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SCANNED AUG 2 5 2010

#### **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	caler	idar year 2009, or tax yea	r beginning		, and ending		
G	heck	all that apply:	Initial return Amended return	Initial return of a fo	ormer public charity	Final retu Name change	rn
		Name of foundation	Amenaca retarn	Addiess chang	90	A Employer identification	n number
	the	INS MUR CITURE	R FOUNDATION	Ī		Limployer Identification	in number
-	abel erwi	. 6 /6 TYMPD	NATIONAL NUT			20-051196	1
	print	***	O box number if mail is not de		Room/suite	B Telephone number	<u> </u>
	r type		27540			402-331-0	123
See	Spe	City or town, state, a		·		C If exemption application is	
inst	ructio	OMAHA, NE	68127			D 1. Foreign organization	
н (	heck		X Section 501(c)(3) ex	cempt private foundation		Foreign organizations recheck here and attach	neeting the 85% test,
$\Box$	_	ction 4947(a)(1) nonexem	· ' <del>'</del> '	Other taxable private founda	ition		
l Fa	_	arket value of all assets at	<del></del>		Accrual	E If private foundation si under section 507(b)(	1)(A), check here
(fr	om i	Part II, col. (c), line 16)	Ot	ther (specify)		1	a 60-month termination
	\$	995	5 , 852 . (Part I, colu	ımn (d) must be on cash t	pasis.)	under section 507(b)(	
Pa	ırt I	Analysis of Revenue an	nd Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amoun	nts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran		36,000.	<del></del>	N/A	
	2	Interest on savings and tempor	in is not required to attach Sch. B				
	3	cash investments	•	11.	11.		STATEMENT 1
	4	Dividends and interest fro	om securities	36,066.	36,066.		STATEMENT 2
		Gross rents			·		<del>-  -                                  </del>
	· -	Net rental income or (loss)					
ē		Net gain or (loss) from sale of Gross sales price for all	assets not on line 10				
Revenue	b	assets on line 6a	B. 1971		0.		
Вè	7	Capital gain net income (from	•		<u> </u>		
	8	Net short-term capital gai Income modifications	III	-			
	10a	Gross sales less returns					
		and allowances  Less Cost of goods sold					<del>-</del>
		Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 throug	jh 11	72,077.	36,077.		
	13	Compensation of officers, dire	ectors, trustees, etc	0.	0.		0.
	14	Other employee salaries a	and wages				
m	15	Pension plans, employee	benefits			000 011	
enses		Legal fees	STMT 3	188.	188.	IRS-OSC	0.
		Accounting fees	STMT 4	1,264.	1,264.		0.
щ	C	Other professional fees			<del></del>		
Ę	17	Interest		4 400	4 400	2	<del> </del>
tra	18	Taxes	STMT 5	1,130.	1,130.	9 2	0.
iri	19	Depreciation and depletion	n			101 <u></u>	
퉏	20	Occupancy				S A S	<del> </del>
Ψ	21	Travel, conferences, and	-			R 4 0	
ᇤ	22	Printing and publications		40.	40	362	- <del></del>
Ei.	23	Other expenses	STMT 6	40.	40.		0.
Operating and Administrative Exp	24	Total operating and adm expenses. Add lines 13 t		2,622.	2,622.		0.
ဝိ	25	Contributions, gifts, grant	-	39,180.	2,022.		39,180.
	26	Total expenses and disb	•	37,100.			35,100.
	20	Add lines 24 and 25	ersomonts.	41,802.	2,622.	1	39,180.
	27		: 12:		2,022.		05,200.
		Excess of revenue over expen		30,275.		1	
		Net investment income (			33,455.		
		Adjusted net income (if no				N/A	
9235 02-02	21			Act Notice, see the instruct	tions.		Form <b>990-PF</b> (2009)

For	m 99	0-PF (2009) C/O INTERNATIONAL NUTRI	*	<del></del>	0511961 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u>-</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	2	Cash - non-interest-bearing Savings and temporary cash investments Accounts receivable	12,676.	12,814.	12,814.
		Less: allowance for doubtful accounts	<del></del>		<del></del> -
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			7.5
	6	Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons			
Assets	7	Other notes and loans receivable			
	١,	Less: allowance for doubtful accounts			
	9	Inventories for sale or use Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 7	1,068,389.	1,098,526.	983,038.
	C	Investments - corporate bonds Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis  Less accumulated depreciation			
	15	Other assets (describe ►)			
	16_	Total assets (to be completed by all filers)	1,081,065.	1,111,340.	995,852.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue	C 4 4	C 1 1	
ij	1	Loans from officers, directors, trustees, and other disqualified persons	644.	644.	
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	644.	644.	
		Foundations that follow SFAS 117, check here			
Ş		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted Temperature restricted			
3ala	25 26	Temporarily restricted Permanently restricted			
ğ	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,080,421.	1,110,696.	
<b>Net Assets or Fund Balances</b>	30	Total net assets or fund balances	1,080,421.	1,110,696.	
_	31	. Total liabilities and net assets/fund balances	1,081,065.	1,111,340.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,080,421.
		r amount from Part I, line 27a		2	30,275.
		r increases not included in line 2 (itemize)		3	<u> </u>
л	MIII	mes r z 200 3		1 <i>/</i> 1 1	

5

0.

1,110,696.

Form **990-PF** (2009)

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2009) C/O INTERNATIONAL NUTRITION, 20-0511961 INC Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mó., day, yr.) 1a NONE b C d e (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) b d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. X Yes No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (d) Distribution ratio (a) Base period years (c) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col. (c)) Calendar year (or tax year beginning in) 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

THE SILVER FOUNDATION Form 990-PF (2009) C/O INTERNATIONAL NUTRITION. 20-0511961 Page 4 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) 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% 669. 1 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-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 669 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_\_ if Form 2220 is attached 11. 8 680. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 9 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11 Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? X 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year; 0. 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ 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 X 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, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4h 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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: By language in the governing instrument, or 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? Х 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7

> 10 X Form **990-PF** (2009)

X

X

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If "Yes," complete Part II, col. (c), and Part XV.

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

C/O INTERNATIONAL NUTRITION. INC

20	-0	5	1	1	9	6	1

Page 5

	vt VII-A   Statements Regarding Activities (continued)	701		-3.
				<del></del>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ا ا		٦,
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► STEVEN J SILVER  Telephone no. ► 402-33			
	Located at ► 3325 N 141ST STREET, OMAHA, NE ZIP+4 ► 68	<u> 164</u>	<u>-54</u>	<u>05</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - Check here		<b>&gt;</b>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No		ľ	
	• • • • • • • • • • • • • • • • • • • •			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2009?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009? X Yes No			
	If "Yes," list the years > 2008 ,,,			
Ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	х	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
·	b			
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?			
	<del></del>			
U	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ا ۾ ا		
_	Form 4720, to determine if the foundation had excess business holdings in 2009)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		_X_

THE SILVER FOUNDATION				
orm 990-PF (2009) C/O INTERNATIONAL NUTRIT			20-05119	61 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	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			es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r 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	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y€	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
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	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?		/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494		,,,,,	,s no	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			i	
a personal benefit contract?	pay promiums on	[v	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	orconal honofit contract?		I .	6b X
If "Yes" to 6b, file Form 8870.	rei Sonai Denemi Comi acti		<del> </del>	OD A
•	haltar transaction?	[] v.	es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		1 €		7b
b If yes, did the foundation receive any proceeds or have any net income attribut		nagara Highly		70
Part VIII Paid Employees, and Contractors	ees, roundation wa	mayers, mgm	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STEVEN J SILVER	DIRECTOR	enter-0-j	compensation	anowances
3325 N 141ST STREET	DIRECTOR			
DMAHA, NE 681645405	1.00	0.	0.	0.
	PRESIDENT	0.	0.	0.
	LKESIDEMI	1		
3325 N 141ST STREET	1 00			•
OMAHA, NE 681645405	1.00	0.	0.	0.
	SECRETARY		,	
3325 N 141ST STREET	4 00			_
DMAHA, NE 681645405	1.00	0.	0.	0.
STEVEN J SILVER	TREASURER			
3325 N 141ST STREET		_	_	_
DMAHA, NE 681645405	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	( ) [
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				<u> </u>
		·		
	1			
······································				

Total number of other employees paid over \$50,000

## THE SILVER FOUNDATION C/O INTERNATIONAL NUTRITION. INC.

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Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	n	
(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
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	852.261.
	Average of monthly cash balances	1b	852,261. 16,456.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	868,717.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	868,717.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,031.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	855,686.
6	Minimum investment return. Enter 5% of line 5	6	42,784.
=	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certair	
1	Minimum investment return from Part X, line 6	1	42,784.
2a	Tax on investment income for 2009 from Part VI, line 5		
Ь	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	669.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,115.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	42,115.
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	42,115.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		20 100
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	39,180.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	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	39,180.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,180.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

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,	·			
line 7				42,115.
2 Undistributed income, if any, as of the end of 2009			<u>-</u>	
a Enter amount for 2008 only			49,812.	
b Total for prior years:				
<u>2008</u> ,,		2,006.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</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: $\triangleright$ \$ 39, 180.				
a Applied to 2008, but not more than line 2a			39,180.	
<b>b</b> Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
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 must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		2,006.		
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		2,006.		
d Subtract line 6c from line 6b. Taxable		2,000.		
amount - see instructions		0.	i	
e Undistributed income for 2008. Subtract line	<del></del>			-
4a from line 2a. Taxable amount - see instr.		·	10,632.	
f Undistributed income for 2009. Subtract			10/0320	<del> </del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				42,115.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			İ	
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:				
a Excess from 2005				
<b>b</b> Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			. <u> </u>	- 000 PF

	ERNATIONAL				0511961 Page 10
				N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	▶ ∟		7 1010(1)(5)
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(J)(3) or	<u></u>
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	
income from Part I or the minimum	(a) 2009	(0) 2000	(6) 2007	(0) 2006	(e) Total
investment return from Part X for			1		
each year listed			<del> </del>		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				<u> </u>	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				ı	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the 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					
c "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 Info	rmation (Comple	te this part only	if the founda	tion had \$5,000 or	r more in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				· · · · · · · · · · · · · · · · · · ·
a List any managers of the foundation wh	no have contributed more	than 2% of the total cor	itributions received b	y the foundation before th	e close of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)			
STEVEN J SILVER					
<b>b</b> List any managers of the foundation wh			(or an equally large	portion of the ownership of	of a partnership or
other entity) of which the foundation ha	as a 10% or greater intere	St.			
NONE					
2 Information Regarding Contribut					
Check here X if the foundation of					
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · ·			ns, complete items 2a, b, i	5, and 0.
a The name, address, and telephone num	nber of the person to who	m applications should b	e addressed:		
<b>b</b> The form in which applications should be	be submitted and informa	ition and materials they s	should include:		
c Any submission deadlines;					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institution	s, or other factors:	

Form'990-PF (2009)

C/O INTERNATIONAL NUTRITION, INC. Part XV | Supplementary Information (continued)

20-0511961 Page 11

3 Grants and Contributions Paid During the Ye	ear 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 VARIOUS MISCELLANEOUS ORGANIZED CHARITIES	NONE	PUBLIC CHARITY	GENERAL FUND	39,180.
		l,		20 190
Total b Approved for future payment			<b>▶</b> 3a	39,180.
NONE				
Total	L.,	<u> </u>	<b>▶</b> 3b	0.

Unrelated business income

Excluded by section 512, 513, or 514

(e)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Form 990-PF (2009)

1 Program service revenue:	(a) Business code	S (b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a			<del>                                     </del>		
b					
<u> </u>					<del></del>
d			<del>                                     </del>		<del> </del>
e					····-
· · · · · · · · · · · · · · · · · · ·			<del>  </del>		
g Fees and contracts from gover			<del>  </del>		· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessmen		<del></del>	<del>                                     </del>		<u> </u>
3 Interest on savings and temporary	y casn		1 1 1	11	
investments			14	36,066.	
4 Dividends and interest from secur			14	30,000.	
5 Net rental income or (loss) from r	ear estate:				
a Debt-financed property			ļ		
b Not debt-financed property					
6 Net rental income or (loss) from p	ersonai		1		
property			<del>  </del>		<del></del>
7 Other investment income			+ +		
8 Gain or (loss) from sales of assets	s otner			į	
than inventory			<del> </del>		
9 Net income or (loss) from special			<del>  </del>		
10 Gross profit or (loss) from sales of	inventory				
11 Other revenue:					
a			<del>  </del>		-
b			<del>  </del>		
c			<del>  </del>		
d					
e				26 255	
12 Subtotal. Add columns (b), (d), ar	•	0.		36,077.	0.
13 Total. Add line 12, columns (b), (				13	36,077.
(See worksheet in line 13 instructions	s to verify calculations.)				
			cempt Po	umosos	
<del></del>	hip of Activities to the Ac	complishment of Ex		niboses	
Part XVI-B Relations					alushmant of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			olishment of
Part XVI-B Relations Line No. Explain below how ea		ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			olishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			olishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			olishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			plishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Dishment of
Part XVI-B Relations Line No. Explain below how ea	ach activity for which income is reporte	ed in column (e) of Part XVI-A			Form <b>990-PF</b> (2009)

		THE S	ILVER FOUNDA	TION				
	990-PF (20			NUTRITION, INC		<u>20-0511961</u>		age 13
Pa	art XVII			To and Transactions a	nd Relationships With	Noncharitable	€	
1	Did the era	Exempt Organ		ollowing with any other organizatio	n described in section 501/c) of		Yes	No
•	_	-		tion 527, relating to political organi			163	110
а	-	•	ation to a noncharitable exe		24.000			
	(1) Cash	. 5				1a(1)		X
	(2) Other a	assets				1a(2)		Х
b	Other trans	actions:						ł
			ble exempt organization			<u>1b(1)</u>		X
	. ,		ncharitable exempt organiza	ation		<u>1b(2)</u>		X
	. ,	of facilities, equipment,				1b(3)	<u> </u>	X
	. ,	ursement arrangements				1b(4)		X
	` '	or loan guarantees	mbarahin ar fundraisina aa	licitations		1b(5)	<u> </u>	X
			mbership or fundraising so illing lists, other assets, or p			1b(6)		X
				aid employees ig schedule. Column <b>(b)</b> should alv	vave show the fair market value o		ente	
	or services column (d)	given by the reporting f	oundation. If the foundation other assets, or services rec	received less than fair market valu	e in any transaction or sharing ar	rangement, show in		<del></del>
(a)	ine no (	Amount involved	<del></del>	/A	(d) Description of transfers, tra	insactions, and sharing an	rangeme	ınts
		<del> </del>	14	/ 12		<del>_</del>		
					•			
		•			'			
		·			<u> </u>			
			-					
	<del>-</del>							
		·						
		-						
	ın section 5	<del>-</del>	r than section 501(c)(3)) or	to, one or more tax-exempt organiz in section 527?	rations described	Yes	X	] No
		(a) Name of org		(b) Type of organization	(c) Description	n of relationship		
		N/A						

	Under penalties of perjury declare that I have examined this return and complete Declaration decreases (other than taxpayer or fiduce)		preparer has any knowledg		nd belief, it is true, correct,
Here	Signature of officer of trustee	Date	Title		
igi	Signature Gamma	le Blancen	Date Date	Check if self- employed >	Preparer's identifying number
••		NUSON & ASSOC.,	P.C.	EIN ►	
	Firm's name (or yours MASIMORE, MAG	ENTER ROAD			
	address, and ZIP code OMAHA, NE 681	44-4483		Phone no.	(402)334-0600
		·	·	·	Form 990-PF (2009)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

	HE SILVER FOUNDATION O INTERNATIONAL NUTRITION, INC.	20-0511961
Organization type (check of		20 0022302
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
General Rule		
For an organization	on filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agon ked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000 ly religious, charitable, etc.,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • • • • • • • • • • • • • • • • • •

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	4	4	
Page	of	of Part I	

Name of organization

THE SILVER FOUNDATION

C/O INTERNATIONAL NUTRITION, INC.

20-0511961

Employer identification number

#### Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	INTERNATIONAL NUTRITION, INC.  P.O. BOX 27540  OMAHA, NE 68127	\$\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	STEVEN J SILVER  3325 N 141ST STREET  OMAHA, NE 68164	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.

FORM 990-PF	TAX	ES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
TAXES	1,130.	1,130.			0.
TO FORM 990-PF, PG 1, LN 18	1,130.	1,130.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
MISCELLANEOUS FEES	40.	40.		-	0.
TO FORM 990-PF, PG 1, LN 23	40.	40.			0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7
DESCRIPTION		ВО	OK VALUE	FAIR MARKET	Г
GOLDMAN SACHS		<del></del>	1,098,526.	983,03	38.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1,098,526.	983,03	38.
FORM 990-PF V IN	FEREST AND P	ENALTIES		STATEMENT	8
			_		69. 11. 3. 7.

FORM 990-PF INTEREST ON SAV	INGS A	AND TEM	PORARY C	ASH IN	WESTMENTS	STATEMENT	
COUNCE						11/0/77	
SOURCE						AMOUNT	
GOLDMAN SACHS							11.
TOTAL TO FORM 990-PF, PART I	, LINE	E 3, CO	LUMN A				11.
FORM 990-PF DIVIDENT	DS ANI	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
GOLDMAN SACHS - DIVIDENDS		<del></del>	36,066.		0.	36,0	66.
TOTAL TO FM 990-PF, PART I,	LN 4		36,066.		0.	36,0	66.
FORM 990-PF		LEGAL	FEES		· · · · · · · · · · · · · · · · · · ·	STATEMENT	3
DESCRIPTION	EXP	(A) ENSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
LEGAL FEES		188.		188.			0.
TO FM 990-PF, PG 1, LN 16A		188.		188.			0.
FORM 990-PF	AC	CCOUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXP	(A) ENSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	•	1,264.	1	,264.		<del></del>	0.
TO FORM 990-PF, PG 1, LN 16B		1,264.	1	,264.			0.

## 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	<b>▶</b> X
-	are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page 2 of this t c <b>omplete Part II unless</b> you have already been granted an automatic 3-month extension on a previously file	·
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com 	plete
Part I onl	•	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an emetax returns	extension of time
noted be (not auto you must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension flow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or controlled to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Charties & Nonprofits.	cally if (1) you want the additional asolidated Form 990-T. Instead,
Type or	Name of Exempt Organization	Employer identification number
print	THE SILVER FOUNDATION	
	C/O INTERNATIONAL NUTRITION, INC.	20-0511961
File by the due date for	Number, street, and room or suite no If a P.O. box, see instructions.	
filing your return See	P. O. BOX 27540	
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.  OMAHA, NE 68127	
Check ty	pe of return to be filed (file a separate application for each return):	
For	rm 990 Form 990-T (corporation) Form 47	20
	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52:	
	rm 990-EZ Form 990-T (trust other than above) Form 60	
	rm 990-PF	
	STEVEN J SILVER  cooks are in the care of $\blacktriangleright$ 3325 N 141ST STREET - OMAHA, NE 68164-54  those No. $\blacktriangleright$ 402-331-0123 FAX No $\blacktriangleright$	405
If the	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box and attach a list with the names and EINs of all r	
● If the d ● If this box ▶	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	nembers the extension will cover.
● If the c ● If this box ▶    1    re ────────────────────────────────────	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST, to file the exempt organization return for the organization named at or the organization's return for:	nembers the extension will cover.
● If the c ● If this box ▶ 1  1   re	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named at or the organization's return for:  X calendar year 2009 or, and ending, and ending, and ending	nembers the extension will cover.
● If the c ● If this box ▶ 1  1 I re Is fe ▶ 2  2 If the c	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST, 15	cove. The extension  Change in accounting period  3a \$ 0.
● If the c ● If this box ▶  1	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST	pove. The extension  Change in accounting period
● If the c ● If this box ▶  1	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If this If it is for part of the group, check this box and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST, to file the exempt organization return for the organization named at for the organization's return for:	cove. The extension  Change in accounting period  3a \$ 0.
● If the c ● If this box ▶  1	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named at or the organization's return for:  X calendar year 2009 or and ending, and ending	cove. The extension  Change in accounting period  3a \$ 0.

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.