 85007		TREASURER/DIREC	CTOR 0.	0.	0.
ELOISE G. HAYT 902 W. PALM LANE PHOENIX, AZ 85007		DIRECTOR 0.00	0.	0.	0.
LESTER J. HAYT, JE 902 W. PALM LANE PHOENIX, AZ 85007	R.	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON	N 990-PF, PAGE 6,	PART VIII	0.	0.	0.
FORM 990-PF		XV - LINE 1A UNDATION MANAGER	RS	STATI	EMENT 11

NAME OF MANAGER

LESTER J. HAYT ELOISE G. HAYT FORM 990-PF

STATEMENT 12

DECIDIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ALLIANCE RESOURCE PARTNERS LP PER K-1 P.O. BOX 33038 TULSA, OK 74121	NONE CHARITABLE	501 C(3)	AMOUNT 9.
ANGEL FLIGHT WEST 3161 DONALD DOUGLAS LOOP SOUTH SANTA MONICA, CA 90405-3213	NONE CHARITABLE	501 C(3)	5,000.
FOUNDATION FOR BURNS & TRAUMA INC P.O. BOX 1329 PHOENIX, AZ 85001	NONE CHARITABLE	501 C(3)	7,500.
LIBERTY WILDLIFE REHABILITATION FOUNDATION P.O. BOX 14345 SCOTTSDALE, AZ 85267	NONE CHARITABLE	501 C(3)	5,000.
PHOENIX RESCUE MISSION 1801 SOUTH 35TH AVENUE PHOENIX, AZ 85009	NONE CHARITABLE	501 C(3)	5,000.
RONALD MCDONALD HOUSE CHARITIES 501 EAST ROANOKE AVENUE PHOENIX, AZ 85004	NONE CHARITABLE	501 C(3)	5,000.
RYAN HOUSE P.O. BOX 16234 PHOENIX, AZ 85011-6234	NONE CHARITABLE	501 C(3)	2,500.
SALVATION ARMY 2707 E. VAN BUREN ST PHOENIX, AZ 85008	NONE CHARITABLE	501 C(3)	10,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

THE ELLIE & LES HAYT FAMILY FOU	NDATION		02-0760235
ARIZONA COMMUNITY FOUNDATION SÉASON FOR SHARING 2201 EAST CAMELBACK ROAD #202 PHOENIX, AZ 85016	NONE CHARITABLE	501 C(3)	10,000.
SOJOURNER CENTER P.O. BOX 20156 PHOENIX, AZ 85036	NONE CHARITABLE	501 C(3)	2,500.
ST MARYS FOOD BANK 2831 N 31ST AVENUE PHOENIX, AZ 85009		501 C(3)	17,500.
THE SMILE TRAIN 41 MADISON AVE., 28TH FLOOR NEW YORK, NY 10010	NONE CHARITABLE	501 C(3)	5,000.
MCKENNA YOUTH FOUNDATIN 1971 W. MAPLEWOOD STREET CHANDLER, AZ 85286		501 C(3)	1,500.
SHARLOT HALL MUSEUM 415 W. GURLEY STREET PRESCOTT, AZ 86301		501 C(3)	1,000.
ST VINCENT DE PAUL SOCIETY P.O. BOX 13600 PHOENIX, AZ 85002-3600		501 C(3)	5,000.
A NEW LEAF 868 E. UNIVERSITY DR MESA, AZ 85203-8033	NONE CHARITABLE	501 C(3)	1,000.
ARIZONA GOLDEN RETRIEVER CONNECTION P.O. BOX 26678 SCOTTSDALE, AZ 85255	NONE CHARITABLE	501 C(3)	1,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		84,509.

Form 8	868 (Rev 4-2009)	····			Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this bo	×		► X
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed	Form 8	3868.	
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	•			
Pari	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	opies n	eeded).	
Туре	Name of Exempt Organization	<u> </u>	Empl	oyer identific	ation number
print	THE ELLIE & LES HAYT FAMILY FOUNDATION	, ,	0	2-07602	35
File by to extended due dated filing the	Number, street, and room or suite no. If a P.O. box, see instructions. of 1902 W. PALM LANE	, ,	For IF	RS use only	
return S Instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	. ,	`		,
Check	k type of return to be filed (File a separate application for each return):				
		n 1041·A [n 4720 [= -	orm 5227 [orm 6069	Form 8870
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previou	sly file	d Form 8868	•
	THE FOUNDATION	<u> </u>			
• The	e books are in the care of ▶ 902 W. PALM LANE - PHOENIX, AZ 8	5007			
	ephone No. ► 602-253-8491 FAX No. ►			_	
	he organization does not have an office or place of business in the United States, check this be				>
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		is is foi	r the whole ar	oup, check this
box					
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.				
5	For calendar year 2009, or other tax year beginning	and ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final	al return		Change in ac	counting period
7	State in detail why you need the extension				
		LETE AN	D A	CCURATE	RETURN
	IS NOT AVAILABLE AT THIS TIME.			<u>, </u>	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	s any			
	nonrefundable credits. See instructions.		8a	\$	1,063.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and experience of the second s				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount $\boldsymbol{\mu}$	ald			
	previously with Form 8868.		8b_	\$	1,063.
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required	•			_
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se	e instructions.	8c	\$	0.
	Signature and Verification				
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and stater ue, correct, and complete, and that I am authorized to prepare this form	nents, and to the	e best o	f my knowledge	and belief,

Title 돈

Form 8868 (Rev 4-2009)

Date >

Signature **>**

*Form 8868

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ 🕱
-	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	-	n 8868.	
Part				
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete		▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extens	ion of time	
noted t (not au you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or court submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charties & Nonprofits.	ically if nsolida	(1) you want ted Form 99	the additional 0-T Instead,
Туре о		Empl	oyer identif	cation number
print	THE ELLIE & LES HAYT FAMILY FOUNDATION	0:	2-0760	235
File by the	for Number, street, and room or suite no. If a P.O. box, see instructions.			
return So				
Check	t type of return to be filed(file a separate application for each return):			
	Form 990 Form 990-T (corporation) Form 4			
=	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5			
=	Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8			
<u></u>	Folili 990-FF Folili 10419A E Folili 10419A			
• Th	THE FOUNDATION be books are in the care of > 902 W. PALM LANE - PHOENIX, AZ 85007			
	ephone No ► 602-253-8491 FAX No. ►			·····
	the description of the second because of the land Chair should be be			. •
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	nis is fo	the whole (
box)	▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of al	memb	ers the exte	nsion will cover
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ur AUGUST 15, 2010 , to file the exempt organization return for the organization named		The extensi	วท
	is for the organization's return for:			
	➤ X calendar year 2009 or ➤ tax year beginning, and ending			
			_ ·	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in a	ccounting penod
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	و	1,063
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	Ja	—	
	tax payments made. Include any pnor year overpayment allowed as a credit.	3b	\$	1,063
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	,	<u> </u>	
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	L]	
	See instructions.	3c	•	0

Form 8868 (Rev 4-2009)			Page 2				
• If you are filing for an Additional (Not Automatic) 3-N	• 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 gra	nted an automatic 3-month extension on a	previously filed	Form 8868.				
 If you are filing for an Automatic 3-Month Extension, 							
Part II Additional (Not Automatic) 3-M	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
Type or Name of Exempt Organization			Employer identification number				
print THE ELLIE & LES HAYT FA	MILY FOUNDATION		02-0760235				
Number, street, and room or suite no. If a P. due date for ling the PALM LANE	D. box, see instructions.		For IRS use only				
return See City, town or post office, state, and ZIP code PHOENIX, AZ 85007	e. For a foreign address, see instructions.						
	990-T (sec. 401(a) or 408(a) trust) Fo	rm 1041-A [rm 4720 [Form 5227 Form 8870 Form 6069				
STOPI Do not complete Part II if you were not already	granted an automatic 3-month extension	n on a previou	sly filed Form 8868.				
• The books are in the care of ▶ 902 W. PAL		85007					
Telephone No. ► 602-253-8491	FAX No. ▶						
If the organization does not have an office or place of	business in the United States, check this b	oox .	▶ 🗀				
 If this is for a Group Return, enter the organization's f box ➤ If it is for part of the group, check this box 	· · ·		is is for the whole group, check this members the extension is for				
4 request an additional 3-month extension of time t	11011EN/DED 15 0010		THE HISTORY TO SEASON TO TO .				
5 For calendar year 2009, or other tax year begin		, and ending					
6 If this tax year is for less than 12 months, check re		nal return	Change in accounting period				
7 State in detail why you need the extension							
	CESSARY TO FILE A COM	PLETE AN	ID 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, les	ss any					

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.

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

Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit

nonrefundable credits. See instructions.

previously with Form 8868.

Date ► 8/12/10 Form 8868 (Rev 4-2009)

8a

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8c

1,063.

1,063.