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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2009

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FALCONWORKS</b>		<b>D</b> Employer identification number 20-1351869		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number	
		3595 EAST FOUNTAIN BLVD		B2	719-685-7877	
		City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80910				<b>F</b> Group Exemption Number

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

**G** Accounting method:  Cash  Accrual  
Other (specify)

**I** Website: WWW.FALCONWORKS.ORG

**H** Check  if the organization is not

**J** Tax-exempt status (check only one) -  501(c)(3) (insert no.)  4947(a)(1) or  527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 29,178.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	16,933.
	2	Program service revenue including government fees and contracts	2	8,000.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	4,245.
6b	Less: direct expenses other than fundraising expenses	6b	3,807.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	438.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	25,371.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe SEE STATEMENT 1)	16	30,582.
17	<b>Total expenses.</b> Add lines 10 through 16	17	30,582.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,211.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,142.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-2,069.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	4,227.	464.
23	Land and buildings	863.	367.
24	Other assets (describe)		
25	<b>Total assets</b>	5,090.	831.
26	<b>Total liabilities</b> (describe SEE STATEMENT 2)	1,948.	2,900.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	3,142.	-2,069.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a 0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ 38b N/A</span>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">▶ 39a N/A</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">▶ 39b N/A</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ 0.</span> ; section 4912 <span style="float:right">▶ 0.</span> ; section 4955 <span style="float:right">▶ 0.</span>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶ NONE</span>		
42a	The organization's books are in care of <span style="float:right">▶ DR. ROGER NEELAND</span> Telephone no. <span style="float:right">▶ 719-650-4103</span> Located at <span style="float:right">▶ 3595 E FOUNTAIN BLVD, STE B2, COLORADO SPRINGS,</span> ZIP + 4 <span style="float:right">▶ 80910</span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: <span style="float:right">▶</span>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43 N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Date

*Roger P. Neeland* 15/17/2010

Signature of officer

**Roger P. Neeland, Treasurer, Falcon Works**

Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature: *Mark Patterson* Date: 5-17-10

Check if self-employed  Preparer's identifying number (See Instr.) P00232677

Firm's name (or yours if self-employed), address, and ZIP + 4: **STOCKMAN KAST RYAN & CO, LLP**  
**102 N. CASCADE AVENUE, SUITE 400**  
**COLORADO SPRINGS, CO 80903**

EIN: \_\_\_\_\_ Phone no. 719-630-1186

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,000.	6,250.	12,161.	14,997.	16,933.	56,341.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				24,000.	8,000.	32,000.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	6,000.	6,250.	12,161.	38,997.	24,933.	88,341.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						88,341.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	6,000.	6,250.	12,161.	38,997.	24,933.	88,341.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3.	9.	4.	1.		17.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3.	9.	4.	1.		17.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,845.	1,459.	-1,811.	438.	1,931.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	6,003.	8,104.	13,624.	37,187.	25,371.	90,289.

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.84 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	97.68 %

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.02 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	.03 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
DONATED PROF. FEES		10,653.	
OUTSIDE CONTRACT SERVICES		3,248.	
BANK SERVICE CHARGES		182.	
DEPRECIATION		496.	
OTHER COSTS		30.	
PROMOTION			
SUPPLIES		36.	
TELEPHONE, TELECOMMUNICATION			
WEB HOSTING/DESIGN		210.	
PROJECT MATERIALS		15,727.	
PROJECT SERVICES			
TOTAL TO FORM 990-EZ, LINE 16		30,582.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
CC - COMPASS BANK 2884	1,948.	265.	
LOAN PAYABLE	0.	2,635.	
TOTAL TO FORM 990-EZ, LINE 26	1,948.	2,900.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE PROJECTS FOR 2007, 2008 AND 2009 WERE:

INTERACTIVE HAND/WRIST THERAPY SYSTEM ("MANIPULUS") WHICH DEVELOPED A TABLE-MOUNTABLE THERAPEUTIC "JOYSTICK" THAT CONTROLS VIDEO GAMES; THE UNIVERSAL BASE WOULD HOUSE "SNAP IN" ATTACHMENTS THAT SIMULATE THE MOST COMMON HAND/WRIST MOTIONS.

THERAPEUTIC ELLIPTICAL WALKING CYCLE ("STEP-N-GAIT") WHICH DEVELOPED A STEERABLE, WALKING-MOTION, PEDALING SYSTEM WITH ADJUSTABLE WHEEL BASE; THE WHEELS CAN BE CHANGED FROM WIDE-BASE (FOR MAXIMUM STABILITY) TO NARROW-BASE (SIMULATING AN IN-LINE 2-WHEEL SCOOTER OR BIKE). THIS ANSWERED THE NEED OF CHILDREN WITH SEVERE BALANCE AND COORDINATION PROBLEMS FOR A FUN, SAFE WAY TO LEARN TO WALK

SENSOR-ENHANCED BALANCING PLATFORM ("THERABALANCE") DEVELOPED A PORTABLE, ELECTRO-MECHANICAL, BALL-JOINT SYSTEM WITH ADVANCED SENSORS, GYROS, AND DISPLAYS; THE PLATFORM WILL OPERATE IN 3 DIRECTIONAL MODES (FRONT-BACK, SIDE-SIDE, AND FREE-PLAY). THIS ADDRESSED THE NEED FOR COMMERCIALY-AVAILABLE LOW-END DEVICES WITH QUANTITATIVE ANALYSIS CAPABILITY.

INITIATED 2009 : EXOSKELETON/EXOGRIP IS DEVELOPING A LIGHT-WEIGHT, WEARABLE, COMPUTER-ENHANCED ARM/HAND EXOSKELETON WITH TWO MODES: ONE FOR PROVIDING STRENGTH ASSISTANCE AND ONE FOR THERAPEUTIC MUSCLE STRETCHING. THIS IS TO ASSIST WITH NERVE DAMAGE IN THEIR ARM WHO NEED ADDED STRENGTH SUPPORT AND WHO ALSO REQUIRE CONSTANT THERAPY TO PREVENT MUSCLE ATROPHY/CONTRACTURE.

FALCONWORKS ACTS AS AN "INNOVATION HUB" BY BRINGING TOGETHER COMMUNITY NEEDS, DESIGN AND DEVELOPMENT CAPABILITIES AT THE U.S. AIR FORCE ACADEMY, AND FINANCING FROM THE PUBLIC AND CORPORATE SPONSORS. FALCONWORKS ACTIVELY SOLICITS PROJECTS IN THE COLORADO SPRINGS AREA THAT REQUIRE SCIENTIFIC OR ENGINEERING DESIGN WORK. FALCONWORKS SOLICITS GENERAL FUNDS FROM THE PUBLIC AND SPECIFIC PROJECT FINANCING FROM CORPORATE SPONSORS IN AN EFFORT TO MAKE THE DESIGNED PRODUCTS FREE TO END USERS. FALCONWORKS THEN ARRANGES STUDENT-LED TEAMS (WITH FACULTY OVERSIGHT) AT THE U.S AIR FORCE ACADEMY TO DESIGN AND DEVELOP THE PRODUCTS. ANY REQUIRED MATERIALS ARE PAID FOR WITH FUNDS RAISED BY FALCONWORKS. IN EXCHANGE FOR PROVIDING THE DESIGN AND DEVELOPMENT LABOR, STUDENTS AT THE U.S. AIR FORCE ACADEMY GET TO PARTICIPATE IN REAL LIFE PROJECTS THAT BENEFIT THE COMMUNITY.

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

▶ File a separate application for each return.

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

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

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

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

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

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

Type or print	Name of Exempt Organization <b>FALCONWORKS</b>	Employer identification number <b>20-1351869</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3595 EAST FOUNTAIN BLVD, NO. B2</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLORADO SPRINGS, CO 80910</b>	

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

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

**DR. ROGER NEELAND - 3595 E FOUNTAIN BLVD, STE B2 -**

- The books are in the care of ▶ **COLORADO SPRINGS, CO 80910**  
Telephone No. ▶ **719-650-4103** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  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 accounting period

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

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

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

Form 8868 (Rev. 4-2009)