



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 , 20**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

**C** Name of organization**KNIGHTS OF COLUMBUS COUNCIL 2160**

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

**2600 6TH AVENUE**

City or town, state or country, and ZIP + 4

**GREELEY, CO 80631****D** Employer identification number**23-7107789****E** Telephone number**970-371-1218****F** Group Exemption Number ►**0188**

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

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ► **www.kofc2160.org****J** Tax-exempt status (check only one) — ☒ 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 379,481****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>3,758</b>
<b>4</b>	Investment income . . . . .	<b>4</b>	<b>366</b>
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>16,000</b>
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>16,000</b>
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6a</b>	<b>359,322</b>
<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>303,262</b>
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>56,060</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b>	Other revenue (describe ► <b>BAD CHECK RECOVERY</b> ) . . . . .	<b>8</b>	<b>35</b>
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>60,219</b>
<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>21,046</b>
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>12,000</b>
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>2,689</b>
<b>16</b>	Other expenses (describe ► <b>SCHEDULE</b> ) . . . . .	<b>16</b>	<b>17,743</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>53,478</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>6,741</b>
<b>19</b>	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) . . . . .	<b>19</b>	<b>56,380</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	<b>63,121</b>

**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
<b>22</b> Cash, savings, and investments . . . . .	<b>56,380</b>	<b>63,121</b>
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ► ) . . . . .		
<b>25</b> <b>Total assets</b> . . . . .	<b>56,380</b>	<b>63,121</b>
<b>26</b> <b>Total liabilities</b> (describe ► ) . . . . .		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>56,380</b>	<b>63,121</b>

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED OCT 23 2010

P i

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

What is the organization's primary exempt purpose?	<b>CHURCH AND COMMUNITY SERVICE</b>
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 | Tootsie Roll Campaign raises funds to benefit developmentally disabled individuals. Funds assist agencies in this area such as Envision, The Arc of Weld County, and Schaefer Enterprises, Inc.   |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>  | 28a |
| 29 | Knights provide food, soda drinks, and manpower to assist at various social and fund raising events for three Greeley area parishes serving 4500 families. Knights also sponsor youth free-throw contest, Easter Egg Hunt, Clergy Appreciation Dinner, Softball Tournament, and Corporate Communion Sunday. |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>  | 29a |
| 30 | Additional activities include school supplies for low income students, Catholic school support, and contributions of furniture and equipment to area parishes.  |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>  | 30a |
| 31 | Other program services (attach schedule) . . . . .  |     |
|    | (Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>  | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) . . . . . ▶  | 32  |

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

[illegible]

**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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
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	✓
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	✓
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	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
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 . . . . .	40b	
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 . . . . . ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	40e	✓
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ STEPHEN ZACZKOWSKI Telephone no. ▶ 970-371-1218		
Located at ▶ 4304 9TH ST., GREELEY, CO ZIP + 4 ▶ 80634		
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	✓
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	✓
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		□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
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	✓

**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.

<b>46</b>	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 . . . . .	<b>46</b>	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		
<b>50</b>	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."			

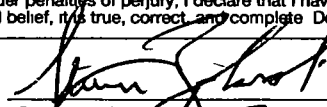
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	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		8-26-2010 Date	
	STEVEN ZACZKOWSKI FINANCIAL SECRETARY Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

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

**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

**KNIGHTS OF COLUMBUS COUNCIL 2160**

Employer identification number

**23** : **7107789**

## 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

**2a** 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?		(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
		Yes	No			
<b>Total</b> . . . . . ►						

**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>TOOTSIE ROLLS</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>11</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	7,725		7,510	15,235
	<b>2</b> Less: Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	7,725		7,510	15,235
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,553		2,110	3,663
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 3,663)
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				11,572	

**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	<b>1</b> Gross revenue . . . . .	122,449	221,640		344,089
Direct Expenses	<b>2</b> Cash prizes . . . . .	90,926	170,637		261,563
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .	10,400	10,400		20,800
	<b>5</b> Other direct expenses . . . . .	10,072	7,165		17,237
	<b>6</b> Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 299,600)
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				44,489

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities: <u>COLORADO</u>		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "No," explain: _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If "Yes," explain: _____ _____		<input checked="" type="checkbox"/>
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .		<input checked="" type="checkbox"/>
<b>12</b>	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? . . . . .		<input checked="" type="checkbox"/>

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility	<b>13a</b>	0 %
<b>b</b>	An outside facility	<b>13b</b>	100 %
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ <u>BARBARA DUUS</u>		
	Address ▶ <u>2017 61ST AVENUE, GREELEY, CO 80634</u>		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	✓
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information:		
	Name ▶ <u>STEVEN DUUS</u>		
	Gaming manager compensation ▶ \$ <u>0</u>		
	Description of services provided ▶ <u>COORDINATES THE BINGO ACTIVITY</u>		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	✓
<b>b</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 ▶ \$ <u>32,231</u>		

KNIGHTS OF COLUMBUS COUNCIL 2160  
SCHEDULES FORM 990-EZ  
DECEMBER 31, 2009

23-7107789

Part I, Line 10  
Grant and Similar Amounts Paid

St. Mary's School	3,540
Guadalupe Shelter	1,035
Colorado K C Charities Fund	5,778
St. Mary's Church-furniture	2,500
Wheeel Chair Ramp	350
St. Mary's Fall Festival	100
Montsignor Froegel Assembly	3,200
Our Lady of Peace Church	500
Montsignor Nguyen	50
Montsignor Schmitz	50
Seminarians	3,500
St. Peter's church Festival	353
Perpetual Masses	90
	<hr/>
Total	<u>21,046</u>

Part I, Line 16  
Other Expenses

Event Expenses	3,656
Pro-Life Supplies	480
Ceremonial	57
Advertising	245
Conventions and Meetings	8,338
Office Supplies	2,074
Other Office Expense	483
Miscellaneous	19
Awards	125
Knights Call	15
Name Tags	51
Bank Charges	2
General Council	76
Per Capita Tax	2,122
	<hr/>
	<u>17,743</u>

- 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 <b>KNIGHTS OF COLUMBUS COUNCIL 2160</b>	Employer identification number <b>23-7107789</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2600 6TH AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREELEY, CO 80631</b>	

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

- |  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" 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 **THE ORGANIZATION**

Telephone No. **970-371-1218**

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**, 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 period7 State in detail why you need the extension **Preliminary financial information for the 990 was prepared but review indicates that additional time is needed to analyze and adjust the accounts before a correct form 990 can be filed.**

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 \$	0
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 <b>Balance Due.</b> 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 \$	0.00

**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 ▶

*Sharon A. Bruch*

Title ▶

CPA

Date ▶

8/6/2010