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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****and ending**

|                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                        |  |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C Name of organization</b>                                                          |  | <b>D Employer identification number</b> |
|                                                                                                                                                                                                                                                                                               |                                                                   | SANGAMON COUNTY MEDICAL SOCIETY                                                        |  | 37-6027693                              |
|                                                                                                                                                                                                                                                                                               |                                                                   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite |  | <b>E Telephone number</b>               |
|                                                                                                                                                                                                                                                                                               |                                                                   | 230 W. CARPENTER                                                                       |  | 217-525-0765                            |
| City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                   |                                                                   | <b>F Group Exemption Number</b>                                                        |  |                                         |
| SPRINGFIELD, IL 62702                                                                                                                                                                                                                                                                         |                                                                   |                                                                                        |  |                                         |

- 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.SCMSDOCS.ORG

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

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

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 236,227.

**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        |           |
|            | 2                                                                                       | Program service revenue including government fees and contracts                                                                                  | 2        |           |
|            | 3                                                                                       | Membership dues and assessments                                                                                                                  | 3        | 166,228.  |
|            | 4                                                                                       | Investment income                                                                                                                                | 4        |           |
|            | 5a                                                                                      | Gross amount from sale of assets other than inventory                                                                                            | 5a       |           |
|            | 5b                                                                                      | Less: cost or other basis and sales expenses                                                                                                     | 5b       |           |
|            | 5c                                                                                      | 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 <input type="checkbox"/>       | 6        |           |
|            | 6a                                                                                      | Gross revenue (not including \$ _____ of contributions reported on line 1)                                                                       | 6a       |           |
|            | 6b                                                                                      | Less: direct expenses other than fundraising expenses                                                                                            | 6b       |           |
| 6c         | 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                                                                                                                                               |          |           |
| 7b         | Less: cost of goods sold                                                                | 7b                                                                                                                                               |          |           |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c                                                                                                                                               |          |           |
| 8          | Other revenue (describe) ▶ SEE STATEMENT 4 )                                            | 8                                                                                                                                                | 69,999.  |           |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9                                                                                                                                                | 236,227. |           |
| Expenses   | 10                                                                                      | Grants and similar amounts paid (attach schedule)                                                                                                | 10       |           |
|            | 11                                                                                      | Benefits paid to or for members                                                                                                                  | 11       |           |
|            | 12                                                                                      | Salaries, other compensation, and employee benefits                                                                                              | 12       | 111,894.  |
|            | 13                                                                                      | Professional fees and other payments to independent contractors                                                                                  | 13       | 7,577.    |
|            | 14                                                                                      | Occupancy, rent, utilities, and maintenance                                                                                                      | 14       | 13,509.   |
|            | 15                                                                                      | Printing, publications, postage, and shipping                                                                                                    | 15       | 12,062.   |
|            | 16                                                                                      | Other expenses (describe) ▶ SEE STATEMENT 1 )                                                                                                    | 16       | 124,823.  |
|            | 17                                                                                      | <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | 17       | 269,865.  |
| Net Assets | 18                                                                                      | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18       | <33,638.> |
|            | 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       | 93,454.   |
|            | 20                                                                                      | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5                                                                | 20       | 571.      |
|            | 21                                                                                      | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | 21       | 60,387.   |

**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                                              | 235,134.              | 22 157,867.     |
| 23 Land and buildings                                                          | 2,225.                | 23 7,077.       |
| 24 Other assets (describe) ▶ SEE STATEMENT 2 )                                 | 3,934.                | 24 7,597.       |
| 25 Total assets                                                                | 241,293.              | 25 172,541.     |
| 26 Total liabilities (describe) ▶ SEE STATEMENT 3 )                            | 147,839.              | 26 112,154.     |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 93,454.               | 27 60,387.      |

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

Form 990-EZ (2009)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                                                             |     | X  |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                                                     |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T                                                                                                                                                                                    |     |    |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                                                     |     | X  |
| 35b | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                     | N/A |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N                                                                                                                                                                                                                                                        |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                                         | 0.  |    |
| 37b | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                               |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?                                                                                                                                                                                                           |     | X  |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                           | N/A |    |
| 39  | Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 39a | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                         | N/A |    |
| 39b | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                | N/A |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>                                                                                                                                                                                                                                                    |     |    |
| 40b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                    | N/A |    |
| 40c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                                       | N/A |    |
| 40d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                                         | N/A |    |
| 40e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                              |     | X  |
| 41  | List the states with which a copy of this return is filed <u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 42a | The organization's books are in care of <u>ISABEL MANKER</u> Telephone no <u>217-525-0765</u><br>Located at <u>230 W. CARPENTER, SPRINGFIELD, IL</u> ZIP + 4 <u>62702</u>                                                                                                                                                                                                                                                            |     |    |
| 42b | 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)?<br>If "Yes," enter the name of the foreign country <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u> |     | X  |
| 42c | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <u></u>                                                                                                                                                                                                                                                                        |     | X  |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u> N/A                                                                                                                                                                                                    |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                   |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                            |     | X  |

Form 990-EZ (2009)

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| N/A                                                                          |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

**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<br><i>Robert Winchester</i>                                                                                                                                                                                                                                                                      | Date<br>11-15-10 |                                                                                |
| <b>Paid Preparer's Use Only</b> | Preparer's signature<br><i>[Signature]</i>                                                                                                                                                                                                                                                                            | Date<br>11/15/10 | Check if self-employed <input type="checkbox"/>                                |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>SIKICH LLP<br>3201 WEST WHITE OAKS DRIVE, SUITE 102<br>SPRINGFIELD, ILLINOIS 62704                                                                                                                                                                   |                  | Preparer's identifying number (See instr.)<br>EIN ▶<br>Phone no (217) 793-3363 |
|                                 | May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>                                                                                                                                |                  |                                                                                |

Form 990-EZ (2009)

| FORM 990-EZ                   | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION                   | AMOUNT         |           |   |
| TELEPHONE                     | 7,397.         |           |   |
| COMPUTER EXPENSE              | 4,134.         |           |   |
| WEBSITE                       | 1,743.         |           |   |
| INSURANCE                     | 18,232.        |           |   |
| MEETINGS                      | 17,054.        |           |   |
| HOUSE OF DELEGATES            | 10,772.        |           |   |
| CONTINUING EDUCATION          | 585.           |           |   |
| OFFICE SUPPLIES               | 2,170.         |           |   |
| CONTRACTUAL SERVICES          | 4,091.         |           |   |
| MILEAGE & AUTO EXPENSE        | 660.           |           |   |
| PAYROLL TAXES                 | 10,004.        |           |   |
| RETIREMENT CONTRIBUTION       |                |           |   |
| INTEREST EXPENSE              | 510.           |           |   |
| DUES AND SUBSCRIPTIONS        | 9,761.         |           |   |
| ADVERTISING                   | 5,010.         |           |   |
| ALLIANCE CONTRIBUTIONS        | 12,000.        |           |   |
| PROJECTS                      | 7,564.         |           |   |
| STUDENT ACTIVITIES            | 1,235.         |           |   |
| EXECUTIVE DIRECTOR EXPENSES   | 3,844.         |           |   |
| AWARDS                        | 448.           |           |   |
| INTERNSHIP PROGRAM            | 1,132.         |           |   |
| MISCELLANEOUS                 | 3,522.         |           |   |
| DEPRECIATION AND AMORTIZATION | 2,955.         |           |   |
| TOTAL TO FORM 990-EZ, LINE 16 | 124,823.       |           |   |

| FORM 990-EZ                   | OTHER ASSETS | STATEMENT   | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |   |
| ACCOUNTS RECEIVABLE           | 3,315.       | 4,305.      |   |
| PREPAID EXPENSES              | 619.         | 3,292.      |   |
| TOTAL TO FORM 990-EZ, LINE 24 | 3,934.       | 7,597.      |   |

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|             |                   |           |   |
|-------------|-------------------|-----------|---|
| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------|-------------------|-----------|---|

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| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| ACCOUNTS PAYABLE              | <403.>       | 7,474.      |
| ADVANCED DUES                 | 145,675.     | 87,115.     |
| ACCRUED WAGES                 | 1,879.       | 0.          |
| OTHER LIABILITIES             | 688.         | 0.          |
| ACCRUED PAYROLL TAXES         | 0.           | 4,578.      |
| DUE TO ALLIANCE FOUNDATION    | 0.           | 7,025.      |
| LEASE OBLIGATION              | 0.           | 5,962.      |
| TOTAL TO FORM 990-EZ, LINE 26 | 147,839.     | 112,154.    |

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|             |               |           |   |
|-------------|---------------|-----------|---|
| FORM 990-EZ | OTHER REVENUE | STATEMENT | 4 |
|-------------|---------------|-----------|---|

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| DESCRIPTION                  | AMOUNT  |
|------------------------------|---------|
| INTEREST INCOME              | 781.    |
| ROYALTIES                    | 30,163. |
| ADMINISTRATIVE SERVICES      | 32,472. |
| MEETINGS                     | 5,283.  |
| VENDOR FAIR EXHIBITORS       | 800.    |
| INTERNSHIP PROGRAM INCOME    | 500.    |
| TOTAL TO FORM 990-EZ, LINE 8 | 69,999. |

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|             |                                              |           |   |
|-------------|----------------------------------------------|-----------|---|
| FORM 990-EZ | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 5 |
|-------------|----------------------------------------------|-----------|---|

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| DESCRIPTION                   | AMOUNT |
|-------------------------------|--------|
| PRIOR PERIOD ADJUSTMENT       | 571.   |
| TOTAL TO FORM 990-EZ, LINE 20 | 571.   |

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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

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STATEMENT 7

SANGAMON COUNTY MEDICAL SOCIETY EDUCATES ITS MEMBERS THROUGH NEWSLETTERS, MEETINGS, CONFERENCES AND OTHER COMMUNICATION. ADDITIONALLY, IT PROMOTES SEVERAL PROJECTS RELATED TO THE MEDICAL PROFESSION.

990-EZ PG 2 .

STATEMENT 8

TO PROVIDE INFORMATION ON THE MEDICAL PROFESSION IN THE CITY OF SPRINGFIELD  
AND SURROUNDING AREAS.

|             |                        |           |   |
|-------------|------------------------|-----------|---|
| FORM 990-EZ | OTHER PROGRAM SERVICES | STATEMENT | 9 |
|-------------|------------------------|-----------|---|

| DESCRIPTION                                                            | GRANTS | EXPENSES |
|------------------------------------------------------------------------|--------|----------|
| MEMBERSHIP DUES ASSESSED TO CARRY OUT ORGANIZATIONS<br>EXEMPT PURPOSE. |        |          |
| TOTAL TO FORM 990-EZ, LINE 31                                          |        |          |

• 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).

|                                                                                       |                                                                                                                   |                                                                                                        |                                |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Part II</b>                                                                        |                                                                                                                   | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed) |                                |
| Type or print<br>File by the extended due date for filing the return See instructions | Name of Exempt Organization                                                                                       |                                                                                                        | Employer identification number |
|                                                                                       | SANGAMON COUNTY MEDICAL SOCIETY                                                                                   |                                                                                                        | 37-6027693                     |
|                                                                                       | Number, street, and room or suite no. If a P.O. box, see instructions.<br>230 W. CARPENTER                        |                                                                                                        | For IRS use only               |
|                                                                                       | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>SPRINGFIELD, IL 62702 |                                                                                                        |                                |

**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.**

**ISABEL MANKER**

• The books are in the care of **230 W. CARPENTER - SPRINGFIELD, IL 62702**

Telephone No. **217-525-0765**

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

**ADDITIONAL TIME IS NECESSARY TO GATHER SUFFICIENT INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

|   |                                                                                                                                                                                                                                   |    |               |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|
| a | 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 | <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 | \$ <b>N/A</b> |

### 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 **IM Manker** Title **CRA**

Date **8/11/10**

Form 8868 (Rev. 4-2009)

**MAILED CERTIFIED:**

**7009 1680 0001 1550 3887**