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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

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*

OMB No 1545-1150

2009

Open to Public Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
NATIONAL EXCHANGE CLUB
EXCHANGE CLUB OF MIDLAND

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 2309

City or town, state or country, and ZIP + 4
MIDLAND, MI 48641-2309

D Employer identification number
23-7005764

E Telephone number

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: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

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)(4) ◀ (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 ▶ $ 66,252.

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	12,000.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	9,760.
	4	Investment income		4	
	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	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☒			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 44,473.		
	b	Less: direct expenses other than fundraising expenses	6b 27,896.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	16,577.
	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	
	8	Other revenue (describe ▶ CHEMICAL BANK)		8	19.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	38,356.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2		10	26,170.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	42.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	16,436.
	17	**Total expenses** Add lines 10 through 16 ▶		17	42,648.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4,292.
	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	18,918.
	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	14,626.

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AUG 27 2010
OGDEN, UT
IRS-OSC

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	18,918.	22	14,626.
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	18,918.	25	14,626.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	18,918.	27	14,626.

SCANNED SEP 16 2010

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

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, and other relevant information for each program title.

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

28 SEE STATEMENT 4

(Grants $ 6,000.) If this amount includes foreign grants, check here ▶ ☐ 28a 7,092.

29 SEE STATEMENT 5

(Grants $ 6,000.) If this amount includes foreign grants, check here ▶ ☐ 29a 7,092.

30 THE CLUB PURCHASED TRADING CARDS FOR LAW ENFORCEMENT PERSONNEL TO KIDS ATTENDING THE MIDLAND COUNTY FAIR.

(Grants $ 3,277.) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 7

(Grants $ 4,600.) If this amount includes foreign grants, check here ▶ ☐ 31a 5,348.

32 Total program service expenses (add lines 28a through 31a) ▶ 32 19,532.

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

(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 & deferred compensation	(e) Expense account and other allowances
CATHY BOTT PO BOX 2309, MIDLAND, MI 48640	PRESIDENT 1.00	0.	0.	0.
JASON VANHOOEY PO BOX 2309, MIDLAND, MI 48640	SECRETARY 1.00	0.	0.	0.
MIKE WILLIAMS PO BOX 2309, MIDLAND, MI 48640	TREASURER 1.00	0.	0.	0.
MARK MUESSIG PO BOX 2309, MIDLAND, MI 48640	PAST-PRESIDENT 0.50	0.	0.	0.
ANN MANARY PO BOX 2309, MIDLAND, MI 48640	PRESIDENT-ELECT 1.00	0.	0.	0.

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	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	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	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 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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. ▶ NONE

42a The organization's books are in care of ▶ MIKE WILLIAMS Telephone no. ▶ 989-631-9200
Located at ▶ 133 MAIN ST., MIDLAND, MI ZIP + 4 ▶ 48640

			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 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 ▶ ☐
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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
N/A				

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."

N/A

(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 — Date: 8/16/10

▶ CATHY BOTT, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date: 8-16-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr.): P00661715

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ REHMANN ROBSON
2816 JEFFERSON AVE
MIDLAND, MI 48640

EIN ▶

Phone no. ▶ (989)631-3131

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

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: NATIONAL EXCHANGE CLUB
EXCHANGE CLUB OF MIDLAND

Employer identification number: 23-7005764

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ 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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a 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	(b) Event #2 ANNUAL GOLF OUTING	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts		13,889.		13,889.
	2 Less: Charitable contributions		6,413.		6,413.
	3 Gross income (line 1 minus line 2)		7,476.		7,476.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		8,106.		8,106.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		533.		533.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(8,639)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	-1,163.

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			34,279.	34,279.
Direct Expenses	2 Cash prizes			16,330.	16,330.
	3 Noncash prizes				
	4 Rent/facility costs			440.	440.
	5 Other direct expenses			6,182.	6,182.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100.00 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	(22,952)
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	11,327.

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: MI			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
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		X

			Yes	No
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	13a	.00 %		
b An outside facility	13b	100.00 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶ MIKE WILLIAMS				
Address ▶ PO BOX 2309 - MIDLAND, MI 48640				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			X
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			X
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 ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
MEETINGS - MEMBER DINING COSTS	4,731.
NATIONAL AND DISTRICT CLUB DUES	3,408.
EDUCATION AND TRAINING-DISTRICT AND NATIONAL CONVENTIONS	2,455.
SUPPLIES	274.
MEMORIUMS	50.
MAJOR PROJECT EVENTS-DINING AND AWARD BANQUET COSTS	4,450.
PLAQUES/HONORARIUMS	752.
MISCELLANEOUS	
MEMBERSHIP SUPPLIES	316.
TOTAL TO FORM 990-EZ, LINE 16	16,436.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
YOUTH BASKETBALL PROGRAM MIDLAND COMMUNITY CENTER 2001 GEORGE MIDLAND, MI 48640	NONE	3,500.
FOOD/CHRISTMAS BASKETS ELK'S CLUB 3622 N. SAGINAW MIDLAND, MI 48640	NONE	300.
SHERIFF/POLICE OFFICER CARDS MIDLAND CITY POLICE AND SHERIFF'S OFFICE ADMINSTRATIVE OFFICE MIDLAND, MI 48640	NONE	3,277.
MIDLAND COUNTY YOUTH LEADERSHIP NORTHWOOD UNIVERSITY 4000 WHITING DRIVE MIDLAND, MI 48640	NONE	1,200.
BEGIN TO SWIM PROGRAM MIDLAND COMMUNITY CENTER 2001 GEORGE MIDLAND, MI 48640	NONE	1,000.

GIVE A KID A FLAG TO WAVE - MEMORIAL DAY CITY OF MIDLAND 333. W. ELLSWORTH MIDLAND, MI 48640	NONE	395.
ACE AWARDS - MIDLAND COUNTY HIGH SCHOOL VARIOUS VARIOUS MIDLAND, MI 48640	NONE	1,600.
4H AWARDS - MIDLAND COUNTY YOUTH VARIOUS VARIOUS MIDLAND, MI 48640	NONE	450.
MIDLAND COUNTY POLICE AND FIREFIGHTER OF VARIOUS 333. W. ELLSWORTH MIDLAND, MI 48640	NONE	12,000.
THANKSGIVING BASKETS MIDLAND COUNTY EFPN VARIOUS MIDLAND, MI 48640	NONE	500.
BACKPACK PROGRAM FOR YOUTH MIDLAND COUNTY EFPN VARIOUS MIDLAND, MI 48640	NONE	500.
OTHER MISCELLANEOUS YOUTH AND COMMUNITY VARIOUS VARIOUS MIDLAND, MI 48640	NONE	1,448.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		26,170.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 3

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

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

THE CLUB HOSTS THE ANNUAL GERSTACKER LAW ENFORCEMENT OF THE YEAR AWARD BANQUET. THE OUTSTANDING CITY POLICE OFFICER AND SHERRIFF DEPUTY ARE GIVEN A MONETARY AWARD AND AN AWARD CEREMONY IS PRESENTED TO THEM IN THEIR HONOR.

THE CLUB HOSTS THE ANNUAL GERSTACKER FIREFIGHTER OF THE YEAR AWARD BANQUET. THE OUTSTANDING MIDLAND CITY FIREFIGHTER AND TOWNSHIP FIREFIGHTERS ARE GIVEN A MONETARY AWARD AND AN AWARD CEREMONY IS PRESENTED TO THEM IN THEIR HONOR.

EXCHANGE, AMERICA'S SERVICE CLUB, IS A GROUP OF MEN AND WOMEN WORKING TOGETHER TO MAKE THE MIDLAND COMMUNITY A BETTER PLACE TO LIVE THROUGH PROGRAMS OF SERVICE IN AMERICANISM, COMMUNITY SERVICE, YOUTH ACTIVITIES AND ITS NATIONAL PROJECT, THE PREVENTION OF CHILD ABUSE.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS	EXPENSES
THE CLUB HONORED HIGH SCHOOL SENIORS AT THE ACE AWARDS BANQUET FOR THEIR ACADEMIC AND LIFE ACHIEVEMENTS. EACH WAS AWARDED A SCHOLARSHIP TO GO TOWARDS COLLEGE/TECHNICAL EDUCATION.	1,600.	2,348.
THE CLUB DONATED MONEYS TO THE GREATER MIDLAND COMMUNITY CENTER FOR THE ELEMENTARY SCHOOL FALL BASKETBALL PROGRAM.	3,000.	3,000.
TOTAL TO FORM 990-EZ, LINE 31	4,600.	5,348.

Form 8868 (Rev. 4-2009) FILE COPY

- 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	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	NATIONAL EXCHANGE CLUB EXCHANGE CLUB OF MIDLAND		23-7005764
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2309		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. MIDLAND, MI 48641-2309		

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

☐ Form 990 ☒ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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 ▶ MIKE WILLIAMS
  133 MAIN ST. - MIDLAND, MI 48640
  Telephone No. ▶ 989-631-9200 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 NOVEMBER 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

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
INSUFFICIENT DATA TO COMPLETE THE RETURN ACCURATELY AND TIMELY.

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	$	N/A

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 ▶ 8-13-10

Form **8868** (Rev. 4-2009)

923832
05-26-09