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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization HUDSON COUNTY BAR ASSOCIATION</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 583 NEWARK AVENUE</p> <p>City or town, state or country, and ZIP + 4 JERSEY CITY, NJ 07306-2301</p>	<p>D Employer identification number 22-2230712</p> <p>E Telephone number 201-798-4708</p> <p>F Group Exemption Number ▶</p>
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• 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: ▶ hcbalaw.com

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ **180,670**

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	136,109
	3 Membership dues and assessments	3	44,535
	4 Investment income	4	26
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	180,670
	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	112,455
13 Professional fees and other payments to independent contractors		13	9,855
14 Occupancy, rent, utilities, and maintenance		14	5,149
15 Printing, publications, postage, and shipping		15	10,553
16 Other expenses (describe ▶ SEE ATTACHED SCHEDULE)		16	31,150
17 Total expenses. Add lines 10 through 16		17	169,162
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,508
	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	52,626
	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	64,134

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.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	52,626	22 style="text-align: right;">15,689
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24 style="text-align: right;">57,070
25	Total assets	52,626	25 style="text-align: right;">72,759
26	Total liabilities (describe ▶ _____)		26 style="text-align: right;">8,625
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,626	27 style="text-align: right;">64,134

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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 Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A		
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 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	N/A	
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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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. ▶		
42a	The organization's books are in care of ▶ ALAN C. MARGULIES, CPA Telephone no. ▶ 201-333-0666 Located at ▶ 3 2ND ST #1201 JERSEY CITY, NJ ZIP + 4 ▶ 07311		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	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: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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.

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

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."

(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
 Signature of officer: *Gregory G. Diebold* Date: 8/13/10
 Type or print name and title: GREGORY G. Diebold, Treasurer

Paid Preparer's Use Only
 Preparer's signature: *Alan C. Margulies* Date: 8/2/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: ALAN C. MARGULIES, CPA 3 2ND ST #1201 JERSEY CITY NJ EIN: 22-3004338
 Preparer's identifying number (See instructions): P00206255 Phone no.: 201-333-0666

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

Hudson County Bar Association
EI #22-2230712
2009 Other Expenses
Part I Line #16

Advertising	\$ 403
Bank Fees	35
Books/Dues/Subscriptions	(104)
Education/Seminars	537
Insurance	18,092
Office Supplies & Expense	7,954
Permits	200
Repairs & Maintenance	1,900
Credit Card Fees	1,843
Web Site Expense	490
	<u>\$ 31,350</u>

Hudson County Bar Association
2009 Directory of Officers Trustees

OFFICERS

<u>Name</u>	<u>Address</u>	<u>Telephone & Fax</u>
Stanley R. Pietruska President stanesq@aol.com	Law Office of Stanley R. Pietruska 473 Broadway #415 Bayonne, New Jersey 07002	Tel: (201)437-5555 Fax: (201)437-5587
Judith Q. Bielan President-Elect jqb@bielanlaw.com	Bielan, Mikolos, Makrogiannis & Demeter, PC 420 Broadway Bayonne, NJ 07002	Tel: (201)436-1198 Fax: (201)436-0314
Cataldo F. Fazio First Vice-President cfazio@fc-legal.com info@fc-legal.com	Cataldo Fazio, LLC 45 North Broad Street Suite 505 Ridgewood, New Jersey 07450	Tel: 201-358-1110 Fax: 201-358-1120
Brian J. Neary Second Vice-President brianneary@erols.com Brianneary@rcn.com	Law Office of Brian Neary 1 Newark Street Hoboken, New Jersey 07030	Tel: (201)420-8101 Fax: (201)420-8102
Norberto A. Garcia Recording Secretary ngarcia@njatty.com	Blume Goldfaden Berkowitz Donnelly Fried & Forte 26 Journal Square Jersey City, NJ 07306	Tel: (201)963-4711 Fax: (201)963-4706
Stephen J. McCurrie Membership Secretary stephen@mccurrielaw.com	McCurrie, McCurrie & McCurrie 680 Kearny Avenue Kearny, NJ 07032	Tel: (201)997-2100 Fax: (201)997-9567
Mitzy Galis-Menendez Treasurer Mgalis-menendez@chasanlaw.com	Chasan Leyner & Lamparello, PC 300 Harmon Meadow Blvd., 6th Fl. Secaucus, New Jersey 07094	Tel: (201)348-6000 Fax: (201)348-6633

Hudson County Bar Association
2009 Directory of Officers Trustees

TRUSTEES

<u>Name</u>	<u>Address</u>	<u>Telephone & Fax</u>
Cindy Nan Vogelman Immediate Past President cvogelman@chasanlaw.com	Chasan Leyner & Lamparello, PC 300 Harmon Meadow Boulevard, 6th Fl. Secaucus, NJ 07094	Tel: (201)348-6000 Fax: (201)348-6633
Eric D. McCullough Young Lawyer President edm@lawwmm.com	Waters Mcpherson & McNeil PC 300 Lighting Way Secaucus, NJ 07096	Tel: 201-330-8712 Fax: 201-863-2866
Joseph M. Aronds joseph.aronds@hartzmountain.com	Hartz Mountain Industries PO box 1515 400 plaza drive Secaucus, NJ 07096	Tel: (201)272-5308 Fax: (201)348-4221
Deborah B. Austin Db1047@aol.com	Garcia & Austin 1047 Avenue C Bayonne, NJ 07002	Tel: (201)437-1074 Fax: (201)437-1922
Gerald H. Baker ghb@bakerlaw-nj.com	Baker, Pedersen & Robbins, PA 1 Newark Street Hoboken, NJ 07030	Tel: (201)659-2635 Fax: (201)659-1400
Brunilda Bonilla bonillalawoffice@cs.com bonillalawoffice@verizon.net	Law Offices of Brunilda Bonilla 3332 Kenndey Blvd. 1st Floor Jersey City, NJ 07307	Tel: (201)653-7101 Fax: (201)659-7450
Priya P. Ramrup pramrup@hcpo.org	Hudson County Prosecutor 595 Newark Avenue, 6th Fl. Jersey City, NJ 07306	Tel: (201)795-6434 Fax: (201)795-3365
Lori Ciekiewicz Lorlaw1015@yahoo.com LC@DADLC.com	D'Alessandro & Ciekiewicz, PC 3279 Kennedy Blvd Jersey City, NJ 07306	Tel: (201)653-4340 Fax: (201)653-1871
Charles M. D'Amico Kathleen.walrod@verizon.net	Walrod & D'Amico 1215 Paterson Plank Rd Secaucus, NJ 07094	Tel: (201)866-4887 Fax: (201)617-1662
Gregory G. Diebold gdiebold@lsnj.org	HC Legal Services 574 Summit Avenue Jersey City, NJ	Tel: (201)792-6363 xt 321 Fax: (201)798-8780

Hudson County Bar Association
2009 Directory of Officers Trustees

TRUSTEE

<u>Name</u>	<u>Address</u>	<u>Telephone & Fax</u>
<u>kespinal@travelers.com</u>	6 Century Drive Parsippany, NJ 07056	Fax: (973)292-7101
Brian C. Freeman <u>Freekert@aol.com</u>	Brian C Freeman, LLC 2815 Kennedy Blvd Jersey City, New Jersey	Tel: (201)222-7765 Fax: (201)432-8123
Gregory T. Farmer <u>gfarmer@farmerandcampen.com</u>	Law Office of Gregory T. Farmer 415 32nd Street Union City, NJ 07087	Tel: (201)348-0990 Fax: (201)348-6803
Leo Hurley <u>lhurley@hcpo.org</u>	HC Prosecutors Office 595 Newark Avenue, 6th Fl. Jersey City, 07306	Tel: (201)795-6946 Fax: (201)795-3365
Jeffrey R. Jablonski, Esq. <u>jjablonski.ggilaw@comcast.net</u>	Gillespie, Gillespie & Jablonski P.O. Box 453 492 Kearny Avenue Kearny, NJ 07032	Tel: (201) 991-0740 xt 15 Fax: (201)991-0246
Charles F. Kenny <u>ckenny@lopianokenny.com</u>	LoPiano & Kenny 5 Marineview Plaza Hoboken, NJ 07030	Tel: (201)798-8300 Fax: (201)798-1393
Bennett A. Robbins <u>BAR@bakerlaw-nj.com</u>	Baker, Pedersen & Robbins 1 Newark Street Hoboken, NJ 07030	Tel: (201)659-2635 Fax: (201)659-1400
Mark McPherson <u>mmcpher@lawwmm.com</u>	Waters, McPherson, McNeil 300 Lighting Way Secaucus, NJ 07096	Tel: (201)863-4400 Fax: (201)863-2866
Julio C. Morejon <u>jmorejon@weblawnj.net</u>	Diktas Schandler Gillen Morejon, P.C. 596 Anderson Avenue Suite 301 Cliffside Park, NJ 07010	Tel: (201) 943-8020 Fax: (201) 943-8838
Frances Nicotra <u>fnesq@aol.com</u>	Law Office of Eugene O'Connell 853 Summit Avenue Jersey City, NJ 07307	Tel: (201)963-3668 Fax: (201)963-2005

Hudson County Bar Association
2009 Directory of Officers Trustees

TRUSTEE

<u>Name</u>	<u>Address</u>	<u>Telephone & Fax</u>
Robert M. Peluso robert.peluso@murphypeluso.com	Murphy Peluso & Cicala 437 60th Street West New York, NJ 07093	Tel: (201)868-1400 Fax: (201)868-6418
Sharon Rivenson Mark Rivensonmark@comcast.net	Sharon Rivenson Mark, PC 855 Summit Avenue Jersey City, NJ 07307	Tel: (201)239-0300 Fax: (201)239-0331
George Rios rios.george@gmail.com	George Rios, PA 26 Journal Square Jersey City, NJ	Tel: (201)653-2402 Fax: (201)653-2300
Marybeth Rogers mbresq@gmail.com	Law Office of Marybeth Rogers 311 Fairview Avenue Fairview, New Jersey 07022	Tel: (201)941-7445 Fax: (201)941-6244
Joseph T. Ryan stella@NJdefenselawyers.com	Netchert Dineen & Hillman 280 Baldwin Avenue Jersey City, New Jersey 07306	Tel: (201)656-3000 Fax: (201)656-1518
Debra Simon debster24@msn.com	HC Prosecutors Office 595 Newark Avenue, 6th Fl. Jersey City, 07306	Tel: (201)795-6426 Fax: (201)795-3365
John T. Sullivan Jts@lambkretzer.com	Lamb, Kretzer, Reinman & Roselle 601 Pavonia Avenue Jersey City, New Jersey 07306	Tel: (201)798-0400 Fax: (201)798-0889
Christine Vanek cvanek@njlegallink.com	Scarinci & Hollenbeck, LLC PO Box 790 1100 Valleybrook Avenue Lyndhurst, NJ 07071	Tel: (201)896-4100 Fax: (201)896-8660
Michael S. Wittenberg MSWittlaw@aol.com	Law Office of Michael S. Wittenberg 26 Journal Square, Suite 802 Jersey City, NJ 07306	Tel: (201)963-3433 Fax: (201)963-6166
Nadya M. Zerquera nmzerqueraesq@aol.com	Law Office of Nadya M. Zerquera 209 34th Street Union City, New Jersey 07087	Tel: (201)863-5300 Fax: (201)867-3651

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 and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HUDSON COUNTY BAR ASSOCIATION	Employer identification number 22-2230712
	Number, street, and room or suite no. If a P.O. box, see instructions. 583 NEWARK AVENUE, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JERSEY CITY, NJ 07306-2301	

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

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

• The books are in the care of ▶ ALAN C. MARGULIES, CPA

Telephone No. ▶ 201-333-0666 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 _____, 20____, and ending _____, 20_____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	\$	0

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

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

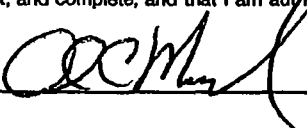
- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box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

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
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 instructions.	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  Title CPA Date 5/12/10