See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

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

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

OMB No 1545 1150

2009

Open to Public Inspection

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

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C
TEAM UP FOR DOWN SYNDROME
1100 IRVINE BOULEVARD #35
TUSTIN, CA 92780

D Employer identification number
23-2998494

E Telephone number
714-665-8326

F Group Exemption Number ►

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

G Accounting method [X] Cash [ ] Accrual
Other (specify) ►

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

I **Website:** ► WWW.TEAMUPFORDOWNSYNDROME.ORG

J **Tax-exempt status** (check only one) — [X] 501(c) (3) ◄ (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 ► $ 394,930.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	219,004.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,592.
	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 ln 5b from ln 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► [ ]			
	a	Gross revenue (not including $ 91,396. of contributions reported on line 1)	6a 170,454.		
	b	Less direct expenses other than fundraising expenses	6b 126,984.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	43,470.
	7a	Gross sales of inventory, less returns and allowances	7a 2,880.		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	2,880.
	8	Other revenue (describe ►)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		► 9	267,946.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1		10	108,989.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	82,290.
	13	Professional fees and other payments to independent contractors		13	3,082.
	14	Occupancy, rent, utilities, and maintenance		14	19,336.
	15	Printing, publications, postage, and shipping		15	4,247.
	16	Other expenses (describe ► SEE STATEMENT 2)		16	11,838.
	17	**Total expenses.** Add lines 10 through 16		► 17	229,782.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	38,164.
	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	340,963.
	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	379,127.

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
22	Cash, savings, and investments	336,853.	22	377,943.
23	Land and buildings		23	
24	Other assets (describe ► SEE STATEMENT 3)	8,962.	24	5,708.
25	**Total assets**	345,815.	25	383,651.
26	**Total liabilities** (describe ► SEE STATEMENT 4)	4,852.	26	4,524.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	340,963.	27	379,127.

BAA **For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.** Form **990-EZ** (2009)

TEEA0803L 01/30/10

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28	GRANTS AND DONATIONS TO 501(C) 3 ORGANIZATIONS AND PUBLIC SCHOOLS		
	(Grants $ 108,989.) If this amount includes foreign grants, check here ► ☐	28a	108,989.
29			
	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	108,989.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
REX HUDLER 1100 IRVINE BLVD, #35 TUSTIN, CA 92780	PRESIDENT 1.00	0.	0.	0.
JENNIFER HUDLER 1100 IRVINE BLVD, #35 TUSTIN, CA 92780	VICE PRESIDENT 5.00	31,200.	0.	0.
JUDEE STAPP 1100 IRVINE BLVD, #35 TUSTIN, CA 92870	TREASURER 20.00	31,000.	6,986.	0.
MARY BETH MALLOY 1100 IRVINE BLVD, #35 TUSTIN, CA 92780	SECRETARY 0	0.	0.	0.
ARN TELLEM 1100 IRVINE BLVD, #35 TUSTIN, CA 92780	DIRECTOR 0	0.	0.	0.
TIM HOY 1100 IRVINE BLVD, #35 TUSTIN, CA 92780	DIRECTOR 0	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 6

			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	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	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			
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?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		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 ► 0., section 4912 ► 0., section 4955 ► 0.			
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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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	40e		X
41	List the states with which a copy of this return is filed ► CA			

42a The organization's books are in care of ► JENNIFER HUDLER Telephone no ► 714-812-4788

Located at ► 1100 IRVINE BL, STE 35 TUSTIN CA ZIP + 4 ► 92780

			Yes	No
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)?	42b		X
	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		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 ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	N/A	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
49b	If 'Yes,' was the related organization a section 527 organization?		

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 and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ►

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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

► Signature of officer — Date 9/24/10

► JENNIFER HUDLER — VICE PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date 8/17/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4	JONATHAN RESNICK, CPA AN ACCOUNTANCY CORP. 2152 DUPONT DRIVE, SUITE 206 IRVINE, CA 92612	EIN ► N/A	
		Phone no ► (949) 250-0852	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
TEAM UP FOR DOWN SYNDROME	23-2998494

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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. _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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

e ☐ 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 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?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	91,173.	39,727.	41,454.	176,248.	146,977.	495,579.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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 the public without charge.						0.
4 **Total.** Add lines 1-through 3	91,173.	39,727.	41,454.	176,248.	146,977.	495,579.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,544.
6 **Public support.** Subtract line 5 from line 4						476,035.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	91,173.	39,727.	41,454.	176,248.	146,977.	495,579.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,113.	3,298.	3,735.	5,101.	2,592.	15,839.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						511,418.

12 Gross receipts from related activities, etc (see instructions)	12	0.

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	93.1 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	91.4 %

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 ► ☐

17a **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. ► ☐

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

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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 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 year						
c Add lines 7a and 7b						
8 **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						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

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 ► ☐

20 **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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
TEAM UP FOR DOWN SYNDROME

Employer identification number
23-2998494

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ALL STAR GAME (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	261,850.			261,850.
	2 Less: Charitable contributions	91,396.			91,396.
	3 Gross income (line 1 minus line 2)	170,454.			170,454.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	19,369.			19,369.
	6 Rent/facility costs	4,045.			4,045.
	7 Food and beverages	35,032.			35,032.
	8 Entertainment	8,426.			8,426.
	9 Other direct expenses	60,112.			60,112.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	126,984.
	11 Net income summary Combine lines 3, column (d) and line 10			►	43,470.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1, column (d) and line 7			►	

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If 'No,' explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If 'Yes,' explain		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name: ►				
Address: ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			
b If 'Yes,' enter the amount of gaming revenue received by the organization $_____ and the amount of gaming revenue retained by the third party $_____				
c If 'Yes,' enter name and address of the third party:				
Name. ►				
Address: ►				
16 Gaming manager information				
Name: ►				
Gaming manager compensation ► $_____				
Description of services provided. ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $_____				

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ICEC-INTERVENTION FOR EARLY	
DONEE'S ADDRESS:	1538 BROOKHOLLOW DRIVE SANTA ANA, CA 92705	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 13,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	US ADAPTIVE REC CENTER	
DONEE'S ADDRESS:	43101 GOLDMINE DRIVE BIG BEAR LAKE, CA 92315	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SPECIAL OLYMPICS DELAWARE CNTY	
DONEE'S ADDRESS:	307 LENOX RD HAVERTON, PA 19083	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	D.S. FOUNDATION OF OC	
DONEE'S ADDRESS:	1570 E 17TH ST, STE. D SANTA ANA, CA 92705	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 11,800.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	BREAK THE BARRIERS	
DONEE'S ADDRESS:	8555 N. CEDAR AVENUE FRESNO, CA 93720	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DSAOC	
DONEE'S ADDRESS:	151 KALMUS DRIVE, SUITE M-5 COSTA MESA, CA 92626	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 11,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	TUSTIN UNIFIED SCH. DISTRICT	
DONEE'S ADDRESS:	300 SOUTH "C" STREET TUSTIN, CA 92780	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,500.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SPECIAL OLYMPICS OF ORANGE CNTY	
DONEE'S ADDRESS:	2080 N. TUSTIN AVE, #B SANTA ANA, CA 92705	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	UCI MEDICAL CTR-DOWN SYND PROJ	
DONEE'S ADDRESS:	252 IRVINE HALLL IRVINE, CA 92697	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	R.H. DANA EXCEPTIONAL NEEDS	
DONEE'S ADDRESS:	24242 LA CRESTA DRIVE DANA POINT, CA 92829	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 2,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CHAPMAN U. SCH OF EDUC.	
DONEE'S ADDRESS:	ONE UNIV. DRIVE ORANGE, CA 92866	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 3,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	LIL' BEALY TEE-UP FOR DOWN	
DONEE'S ADDRESS:	318 FAIRVIEW ROAD SPRINGFIELD, PA 19064	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SPECIAL CAMP FOR SPECIAL KIDS	
DONEE'S ADDRESS:	31641 LA NOVIA AVENUE SAN JUAN CAPISTRANO, CA 92675	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 2,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	GOODWILL	
DONEE'S ADDRESS:	410 NORTH FAIRVIEW ST SANTA ANA, CA 92703	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,000.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	STILLPOINT RESOURCES	
DONEE'S ADDRESS:	PO BOX 5103 WEST HILLS, CA 91308	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SHEA THERAPY RIDING SCHOOL	
DONEE'S ADDRESS:	26284 OSO ROAD SAN JUAN CAPISTRANO, CA 92672	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 8,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	HEALTHY SMILES	
DONEE'S ADDRESS:	10602 CHAPMAN AVE, STE. 200 GARDEN GROVE, CA 92840	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 3,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	KID SINGERS	
DONEE'S ADDRESS:	3947 E. LA PALMA AVENUE ANAHEIM, CA 92807	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	NORTHWOOD LITTLE LEAGUE	
DONEE'S ADDRESS:	P.O. BOX 50937 IRVINE, CA 92619	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 2,500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SYCAMORE ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	225 W. 8TH STREET CLAREMONT, CA 91711	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 720.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	TUSTIN EASTERN LITTLE LEAGUE-TELL	
DONEE'S ADDRESS:	P.O. BOX 1263 TUSTIN, CA 92781	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 569.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	FINALLY HOME FOUNDATION	
DONEE'S ADDRESS:	11110 HISKEY LANE TUSTIN, CA 92782	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,100.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	BACK BAY THERAPEUTIC RIDING CLUB	
DONEE'S ADDRESS:	20262 CYPRESS AVE NEWPORT BEACH, CA 92660	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	RESEARCH	
DONEE'S NAME:	STANFORD UNIV. RESEARCH PROJECT	
DONEE'S ADDRESS:	1201 WELCH ROAD, MSLS BLDG, RM P205 STANFORD, CA 94305	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	MICHAEL DUNN CENTER	
DONEE'S ADDRESS:	629 GALLAHER ROAD KINGSTON, TN 37763	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 5,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DSRTF	
DONEE'S ADDRESS:	530 OAK GROVE AVE, STE 201 MENLO PARK, CA 94005	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	AMIGOS DE LOS NINOS	
DONEE'S ADDRESS:	P.O. BOX 2602 LA HABRA, CA 90632	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 270.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CYSTIC FIBROSIS	
DONEE'S ADDRESS:	6931 ARLINGTON ROAD, 2ND FLOOR BETHESDA, MD 20814	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 3,200.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	LONG BEACH PLAZA LITTLE LEAGUE	
DONEE'S ADDRESS:	P.O. BOX 8639 LONG BEACH, CA 90808	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 600.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SAN JUAN CAP. LITTLE LEAGUE	
DONEE'S ADDRESS:	P.O. BOX 458 SAN JUAN CAPO, CA 92693	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DISABLED SPORTS EASTERN SIERRA	
DONEE'S ADDRESS:	P.O. BOX 7275 MAMMOTH LAKES, CA 93546	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CHILD ABUSE PREVENTION CENTER	
DONEE'S ADDRESS:	500 S. MAIN ST, SUITE 1100 ORANGE, CA 92868	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DISTRICT 56 CHALLENGER LEAGUE	
DONEE'S ADDRESS:	P.O. BOX 964 LA HABRA, CA 90633	
RELATIONSHIP OF DONEE:	N/A	
CASH AMOUNT GIVEN:		$ 2,482.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	DISTRICT 62 CHALLENGER LEAGUE	
DONEE'S ADDRESS:	6412 SHIELDS DRIVE HUNTINGTON BEACH, CA 92647	
RELATIONSHIP OF DONEE:	N/A	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	LISA FRASER	
DONEE'S ADDRESS:	13112 HICKORY BRANCH RD TUSTIN, CA 92782	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 498.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ERIN ARMSTRONG	
DONEE'S ADDRESS:	137 N. CATALINA STREET ORANGE, CA 92869	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		$ 250.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK FEES	$ 1,570.
DEPRECIATION	3,063.
FILING FEES	100.
GIFTS	989.
MEALS	502.
OFFICE EXPENSES	4,545.
TRAVEL	933.
VOLUNTEER SUPPORT	136.
TOTAL	$ 11,838.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	$ 5,064.	$ 3,717.
MACHINERY AND EQUIPMENT	3,707.	1,991.
OFFICER RECEIVABLE	191.	0.
TOTAL	$ 8,962.	$ 5,708.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
CREDIT CARD PAYABLE	$ 824.	$ 685.
SALES TAX PAYABLE	4,028.	3,839.
TOTAL	$ 4,852.	$ 4,524.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FUNDING FOR PROGRAMS RELATED TO DOWN SYNDROME

STATEMENT 6
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

TEAM UP FOR DOWN SYNDROME 23-2998494

SPECIAL EVENTS
GROSS RECEIPTS
ALL STAR GAME PARTY

EVENT TICKETS	$	148,180.
SILECT AUCTION		91,396.
OPPORTUNITY DRAWING		2,905.
IN-KIND DONATIONS		19,369.
TOTAL	$	261,850.

THE RETURN IS AMENDED TO INCLUDE THE SALARY PAID TO THE VICE PRESIDENT ON PART IV WHICH WAS OMITTED FROM THE ORIGINAL RETURN.

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- 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	Employer identification number
TEAM UP FOR DOWN SYNDROME	23-2998494

Number, street, and room or suite number If a P O box, see instructions
1100 IRVINE BOULEVARD #35

City, town or post office, state, and ZIP code For a foreign address, see instructions
TUSTIN, CA 92780

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► JENNIFER HUDLER

Telephone No ► 714-812-4788 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 8/15, 20 10, to file the exempt organization return for the organization named above
The extension is for the organization's return for:
► [X] calendar year 20 09 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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

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: TEAM UP FOR DOWN SYNDROME

Employer identification number: 23-2998494

Number, street, and room or suite number If a P O box, see instructions: JONATHAN RESNICK, CPA AN ACCOUNTANCY CORP. 2152 DUPONT DRIVE, SUITE 206

For IRS use only

City, town or post office, state, and ZIP code For a foreign address, see instructions: IRVINE, CA 92612

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

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] 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 ► JENNIFER HUDLER
  Telephone No ► 714-812-4788 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

4 I 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	**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 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 ► Title ► VICE PRESIDENT Date ►