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### Form **990-EZ**

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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 may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

B Once it applicable had been provided from the	Α	For t	he 2009 ca	alendar	year, or tax year beginning , 2009, and ending			<b>,</b>
Memoration   Section   S	B	Check	ıf applicable		C	D Em	ployer ı	dentification number
Tempone number   County   Co		Addres	ss change	use IRS	RETROUVAILLE OF AUSTIN	2	0-58	37387
Section 591(c/s) organizations and 4947(a/t) nonexempt charitable trusts   Section 591(c/s) organization section 591(c/s) or	_	Name	change					
**Section of Stacks) and sections of Stacks of the International Control Contr	<u> </u>			type	GEORGETOWN, TX 78660	(	512)	864-9514
**Section 501(c/3) organizations and 4947(s/1) nonexempt charitable trusts  **Section 501(c/3) organizations and 4947(s/1) nonexempt charitable trusts    Mobilet ** N/A   Check **   A	-	_		Specific				
**Section 551(c/3) organizations and 4847(a/17) nonexempt charitable trusts must attach a completed Schedule A (Form 930 or 930-E2).    Website: N/A   Tax-seempt status (clack only one)   IX   201(c)   (3.)   4 (reset ne)   1494(a/11) or 1537   1404(a/11) or 15	-				i			kemption
Website: N/A     Website: N/A       Website: N/A	4_		· · · · ·		lc ^			Cook D Assessed
Website: N/A   Taxexemitatis check only one)   X  50(c) (3)   (neser se)   494/(a)(1) or   527   990-EZ, or 990-FF)			Section :	501(c)(3) just atta	ch a completed Schedule A (Form 990 or 990-EZ). Other (spec	ıfy) ►		
K Check * If the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A from \$90 EZ or Form \$90 return is not required, but if the organization chooses to file a complete return.  Add lines \$0, 6b, and 7b, to line 91 to determine gross receipts. if \$500,000 or more, file Form \$90 \$\displays \$37,338\$.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c Gain (flos) from sale and sales expenses c Gain (flos) from sale and sales expenses c Gain (flos) from sale and sales distributions for fortributions (flos) from intentity (Subtract in 5b from in 5a) 5 Special events and activities (Subtract in 5b from in 5a) 5 Less cost or other basis and sales expenses c Net income or (flos) from special events and activities (Subtract line 5b from line 5a) 7 Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (floss) from special events and activities (Subtract line 7b from line 7a) 8 Other revenue (describe +  9 Total revenue Add lines 1, 2, 3, 4, 5c, 5c, 7c, RECENEVED  10 Grants and similar amounts paid (datch springly) from expenses (describe +  9 Total revenue Add lines 1, 2, 3, 4, 5c, 5c, 7c, RECENEVED  10 Grants and similar amounts paid (attach springly) from line 2a) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits, 1 9 2010 12 Salaries, other compensation, and employee benefits, 1 9 2010 13 Professional fees and other payments to undependent contractors 15 Printing, publications, postage, and shipping 15 Salaries or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year (B) End of year (B) End of ye	ı	Webs	site: ► N	I/A	required to	attach	Sche	
K Check ★	J	Tax-ex	xempt status	s (check o		990-PI	F)	•
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1   37, 338.	K							
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3   3   3   3   3   3   3   3	L	Add I	lines 5b, 6 ad of Forn	b, and 7 n 990-E	b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990		▶\$	37,338.
1   Contributions, grifs, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3   4   Investment income   4   4   5   5   5   5   5   5   5   5	Pa	ırt I	Reve	enue, l	Expenses, and Changes in Net Assets or Fund Balances (See the	ınstrı	uction	ns for Part I.)
2   Program service revenue including government fees and contracts   2   3   3   4   4   4   4   4   4   4   4		1						
Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory (Subtract in 56 fb)   Sc	9	2	Program	service	revenue including government fees and contracts		2	·
Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory   Sa Gross amount from sale of assets other than inventory (Subtract in 56 fb)   Sc	20	3				İ	3	
b Less cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)  6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) b Less corect expenses other than fundraising expenses b Less cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 6b from line 7a)  8 Other revenue (discrible > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, Act CEIVED   9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, Act CEIVED   9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, Act CEIVED   9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, Act CEIVED   10 Grants and similar amounts paid (attact schedule)   11 Benefits paid to or for members   12 Salaries, other compensation, and employee benefits 1 9 2010   13 Professional fees and other payments or independent contractors   14 Cocupancy, rent, utilities, and maintenance OGDEN, UT   15 Formiting, publications, postage, and shipping   16 Other expenses (describle * SEE STATEMENT 1		4	Investme	nt incon	ne.	İ	4	<del></del>
b Less cost or other basis and sales expenses c Sam or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)  6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe > 9 Total revenue (describe > 9 Total revenue (describe > 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaines, other compensation, and employee benefits 1 9 2010 13 Professional fees and other payments for independent contractors 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1 1, 260. 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Let assets or fund balances at end of year Combine lines 18 through 20 23 Land and buildings 24 Other assets (describe *  25 Total isabilities (describe *  26 (b)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 (b) End of year  4 (166, 22 6, 0.03.)  29 Net assets or fund balances (line 27 of column (B) must agree with line 21)  4 (166, 25 6, 0.03.)  29 Net assets or fund balances (line 27 of column (B) must agree with line 21)  4 (166, 25 6, 0.03.)		5a	Gross arr	nount fro	om sale of assets other than inventory 5a	Ī		·
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8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c. 6c, 7c. RECEIVED > 9 37, 338.  10 Grants and similar amounts paid (attach schedule) 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		b	Less cos	t of goo	ds sold 7b		Ì	
Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, RECEIVED		С	Gross pro	ofit or (lo	oss) from sales of inventory (Subtract line 7b from line 7a)	ļ	7с	
10   Grants and similar amounts paid (attach schedule)   11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits 1 9 2010   12   13   Professional fees and other payments to independent contractors   13   14   1,200.   15   16   17   17   18   17   18   17   18   17   18   18		8	Other reven	ue (descri	be ►	_) [	8	
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   19   2010   13   14   1,200   15   16   17   17   17   17   18   18   18   19   19   19   19   19		9	Total reve	enue A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, <b>at SEIVED</b>	-	9	37,338.
Professional fees and other payments to independent contractors  Professional fees and other payments to independent contractors  Printing, publications, postage, and shipping  16 Other expenses (describe > SEE STATEMENT 1  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  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  (See the instructions for Part II)  (A) Beginning of year (B) End of year 23  Land and buildings  4, 166.   22   6, 033.  23 Land and buildings  24 Other assets (describe > )  25 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total liabilities (describe > )  7 Total assets or fund balances (line 27 of column (B) must agree with line 21)  Part II Secretary (B) End of year (B) End of year 23  Part II (B) End of year (B) End of year 24  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End		10	Grants ar	nd simila	er amounts paid (attach schedule)		10	
Professional fees and other payments to independent contractors  Professional fees and other payments to independent contractors  Printing, publications, postage, and shipping  16 Other expenses (describe > SEE STATEMENT 1  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  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  (See the instructions for Part II)  (A) Beginning of year (B) End of year 23  Land and buildings  4, 166.   22   6, 033.  23 Land and buildings  24 Other assets (describe > )  25 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total assets  7 Total liabilities (describe > )  7 Total assets or fund balances (line 27 of column (B) must agree with line 21)  Part II Secretary (B) End of year (B) End of year 23  Part II (B) End of year (B) End of year 24  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End of year 25  Part II (B) End	_	11	Benefits p	paid to d	or for members		11	
13   Professional fees and other payments on dependent contractors   22   13   14   1,200.   15   15   16   34,271.   17   17   18   18   18   19   19   19   19   19	ž	12	Salaries,	other co	ompensation, and employee benefits 1 9 2010	[	12	
14   1,200.   15   15   15   15   16   15   16   16	E						13	
16 Other expenses (describe   SEE STATEMENT 1   17 Total expenses. Add lines 10 through 16   17 35, 471.     18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18 1, 867.     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)   20 Other changes in net assets or fund balances (attach explanation)   20   21   6, 033.     19 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20 Other changes in net assets or fund balances (attach explanation)   20   21   6, 033.     19 Net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances (attach explanation)   20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20   20   21   6, 033.     10 Other changes in net assets or fund balances at end of year Combine lines 18	S S	14	Occupano	cy, rent,			14	1,200.
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  (See the instructions for Part II)  Cash, savings, and investments  Land and buildings  Other assets (describe ►  Total assets  Total liabilities (describe ►  Total liabilities (describe ►  Net assets or fund balances (line 27 of column (B) must agree with line 21)  18 1,867.  19 4,166.  20 Cher assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year lip 4,166.  20 Cher assets or fund balances at beginning of year (from line 27, column (B) agree with line 21)  (A) Beginning of year (B) End of year (B) End of year lip 24,166.  22 6,033.  23 Cash, savings, and investments  4,166. 25 6,033.  24 Other assets (describe ►  Net assets or fund balances (line 27 of column (B) must agree with line 21)  A,166. 27 6,033.	E S	15	Printing,	publicat	ions, postage, and shipping.	[	15	
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   1,867.		16	Other expen	ses (desci	ibe ► SEE STATEMENT 1	)	16	34,271.
Part II Balance Sheets. If Total assets on inne 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (B) End of year  (Cash, savings, and investments  Land and buildings  (Other assets (describe )  (Other assets of fund balances (line 27 of column (B) must agree with end-of-year in the end-of-year in t		17	Total exp	enses.	Add lines 10 through 16	<b>&gt;</b>	17	35,471.
figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  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  (See the instructions for Part II)  Cash, savings, and investments  Land and buildings  Other assets (describe   Other assets (describe   Total assets  Total assets  Total liabilities (describe   Net assets or fund balances (line 27 of column (B) must agree with line 21)  19	А	'-					18	1,867.
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    Cash, savings, and investments   (A) Beginning of year   (B) End of year	NS	19	Net asset	s or fun	d balances at beginning of year (from line 27, column (A)) (must agree with end-o	-year	10	1 166
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    Cash, savings, and investments   (A) Beginning of year   (B) End of year	ŦĔ	20			• • • • • • • • • • • • • • • • • • • •		-	4,100.
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 (See the instructions for Part II) (A) Beginning of year   (B) End of year   4,166.   22   6,033.	Ś			-		•		6 033
(See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ►  25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  (A) Beginning of year  4, 166.   22   6, 033.  24    25 (B) End of year  4, 166.   22    6, 033.  26 0, 033.	Da					J 1254-		
22 Cash, savings, and investments       4,166. 22       6,033.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       4,166. 25       6,033.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       4,166. 27       6,033.	<u> </u>		Daia	1106 31				
23         24 Other assets (describe ► )       24         25 Total assets       4,166. 25       6,033.         26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       4,166. 27       6,033.	22	Cac	sh savings	s and in	· · · · · · · · · · · · · · · · · · ·			
24       Other assets (describe ►			. •		4	100		0,033.
25 Total assets       4,166. 25       6,033.         26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       4,166. 27       6,033.					e <b>•</b>			<del></del>
26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       4,166. 27       6,033.				(3000110		166		6 033
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 4,166. 27 6,033.				es (desc	<del></del>		$\overline{}$	
							- 1 1	



	990-EZ (2009) RETROUVAILLE O	F_AUSTIN			-583	37387 Page <b>2</b>
Part	III Statement of Program Se	ervice Accomplishments	S (See the instruction	ons.)		Expenses
Descr	the organization's primary exempt purpose? SE ube what was achieved in carrying out to be the services provided, the number of the tributant title	EE STATEMENT 2 the organization's exempt purp of persons benefited, or other	poses. In a clear and correlevant information for	encise manner, each	orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
-						
<b>29</b> .	(Grants \$ ) If t	his amount includes foreign gi	rants, check here	<u> </u>	28 a	31,832.
-	(Grants \$ ) If t	his amount includes foreign gi	rants, check here	<b>&gt;</b>	29 a	
30 <sub>-</sub>		<del>-</del>				
	(Grants \$ ) If t Other program services (attach schedu	his amount includes foreign gi le)	rants, check here	<u> </u>	30 a	
_	(Grants \$ ) If t	his amount includes foreign gi	rants, check here	▶ 🗍	31 a	
	Total program service expenses (add				32	31,832.
Part	IV List of Officers, Directors	<del></del>	·	e even if not con	npens	<del></del>
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
	BOWLING	FINANCE	0.		0.	0.
	L SUNRISE VALLEYRGETOWN, TX 78626	_				
	CE SWEAT	DIRECTOR	0.		0.	0.
	O3 BLUEBONNET CR	] 0			٠.	
LAG	O VISTA, TX 78645					
	Y SWEAT	DIRECTOR	0.		0.	0.
	O3 BLUEBONNET CR O VISTA, TX 78645	0				
	reid Spring Hollow	SECRETARY 0	0.		0.	0.
	FIN, TX 78745	GEODERA DI				
944	REID 4 SPRING HOLLOW FIN, TX 78745	SECRETARY 0	0.		0.	0.
	IS HOLLOCK	DIRECTOR	0.		0.	0.
	4 E APPLEGATE FIN, TX 78745	0	į			
GAR:	HOLLOCK	DIRECTOR			0.	0.
AUS	1 E APPLEGATE FIN, TX 78745	0				
2116	ME CASTILAN 5 FALL CREEK RD	PRESIDENT 0			0.	0.
	NDER, TX 78641					
2116	VA CASTILAN 5 FALL CREEK RD	PRESIDENT 0	1		0.	0.
LEAD	NDER, TX 78641					
		_				
						<u></u>

ra	TV   Other Information (Note the statement requirements in the instrictor Part V.) SEE STA	TEME		_
			Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	·	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	-		
;	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?	35 a		Х
١	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 2.0 Did the organization file Form 1120-POL for this year?	37 b	-	Х
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	- • •	Х
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9  N/A			
	o Gross receipts, included on line 9, for public use of club facilities  a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40 6	section 4911 \(\bigsigma\)			
		~-	- *	
ı	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	40 Ь		X
(	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			_ <del></del>
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		*	
•	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	40 e		Х
41	List the states with which a copy of this return is filed NONE			
<b>42</b> a	The organization's books are in care of ► JON BOWLING Telephone no ► (512)  Located at ► 2611 SUNRISE VALLEY GEORGETOWN TX ZIP + 4 ► 78626	864	- <u>9</u> 51	<u>4</u> _
	At any time during the colonder year did the granulation have an interest in a consisting as other without a con-	ſ	Yes	No
	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)?  If 'Yes,' enter the name of the foreign country	42 b		Х
(	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts:  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country	42 c		X
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>-</b>	N/ N/
			Yes	No
14	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	162	X
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	<del></del>	<u> </u>	^
AA	Form 990 must be completed instead of Form 990-EZ	45 m 990	   E2	X
	TEEA0812L 01/30/10 For	111 2721	(	/UI

Form 990-F7 (2009)	RETROUVATLLE	OF	ATICTEM

Form, 990-i	EZ (2009) RETROUVAILLE OF AUS	TIN		20-5837	1387	Р	age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and see 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charit	npt charitable trusts onl able trusts must answer	y. All se questio	ction ns	
46 5						Yes	No
46 Dia ti	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (	ct political campaign ac C. Part I	ctivities on behalf o	of or in opposition to candidate	es <b>46</b>		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II							X
	e organization a school as described in se	·			47 48		X
	ne organization make any transfers to an		•		49a		X
	s,' was the related organization a section		J		49b		
<b>50</b> Com	plete this table for the organization's five oyees) who each received more than \$10	highest compensated e	employees (other the from the organization)	nan officers, directors, trustee tion If there is none, enter 'No	s and key		
(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 and deferred compensation		pense nt and owance:	5
NONE							
					-		
f Total	number of other employees hald ever \$1	00.000					
i Totai	number of other employees paid over \$1	00,000	<u> </u>	<del></del>			
	plete this table for the organization's five ensation from the organization. If there is		ndependent contra	ctors who each received more	e than \$10	0,000	of
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	n
NONE _							
<b>d</b> Total	number of other independent contractors	each receiving over \$	100,000	•			
	Under penalties of perjury, declare that I have exam	ined this return, including acco	mpanying schedules and	statements, and to the best of my know	vledge and be	elief, it is	s
	true, correct, and complete Declaration of preparer (	other than officer) is based on	all information of which p				
Sign				11-15-	(0)		
Here	Signature of officer			Date			
	/ IONATHAN BOIN	UNG (					
	Type or print name and title			······································			
Paid	Preparer's signature PHILLIP JOHNSON	In _	Date // //4	Check if self employed N/	parer's Identi e instructions 'A	fying Nu )	mber
Pre- parer's	Firm's name (or SCALCO & JOHNSOI		1-1-1-1				
Use   Double of the control of the					N/A		
Only	address, and ZIP + 4 AUSTIN, TX 78746			Phone no ► (512		1094	<u> </u>
	S discuss this return with the preparer sh		ictions	·	►X Yes		No
BAA					Form <b>99</b>		(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **2009** 

Open to Public Inspection

Part   Reason for Public Charity Status (All organizations must complete this part.) See instructions	RETROUVAILLE OF AU	JSTIN						20-58	337387	7	
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Altach Schedule E)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part III)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part III)  A norganization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax); from sumspesses acquired by the organization after June 30, 1975. See section 505(a)(2). (Complete Part III)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a Type I b Type II c Type III publication for section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization in organization or generated and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that described in the section 509(a)(1) or section 509(a)(3). Check this box.  I the organization received a	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions										
A school described in section 170(bX1XA)(ii). (Altach Schedule E)  A hospital or cooperative hospital service organization described in section 170(bX1XA)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(bX1XA)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(bX1XA)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XA)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(bX1XAX).  X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAX) (Complete Part II)  A community trust described in section 170(bX1XAXvi). (Complete Part III)  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its severify functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a Type I b Type II c Type III c Type III Functionally integrated d Type III Other  by checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in (ii) and (iii) a family member of a person described in (i)	The organization is not a private	vate foundation becau	use it is (For lines 1 thro	ugh 11,	check o	nly one	box )				
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  An organization operated part III)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(A)(iv).  Complete Part III)  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its sempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organizations accomplete lines 11e through 11h a Type III or Type I	1 A church, convention	on of churches or ass	ociation of churches des	cribed ir	section	n 170(b)	(1)(A)(i)				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A tederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II)  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business stable income (less section 51) (tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 to through 111  a Type II b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in (ii) a family member of a person described in (ii) above?  If the organization is a feet organiz	2 A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule	E)							
name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAVv). Complete Part II)  A federal, state, or local government or governmental unit described in section 170(bX1XAVv).  A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II)  A community trust described in section 170(bX1XAXvi). (Complete Part II)  A community trust described in section 170(bX1XAVxi). (Complete Part II)  A community trust described in section 170(bX1XAXvi). (Complete Part III)  A norganization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activates related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activates related to its exempt functions of its support from contributions, membership fees, and gross receipts from activates and supported organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in exclusively of the supported organization is exclusively in the purposes of one or more publicly supported organization is nection 509(a)(2). See section 509(a)(3). Check the box that determination from the IRS that is a Type I, Ty	3 A hospital or coope	erative hospital service	e organization described	ın <b>secti</b>	on 170(	b)(1)(A)(	iii).				
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	4 A medical research	organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	pıtal's
170(b)(1)AA(iv). (Complete Part II)											
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX)(X)(X)(). (Complete Part II )  A community trust described in section 170(b)(1)(X)(X)(i). (Complete Part II )  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 ax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III = Functionally integrated d Type III Other  by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iii) 11g (iiii) 11g (iii) 11g (iii) 11g (ii	5 An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gover	nmenta	l unit de	scribed in s	ection
In section 170(bX1)XA(Vi). (Complete Part II )  A community trust described in section 170(bX1)XA(Vi). (Complete Part II )  A community trust described in section 170(bX1)XA(Vi). (Complete Part II )  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business texable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)/2. (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II b Type III c Type III Functionally integrated d Type III Functionally integrated d Type III Functionally integrated d Type III Functionally integrated d Type III Functionally integrated organizations described in section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, Check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  Provide the following information about the supported organization or (iii) above?  (iv) Name of Supported Organization in coli (iv) organization in coli (iv) organization in coli (iv) organization the o											
An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	in section 170(b)(1)	<b>(A)(vi).</b> (Complete P	art II)		_	vernme	ntal uni	t or from	n the ger	neral public	described
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  10											
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	from activities related investment income	d to its exempt function and unrelated busine	is – subject to certain exc ess taxable income (less	eptions.	and (2) r	no more t	than 33-	1/3 % of	its suppo	ort from aros	iS.
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	10 An organization org	janized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).			
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (i) above?  (iii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of Supported Organization about the supported organizations  (iii) Silve (iii) I Silve (iiii) I Silve (iiii) I Silve organization in col (i) organization in col (ii) organization	more publicly suppo	orted organizations o	lescribed in section 5090	a)(1) or	section	509(a)(2)	ictions ( 2) See	of, or ca section	rry out th <b>509(a)(3</b>	ne purpose: ). Check th	s of one or ne box that
than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  Provide the following information about the supported organizations  (i) Name of Supported Organization  (iii) EIN  (iii) Type of organization in col (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) organ	<b>a</b> Type I	<b>b</b> Type II	c 🔲 Type II	I – Fund	ctionally	ıntegraf	ted		d 🗌	Type III-	Other
check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)  11g (iii)  11g (iii)  (iv) Is the organization in col (i) istee organization in col (i) istee organization in col (i) istee organization in col (i) organized in the governing document?  (vi) Is the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in the governing document?	than foundation ma	ox, I certify that the or inagers and other tha	ganization is not control n one or more publicly s	led dired upported	ctly or in d organi	idirectly zations	by one describ	or more ed in sec	disquali ction 509	ified perso 9(a)(1) or s	ns other ection
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)		received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organizatioi	۱, 📗
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (ii)  11g (iii)  11g (iii)  (iv) Is the organization in col (i) listed in your governing document?  (vi) Is the organization in col (i) organization in col (ii)  g Since August 17, 26	006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	37		
below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (ii)  11g (iii)											Yes No
(iii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii)  Provide the following information about the supported organizations  (i) Name of Supported Organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (iii) Isthe organization in col (i) organization in col (ii)  organization in col (iii) organization in col (	(i) a person who	directly or indirectly	controls, either alone or	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 - ()	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organizations  (i) Name of Supported Organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (described on lines 1-9 above or IRC section (i) listed in your governing document?  (vi) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii) organization in col (iii) organi		• •	•								
h Provide the following information about the supported organizations  (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (ii) Sthe organization in col (i) listed in your governing document?  (vi) Is the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in c	, ,	•	**	hous?							
(i) Name of Supported Organization Organization Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) listed in your governing document?  (vi) Is the organization in col (i) organized in the US?	·	,	**							119(111)	
Organization  (described on lines 1-9 above or IRC section (see instructions))  (see instructions)  (described on lines 1-9 above or IRC section (see instructions))  organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii)  organization in col (					(a. 4b	63.04		6.51	- #	6> A	
		(11) E114	(described on lines 1-9 above or IRC section	organization in col (i) listed in your governing		the organization in col (i) of	l organization in col l		(VII) Amoun	t of Support	
		;		Yes	No	Yes	No	Yes	No		
											<del></del>
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				<u></u>	<u></u>			<u> </u>			
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Total  BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ  Schedule A (Form 990 or 990-EZ) 2009		ork Reduction Act Notice	see the Instructions for Form	1 990 or 99	0-E7			Schedule	A (For	m 990 or 90	0.F7) 2009

RETROUVAILLE OF AUSTIN Schedule A (Form 990 or 990-EZ) 2009 20-5837387 Page 2 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 1) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🖻 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 41,682 45.282 37,338 124,302. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge 0. 0. 41,682 45,282. 37,338 124,302. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 124,302. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) È 0 0 41,682 45,282 37,338 124,302. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 124,302. through 10 Gross receipts from related activities, etc. (see instructions) 0. 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) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. 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 17 a 10%-facts-and-circumstances test — 2009 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. b 10%-facts-and-circumstances test - 2008. 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.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

#### Schedule A (Form 990 or 990 EZ) 2009 RETROUVAILLE OF AUSTIN 20-5837387 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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

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

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

2009	FEDERAL STATEMENTS	PAGE 1
	RETROUVAILLE OF AUSTIN	20-5837387
STATEMENT 1		

#### STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION BUSINESS REGISTRATION FEES CONFERENCES, CONVENTIONS, AND MEETINGS CONTRACT SERVICES OFFICE EXPENSES OTHER EXPENSES PROFESSIONAL FEES TRAVEL	\$ TOTAL &	304. 2,639. 19,105. 2,530. 1,509. 2,472. 1,000. 4,712.
	TOTAL \$	34,271.

#### STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RETROUVAILLE IS A MINISTRY PROGRAM THAT IS SOLEY DEDICATED TO PROVIDING THE NECESSARY SUPPORT TO HELP SAVE MARRIAGES. THE RETROUVAILLE PROGRAM CONSISTS OF A WEEKEND EXPERIENCE FOR COUPLES WITH MARITAL PROBLEMS WITH A SERIES OF 6-12 POST WEEKEND SESSIONS HELD OVER THE SUBSEQUENT 3 MONTHS. PARTICIANT COUPLES ARE TAUGHT COMMUNICATION SKILLS AND OTHER RELATIONSHIP TOOLS TO HELP PUT THEIR MARRIAGES IN ORDER AGAIN. THE RETROUVAILLE PROGRAM IS FUNDED ENTIRELY THROUGH DONATIONS FROM PROGRAM PARTICIPANTS AND OTHERS WHO ARE INTERESTED IN PRESERVING THE INSTITUTION OF MARRIAGE.

## STATEMENT 3 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FOUR SEPARATE WEEKEND SESSIONS WERE HELD DURING THE YEAR FOR GROUPS OF COUPLES WITH MARITAL DIFFICULTIES WITH SUBSEQUENT POST-WEEKEND SESSIONS FOR PARTICIPATING COUPLES. APPROXIMATELY 25-30 COUPLES ATTENDED EACH WEEKEND SESSION RESULTING IN OVER 100 COUPLES RECEIVING SUPPORT DURING THE YEAR.

# STATEMENT 4 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

#### Form **8868** (Rev April 2009)

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

OMB No 1545 1709

Internal Revenue			► File a separate application for each return.	•		
If you are	filing for an	Automatic 3-Month	Extension, complete only Part I and check this b	oox		► X
<ul><li>If you are</li></ul>	filing for an	Additional (Not Auto	omatic) 3-Month Extension, complete only Part I	I (on page 2 of this	form)	
Do not comp	olete Part II un	<i>iless</i> you have alrea	dy been granted an automatic 3-month extension	n on a previously fil	ed Form 8868	
Part I	Automatic	3-Month Extensi	on of Time. Only submit original (no co	pies needed).		
•			requesting an automatic 6-month extension — ch			
All other corp income tax re	oorations (inci eturns	luding 1120-C filers),	partnerships, REMICS, and trusts must use For	m 7004 to request	an extension of tin	ne to file
returns noted the additional Form 990-T	l below (6 mo l (not automa Instead, you i	inths for a corporation itic) 3-month extension inust submit the fully	ectronically file Form 8868 if you want a 3-month n required to file Form 990-T) However, you car on or (2) you file Forms 990-BL, 6069, or 8870, or completed and signed page 2 (Part II) of Form file for Charities & Nonprofits	nnot file Form 8868 group returns, or a	electronically if (1) composite or cons	) you want olidated
	Name of Exempt	Organization			Employer identification	number
Type or print						
•		AILLE OF AUST			20-5837387	
File by the due date for filing your			If a P O box, see instructions			
return See instructions		IRISE VALLEY	e For a foreign address, see instructions			
	1	OWN, TX 78660	Total foreign address, see mandetons			
Check type o	•		e application for each return)			
Form 990		Γ	Form 990-T (corporation)	Form 4720	)	
Form 990	)-BL		Form 990-T (section 401(a) or 408(a) trust)	Form 5227	7	
X Form 990	)-EZ	_	Form 990-T (trust other than above)	Form 6069	€	
Form 990	)-PF		Form 1041-A	Form 8870	)	
Telephone If the orga If this is for check this	e No ►_(512 anization doe: for a Group Re	eturn, enter the orga If it is for part of th	FAX No  replace of business in the United States, check inization's four digit Group Exemption Number (Cone group, check this box	GEN) If t		
1   reques	st an automat	ic 3-month (6 month	s for a corporation required to file Form 990-T)	extension of time		
		$_{\rm ,}$ 20 $_{\rm 10}$ $_{\rm ,}$ to file the organization's re	the exempt organization return for the organizati turn for	on named above		
	calendar year	-				
▶ 🗌	tax year begi	nning	, 20, and ending, 2	.0		
2 If this ta	ax year is for	less than 12 months	, check reason 🔲 Initial return 🔲 Fina	I return Ch	nange in accounting	g period
		for Form 990-BL, 990 s See instructions	)-PF, 990-T, 4720, or 6069, enter the tentative ta	ax, less any	3a \$	0.
			90-T, enter any refundable credits and estimated at allowed as a credit	d tax payments	3ь\$	0.
deposit	e <b>Due.</b> Subtractions	ct line 3b from line 3 ipon or, if required, l	Ba Include your payment with this form, or, if recovery using EFTPS (Electronic Federal Tax Paymen	quired, it System)	3c \$	0.
Caution. If yo payment instr		o make an electroni	c fund withdrawal with this Form 8868, see Form	n 8453-EO and Forn	n 8879-EO for	
BAA For Priv	vacy Act and	Paperwork Reduction	on Act Notice, see instructions.		Form <b>8868</b> (F	Rev 4-2009)

Form <b>8868</b>	(Rev 4 2009)	Page 2
• If you a	ire filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and cneck this box ► X
Note Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previously filed Form 8868
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Onl	
	Name of Exempt Organization	Employer identification number
Type or		
print	RETROUVAILLE OF AUSTIN	20-5837387
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
File by the extended due date for filing the	SCALCO & JOHNSON CPAS, PLLC 1000 MOPAC CIRCLE	
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	AUSTIN, TX 78746	
Check type	of return to be filed (File a separate application for each return)	
Form 9	90 Form 990 PF	Form 1041 A Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870
X Form 9	PO-EZ Form 990 T (trust other than above)	Form 5227
STOP! Do r	ot complete Part II if you were not already granted an automatic 3-month ext	ension on a previously filed Form 8868.
The boo	oks are in care of F JON BOWLING	
	ne No ► (512) 864-9514 FAX No. ►	
	ganization does not have an office or place of business in the United States,	check this box
	for a Group Return, enter the organization's four digit Group Exemption Num	
whole group	o, check tnis box ►  if it is for part of the group, check this box ►	and attach a list with the names and EINs of all
members th	e extension is for	
4 I requ	est an additional 3 month extension of time until $11/15$ , 20	<u>10</u>
5 For ca	ilendar year 2009, or other tax year beginning, 20	, and ending , 20
	tax year is for less than 12 months, check reason Initial return	Final return Change in accounting period
7 State		REQUESTS ADDITIONAL TIME TO
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND	ACCURATE TAX RETURN.
8a If this	application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tenta fundable credits. See instructions	tive tax, less any 8a \$
paym	application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable or ents made Include any prior year overpayment allowed as a credit and any a orm 8868	edits and estimated tax mount paid previously 8b\$
c Ralan	ce Due. Subtract line 8b from line 8a Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)	, if required, deposit System) See instrs 8c \$
	Signature and Verificatio	n
Under penaltie	of perjury. I declare that I have examined this form, including accompanying schedules and statement implete, and high am authorized to prepare this form.	nts, and to the best of my knowledge and belief, it is true,
correct, and co	implete, and analytic and authorized to prepare trits form	2/1/2
Signature 🟲	Chilles Tille Chit	Dale ► 8/11/70
BAA	FIFZ0502L 03/11/09	Form <b>8868</b> (Rev 4 2009)

or If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this boy  Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868  • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)  Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Type or Print   RETROUVAILLE OF AUSTIN   Number, street, and room or suite number II a P O box, see instructions   SCALCO & JOHNSON CPAS, PLLC   1000 MOPAC CIRCLE   City, town or post office, state, and 2P code For a foreign address, see instructions   AUSTIN, TX 78746    Check type of return to be filed (File a separate application for each return)   Form 990
Part II   Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)    Part II
Part II   Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1)    Part II
Type or print  RETROUVAILLE OF AUSTIN  Number, street, and room or suite number if a P 0 box, see instructions  File by the extended due date for filing the return See instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-BL  Form 990-EZ  Form 990-T (section 401(a) or 408(a) trust)  Form 990-EZ  Form 990-T (trust other than above)  Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
Type or print  RETROUVAILLE OF AUSTIN  Number, street, and room or suite number if a PO box, see instructions  File by the extended due date for liting the return See instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-BL  Form 990-EZ  Form 990-T (trust other than above)  Form 990-EZ  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
Type or print  RETROUVAILLE OF AUSTIN  Number, street, and room or suite number. If a P O box, see instructions  SCALCO & JOHNSON CPAS, PLLC  1000 MOPAC CIRCLE  City, town or post office, state, and ZIP code. For a foreign address, see instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-T (section 401(a) or 408(a) trust)  Form 990-EZ  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  20-5212438  EIN  For IRS use only
File by the extended due date for lifting the return See instructions  Clauding the return See instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-BL  Form 990-EZ  Form 990-T (section 401(a) or 408(a) trust)  Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
File by the extended due date for filing the return See instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-BL  Form 990-T (section 401(a) or 408(a) trust)  Form 990-EZ  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
extended due date for filling the return See instructions  AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-T (section 401(a) or 408(a) trust)  Form 990-EZ  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.
Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-BL  Form 990-T (section 401(a) or 408(a) trust)  Form 990-EZ  Form 990-T (trust other than above)  Form 990-T (books are in care of JON BOWLING
AUSTIN, TX 78746  Check type of return to be filed (File a separate application for each return)  Form 990 Form 990 Form 990 PF Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of JON BOWLING
Check type of return to be filed (File a separate application for each return)  Form 990 Form 990 PF Form 990-BL Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of JON BOWLING
Form 990 Form 990 PF Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870  X Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of JON BOWLING
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720 Form 8870  X Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of JON BOWLING
X Form 990-EZ Form 990-T (trust other than above) Form 5227  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of • JON BOWLING
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  • The books are in care of • JON BOWLING
The books are in care of ► JON_BOWLING
Telephone No F 10171 004-7014 FMA NO
If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the
whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all
members the extension is foi
4   request an additional 3 month extension of time until 11/15 , 20 10
5 For calendar year 2009, or other tax year beginning, 20, and ending, 20
6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO
GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.
8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax
payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs  8c \$
Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete, and that I am authorized to prepare this form
Signature * 1997 Date * 8/11/10
Signature Multiplication Title Date 1/1/10
BAA FIF 20502L 03/11/09 Form 8868 (Rev 4 2009)