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Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form

The organization may have to use a copy of this return to eathers state recording requirements.

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending	2.									
В	Check if applicable C	D Employer id	entification number								
	Address change Please UNITED STATES POSTGRESQL ASSOCIATION	26-21	94507								
<u> </u>	Name change label or 1767 12TH ST. #149	E Telephone n	umber								
<u> </u>	Initial return type. HOOD RIVER, OR 97031	503-7	78-5327								
F	Specific										
-	Amended return tions.	F Group Ex Number	emption								
1	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting		Cash Accrual								
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (spe	cify) ►									
	H Check ►	if the org	anization is not								
١.	000 E7 a	o attach Sched r 990-PF)	lule B (Form 990,								
1 J	Tax-exempt status (check only one) $-1x = 501(c) + (3) = (105etc 10) = 14547(a)(1) to 1 = 327$		of more than								
	K Check ► X 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	► \$	21,075.								
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	instruction	s for Part I.)								
	1 Contributions, gifts, grants, and similar amounts received	1	9,330.								
	2 Program service revenue including government fees and contracts	2	11,745.								
	3 Membership dues and assessments	3									
	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										
R	c Gain or (loss) from sate of assets other than inventory) (Subtract In 5b from In 5a)										
REVENU	6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here										
Ņ	a Gross revenue (not including \$ of contributions	£1.5									
Ĕ	reported on line 105 OCT 22 2010 o										
	b Less, direct expenses other than fundraising expenses 6b										
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c									
	7a Gross sales of inventory less returns and allowances 7a	+ # * * * * * * * * * * * * * * * * * *									
	b Less cost of goods sold										
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c									
	8 Other revenue (describe >	_) <u>8</u>	21 075								
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		21,075.								
	10 Grants and similar amounts paid (attach schedule)	10									
Ę	11 Benefits paid to or for members	11									
P	12 Salaries, other compensation, and employee benefits	12	8,094.								
EXPENSE	13 Professional fees and other payments to independent contractors	14	0,034.								
S	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping	15									
S	15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1) 16	11,561.								
	17 Total expenses. Add lines 10 through 16	-	19,655.								
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,420.								
A	l · · · · · · · · · · · · · · · · · · ·	2.36.									
NS E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-figure reported on prior year's return).	19	9,994.								
Ţ	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	11,414.								
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9										
	(See the instructions for Part II) (A) Beginnin		(B) End of year								
22		994. 22	11,414.								
23		23									
24		24	11 414 ()								
25		0,994. 25	11,414.								
26		0. 26	0. 11,414.								
27		, , , , , 4.	Form 990-EZ (2009)								
RA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		FUHII 330°E& (2003)								

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	<u> 990-EZ`(2009) UNITED STATES I</u>				-21	94507 Page 2
Pa	rt III Statement of Program Se	rvice Accomplishments	S (See the instruction	ons.)	/ D	Expenses
What	is the organization's primary exempt purpose? SE	E STATEMENT 2			501(c)(3) and (4)
Desc desc prog	cribe what was achieved in carrying out the cribe the services provided, the number of ram title	he organization's exempt purp f persons benefited, or other	ooses. In a clear and co relevant information for	oncise manner, r each	orga 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
28	HELD A CONFERENCE FOR WE	ST COAST POSTGRESQI	USERS.			
		nis amount includes foreign g		▶ 📗	28 a	6,150.
29	HELD A CONFERENCE FOR EAS	ST COAST POSTGRESQU	USERS.			
30	(Grants \$) If the	nis amount includes foreign gi	rants, check here	•	29 a	4,286.
30						
	(Grants \$) If the	nis amount includes foreign gi	rants, check here		30 a	
31	Other program services (attach schedul					
		nis amount includes foreign gi	rants, check here	>	31 a	
	Total program service expenses (add l		···	<u> </u>	32	10,436.
Par	t IV List of Officers, Directors	4				
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	s and	(e) Expense account and other allowances
	HAEL BREWER	SECRETARY			0.	0.
	57 12TH STREET #149 DD RIVER, OR 97031	10.00				
JOS	SHUA D DRAKE	PRESIDENT	0.		0.	0.
	7 12TH STREET #149	10.00				
-	DD RIVER, OR 97031	27276722				
	CE MOMJIAN 7 12TH STREET #149	DIRECTOR 10.00			0.	0.
HOC	DD RIVER, OR 97031					
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	m 990-EZ (2009) UNITED STATES POSTGRESQL ASSOCIATION 26-219450			age 3
Pa	Int V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	INT	3
			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		Х
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	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,	
,	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?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36		36	i	Х
		子 37 b	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Σ΄. Χ
	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?	38 a	A.A.	X
1	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
39	Section 501(c)(7) organizations. Enter:	V = 1.	2 hr	روم دراجه و
	a Initiation fees and capital contributions included on line 9		10 3 4	
	b Gross receipts, included on line 9, for public use of club facilities N/A		\$ (*) 2	30421.11
40 8	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 0., section 4955 ► 0.	- 334 386	,	
	Section 4511 2	3,		Beat E
l	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	40 b		X MSE
•	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.	100		
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization □ 0.		Market Comment	
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	3.7.7°	X
41	List the states with which a copy of this return is filed ► OR			
42 :	a The organization's books are in care of ► JOSHUA D. DRAKE Located at ► 1767 12TH ST #149 HOOD RIVER OR ZIP + 4 ► 97031	78-5 <u>:</u>	<u>327</u>	
		- -		
ı	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country	7.		
			16	
	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.?	42 c		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		<u>X</u>
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		Х
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Form 990-EZ (2009)	UNTTED	STATES	POSTGRESOL.	ASSOCTATION
· UIIII 930°LZ (2003)	ONTIED	DIVIDO	TOSTRICOL	VOOCTUTION

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Form 990-EZ (2009)

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 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 46 X 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 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X b If 'Yes,' was the related organization a section 527 organization? 49b 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' (d) Contributions to employed benefit plans and deferred compensation (e) Expense account and other allowances (b) Title and average (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position NONE f Total number of other employees paid over \$100,000 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 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 Signature of officer Here Gresc Len 074UD Type or print name and title Date Preparer's Identifying Number (See instructions) Check if self-Preparer's signature Paid 8/31/10 N/A employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 ALTEN SAKAI & COMPANY LLP parer's Use 1815 SW MARLOW AVE STE 218 N/A EIN Only 503-297-1072 PORTLAND, OR 97225-5187 ►X Yes May the IRS discuss this return with the preparer shown above? See instructions No

SCHEDULE A (Form'990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number UNITED STATES POSTGRESQL ASSOCIATION 26-2194507 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(bX1)(A)(iii) Enter the hospital's 4 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 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). 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 11 Type III- Other Type III - Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11g(i) 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) Provide the following information about the supported organizations h (v) Did you notify (vi) Is the (vii) Amount of Support (i) Name of Supported (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) inization in col Organization the organization in rganization in co (i) fisted in your (i) organized in the col (i) of your support? governing document? Yes No Yes No Yes No Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Page 2

Pai	(Complete only if you check	•			од гдадіу) ап	и тиступунда	VIJ		
Sec	tion A. Public Support	ed the box on line	5 3, 7, 01 8 01 1 al						
Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200 9	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				14,425.	9,330.	23,755.		
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	0.	0.	0.	14,425.	9,330.	23,755.		
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						40.555		
_	shown on line 11, column (f). Public support. Subtract line 5	12 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ではない。 はないできまする。			13,675.		
	from line 4		權的自治	始等運		CAST TORN	10,080.		
-	tion B. Total Support	Т.	· · · · · · · · · · · · · · · · · · ·	T	,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	0.	0.	0.	14,425.	9,330.	23,755.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.		
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				ALC: NO.		23,755.		
12	Gross receipts from related activ	vities, etc (see in	structions)		• •	. 12	15,624.		
13	First five years. If the Form 990 organization, check this box and	is for the organiz I stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ► X		
Sec	tion C. Computation of Pu								
14	Public support percentage for 20			ne 11, column (f).	••	14	<u>%</u>		
15	Public support percentage from	·		• • •		15	%		
16 a	a 33-1/3 support test - 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, cl	neck this box		
ŀ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	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.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies a:	box and stop he s a publicly suppo	r e. Explain in Part orted organization.	IV how the . □		
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a					
BAA	1				Sc	hedule A (Form 99	90 or 990-EZ) 2009		

26-2194507 Schedule A (Form 990 or 990-EZ) 2009 UNITED STATES POSTGRESQL ASSOCIATION Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b CONTROL CONTRO Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (n) Total Calendar year (or fiscal yr beginning in) ► 9 Amounts from line 6 10 a 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 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Forn	n 9 <u>9</u> 0 oi	r 990-l	EZ) 200	09_UI	VITED	STATES	9 POS	ST <u>GRE</u>	SQL	ASS0	CIATION	1	26-21	94507	_	Page 4
Părt IV	Sup	pleme	ntal l	Inform	nation	. Com	plete this	s part	to pr	ovide	the e	xplanation addition	ons req	uired by	Part I	I, line 1	0;
	ı arı	11, 11118	- 1/0	01 1	o, an	u Fait	m, me	12. F	TOVIGE	ally	Other	audition	ai iiiioi	IIIalioii.	366 111	Struction	115.
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2009	FEDERAL STATEMENTS

PAGE 1

UNITED STATES POSTGRESQL ASSOCIATION

26-2194507

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

CONFERENCE COSTS
PAY PAL FEES
POSTAGE
BANK CHARGES
BUSINESS REGISTRATION FEES

\$	10,436. 508.
	318.
	249.
	50 .
TOTAL \$	11,561.

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

TO EDUCATE, PROMOTE AND SUPPORT THE CREATION, DEVELOPMENT AND USE OF THE POSTGRESQL OPEN SOURCE DATABASE SOFTWARE, TO PROVIDE INFORMATION AND EDUCATION REGARDING THE USE OF POSTGRESQL, AND TO ORGANIZE, HOLD AND CONDUCT MEETINGS, DISCUSSION AND FORUMS ON THE CONTEMPORARY ISSUES CONCERNING THE USE OF POSTGRESQL.

STATEMENT 3 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?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-17O9

Department of the Treasury Internal Revenue Service

File a separate application for each return.

•	If you are	filing for an Automatic 3-Month	Extension, com	plete only Part I and	check this box.			► [X]
		filing for an Additional (Not Aut						
		lete Part II unless you have alrea					iled Form 8868	
<u>.P.</u>	art I	Automatic 3-Month Extens	ion of Time.	Only submit orig	inal (no copies	needed).		
Α (corporation	required to file Form 990-T and	requesting an ai	utomatic 6-month ex	itension – check t	this box and	complete Part I	only ► 📗
Ali	l other corp come tax re	orations (including 1120-C filers, eturns), partnerships, F	≀EMICS, and trusts i	must use Form 70	004 to reques	an extension o	of time to file
the Fo	e additional rm 990-T	ing (e-file). Generally, you can e below (6 months for a corporation (not automatic) 3-month extens instead, you must submit the full to the www irs gov/efile and click on a	ion or (2) you file v completed and	e Forms 990-BL, 606 signed page 2 (Par	59. or 8870. aroun	returns or a	composite or c	onsolidated
	·	Name of Exempt Organization					Employer identifica	ation number
	pe or							
	nt	UNITED STATES POSTGR	ESQL ASSOC	IATION			26-219450	7
ile Jue	by the date for	Number, street, and room or suite number	If a P O box, see insi	ructions				
etu		1767 12TH ST. #149						
nst	ructions	City, town or post office, state, and ZIP cod	e For a foreign addre	ss, see instructions			,	
		HOOD RIVER, OR 97031	 				· · · · · · · · · · · · · · · · · · ·	
_	,	f return to be filed (file a separat	e application for	each return)				
	Form 990		Form 990-T (c	•		Form 472	0	
L	Form 990			ection 401(a) or 408		☐ Form 522	7	
X	Form 990	i i i i i i i i i i i i i i i i i i i	=	ust other than above	e)	Form 606		
	Form 990	-PF	Form 1041-A			Form 887	0	
•	Telephone If the orga If this is fo	No. Similar in the care of Signature JOSHUA No. Signature JOSHUA	or place of busi	FAX No ► ness in the United S igit Group Exemptio	n Number (GEN)	If		
1		t an automatic 3-month (6 month	s for a corporati	on required to file F	orm 990-T) extens	sion of time		
		8/15, 20_10_, to file	•	•	•			
		nsion is for the organization's re			-			
	► X c	calendar year 20_09_ or						
	- ► []t	ax year beginning	, 20,	and ending	, 20			
2		x year is for less than 12 months		Initial return	Final retur		nange in accour	nting period
3	a If this ap	plication is for Form 990-BL, 990 dable credits. See instructions)-PF, 990-T, 472	ر. or 6069, enter the	tentative tax, les	s any	3a \$	0.
	b If this ap	plication is for Form 990-PF or 9	90-T, enter any	refundable credits a redit	nd estimated tax	payments	3b \$	0.
	c Balance deposit v See insti	Due. Subtract line 3b from line 3 vith FTD coupon or, if required, tructions	la Include your poy using EFTPS	payment with this for (Electronic Federal	rm, or, if required Tax Payment Syst	lem)	3c \$	0.
aı ay	ıtion. If you ment ınstru	u are going to make an electroni uctions	fund withdrawa	I with this Form 886	8, see Form 8453	-EO and Forr	n 8879-EO for	
Α	A For Priva	acy Act and Paperwork Reduction	on Act Notice, se	e instructions.			Form 886 8	Rev 4-2009)

For 0000	(Dec. 4.0000)		5 4				
	(Rev 4-2009)	b. Bank II and about the bank	Page 2				
	are filing for an Additional (Not Automatic) 3-Month Extension, complete on	<u> </u>	► [X]				
	complete Part II if you have already been granted an automatic 3-month ext						
Part II	are filing for an Automatic 3-Month Extension, complete only Part I (on page						
rarun:	Additional (Not Automatic) 3-Month Extension of Time. Only Name of Exempt Organization	Employer Identification number					
	Name of Exempt Organization	Employer Identification number	101				
Type or	INTERD CHARGE DOCUMENTON ACCOUNTING	20.0104507					
print	UNITED STATES POSTGRESQL ASSOCIATION Number, street, and room or suite number. If a P O box, see instructions	26-2194507 For IRS use only					
File by the	·	POLING USE OTHER					
extended due date for	ALTEN SAKAI & COMPANY LLP		y (33), 2				
filing the return See	1815 SW MARLOW AVE STE 218 City, town or post office, state, and ZIP code For a foreign address, see instructions	一种	第二篇2 时				
instructions	I i i i i i i i i i i i i i i i i i i i						
Charle	PORTLAND, OR 97225-5187	[1] 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TER THE !				
_	e of return to be filed (File a separate application for each return)	Петт 1041 4	5050				
Form 9			6069				
Form 9			8870				
X Form 9		Form 5227					
	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previously liled Form 8868.					
	ks are in care of ► JOSHUA D. DRAKE DOING NO ► FAX No. ►						
•		about the box	▶ []				
	rganization does not have an office or place of business in the United States		is is for the				
	s for a Group Return, enter the organization's four digit Group Exemption Nuipp, check this box	and attach a list with the names and EINs					
•		and attach a list with the names and Elivs	or all				
	ne extension is for less an additional 3-month extension of time until 11/15, 20	10					
		_					
	tax year is for less than 12 months, check reason. Initial return	Final return Change in accounti					
	in detail why you need the extension ADDITIONAL INFORMATION		• .				
	ER TO PREPARE A COMPLETE AND PROPER RETURN	M HAS NOT TEL DEEN OBTAINED	7 7 7				
OKD	EN 10 PREPARE A COMPLETE AND PROPER RETORN						
0 14 11							
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent fundable credits. See instructions.	ative tax, less any					
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	redits and estimated tax					
paymo	ents made. Include any prior year overpayment allowed as a credit and any $pprox$	amount paid previously					
	orm 8868	8ь\$					
c Balan with F	ce Due. Subtract line 8b from line 8a Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	r, if required, deposit System). See instrs 8c.\$					
	Signature and Verification	n					
Under penalties	of perjury. I declare that I have examined this form, including accompanying schedules and statement molete, and that I am authorized to prepare this form	s, and to the best of my knowledge and belief, it is true,					
correct, and cor	(1) A C A A C A	Date ▶ %	2/12				
Signature -	JAJOL CA Title > CA	Date ► S	<u> </u>				

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