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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning January 1, **2009**, and ending December 31, **20** 09

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SALINA DOWNTOWN, INC		D Employer identification number 48 - 0963234
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1065		E Telephone number 785 - 825-0535
		City or town, state or country, and ZIP + 4 SALINA, KANSAS 67402-1065		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting Method. Cash Accrual
 Other (specify) ▶

I Website: ▶ www.salinadowntown.com
J Tax-exempt status (check only one) — 501(c) (6) ◀ (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 ▶ \$ 234,020

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	104,807
	2	Program service revenue including government fees and contracts	2	37,866
	3	Membership dues and assessments	3	90,195
	4	Investment income	4	1,152
	5a	Gross amount from sale of assets other than inventory	5a	
	b	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"/>		
	a	Gross revenue (not including \$ reported on line 1) of contributions	6a	
b	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		
b	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 ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	234,020	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	39,639
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,510
	13	Professional fees and other payments to independent contractors	13	55,093
	14	Occupancy, rent, utilities, and maintenance	14	12,203
	15	Printing, publications, postage, and shipping	15	26,142
	16	Other expenses (describe ▶ SEE SCHEDULE 4)	16	36,173
	17	Total expenses. Add lines 10 through 16	17	222,760
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,260
	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	108,587
	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	119,847

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	140,632	139,174
23 Land and buildings	1,362	2,334
24 Other assets (describe ▶ SEE STATEMENT)	13,200	26,021
25 Total assets	155,194	167,529
26 Total liabilities (describe ▶)	46,607	47,682
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,587	119,847

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

Cat No 106421

Form 990-EZ (2009)

SCANNED AUG 25 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? 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.			
28	IMPROVE DOWNTOWN SALINA, KS IMAGE THROUGH COOPERATION PROMOTION, BUSINESS RETENTION, BUSINESS RECRUITMENT AND ENHANCEMENT OF PHYSICAL APPEARANCE (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	183,121
29	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____ (Grants \$ <u>39,639</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	39,639
32	Total program service expenses (add lines 28a through 31a) _____	32	222,760

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BETH VINSON 120 W ASH STREET, SALINA, KS 67401	PRESIDENT, 2	0	0	0
ROBIN CATES 120 W ASH STREET, SALINA, KS 67401	VICE PRESIDENT, 2	0	0	0
RUSSELL PROPHET 120 W ASH STREET, SALINA, KS 67401	SECRETARY, 2	0	0	0
KENNETH RINKE 120 W ASH STREET, SALINA, KS 67401	TREASURER, 2	0	0	0
MIKE FORRISTAL 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
MELISSA GOETZ 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
JERRY HINRIKUS 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
KEN JENNISON 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
CHRISTY LAUER 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
JIM LOADER 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
KATHRYNE PERNEY 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
BRIAN RICHARDSON 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0
NORMAN YENKEY 120 W ASH STREET, SALINA, KS 67401	DIRECTOR	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
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		
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.		✓
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ SALINA DOWNTOWN, INC Telephone no. ▶ 785 - 825-0535 Located at ▶ 120 W ASH STREET, SALINA, KS ZIP + 4 ▶ 67402-1065		
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)?		✓
	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.?		✓
	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 ▶ <input type="checkbox"/> 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		✓
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		✓

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

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

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

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 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶ Beth Vinson | JULY 29, 2010
 Signature of officer Date
 ▶ BETH VINSON, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only Preparer's signature ▶ _____ Date _____ Check if self-employed 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

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return SALINA DOWNTOWN, INC	Business or activity to which this form relates All Business Activities	Identifying number 48-0963234
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1608.00
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	98.19

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	440.40
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1608.00	5	MQ	SL	40.00
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life	S/L	Depreciation deduction
b 12-year	12 yrs.	S/L
c 40-year	40 yrs.	MM S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2178.00
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

Tax Asset Detail 1/01/09 - 12/31/09

Asset	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: FURNITURE & FIXTURES												
9	d	2 ELEC SPIDER BOXES	10/30/98	2,848.00	0.00	0.00	2,848.00	0.00	2,848.00	0.00	S/L	5.0
12		2 STORAGE CABINETS	12/05/01	552.45	0.00	0.00	391.35	55.25	446.60	105.85	S/L	10.0
13	d	TIME CLOCK	12/28/01	297.63	0.00	0.00	210.80	29.76	240.56	57.07	S/L	10.0
14	d	COMPUTER	9/27/02	594.13	0.00	0.00	594.13	0.00	594.13	0.00	S/L	5.0
15	d	CAMERA	3/16/04	396.03	0.00	0.00	382.85	13.18	396.03	0.00	S/L	5.0
16	d	COMPUTER	1/16/04	1,145.44	0.00	0.00	1,145.44	0.00	1,145.44	0.00	S/L	5.0
18		COMPUTER	8/08/06	1,593.98	0.00	0.00	1,106.22	195.10	1,301.32	292.66	200DB	5.0
19		DIGITAL IMAGING SYSTEM	10/20/06	1,793.09	0.00	0.00	1,179.85	245.30	1,425.15	367.94	200DB	5.0
20		ENVISION COMPUTERS-NEW C	11/13/09	3,216.01	0.00c	1,608.01	0.00	1,648.21	1,648.21	1,567.80	S/L	5.0
		FURNITURE & FIXTURES		12,436.76	0.00c	1,608.01	7,858.64	2,186.80	10,045.44	2,391.32		
		*Less: Dispositions and Transfers		4,885.20	0.00	0.00	4,798.37	0.00	4,828.13	57.07		
		Net FURNITURE & FIXTURES		7,551.56	0.00c	1,608.01	3,060.27	2,186.80	5,217.31	2,334.25		
		Grand Total		12,436.76	0.00c	1,608.01	7,858.64	2,186.80	10,045.44	2,391.32		
		Less: Dispositions and Transfers		4,885.20	0.00	0.00	4,798.37	0.00	4,828.13	57.07		
		Net Grand Total		7,551.56	0.00c	1,608.01	3,060.27	2,186.80	5,217.31	2,334.25		

48-0963234

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part 1, Line 3 - Membership Dues and Assessments

Description	Amount
SERVICE FEES	\$ 86,959
PARTNERSHIP INCOME	\$ 3,236
TOTAL	\$ 90,195

SALINA DOWNTOWN, INC.
 48-0963234
 FYE: 12/31/2009

FEDERAL STATEMENTS

06/17/2010

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Purpose		
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value	Explanation	FMV
Richardson Developments 134 S Santa Fe Salina, KS 67401	\$11,940.00	SDI MEMBER	5/19/2009		BUILDING IMPROVEMENT	
Salina Surgical Art Center 205 S 5th Salina, KS 67401	\$15,000.00	SDI MEMBER	5/19/2009		BUILDING IMPROVEMENT	
Rendevous Bar 249 N Santa Fe Salina, KS 67401	\$3,499.00	SDI MEMBER	10/23/2009		BUILDING IMPROVEMENT	
Midwest Music 210 S Santa Fe Salina, KS 67401	\$1,495.00	SDI MEMBER	10/23/2009		BUILDING IMPROVEMENT	
Taco Johns 303 S Santa Fe Salina, KS 67401	\$300.00	SDI MEMBER	10/23/2009		BUILDING IMPROVEMENT	
Carroll's Corp Office 200 S Santa Fe Salina, KS 67401	\$1,526.00	SDI MEMBER	12/22/2009		BUILDING IMPROVEMENT	
Carroll's Corp Office 200 S Santa Fe Salina, KS 67401	\$883.00	SDI MEMBER	12/22/2009		BUILDING IMPROVEMENT	
Salina Area Chamber of Commerce 120 W Ash Street Salina, KS 67401	\$2,485.38	SDI MEMBER	12/22/2009		BUILDING IMPROVEMENT	

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Description of Property	Relationship to Organization		Class of Activity		Date of Gift	Purpose
	Cash Contribution	Noncash Contribution	Book Value	Book Value		
Jack & Jill's Salon 117 S Santa Fe Salina, KS 67401	\$807.00	SDI MEMBER			12/22/2009	BUILDING IMPROVEMENT
Paula A. Fried Trust #1 159 S 4th Street Salina, KS 67401	\$15,000.00	SDI MEMBER			12/22/2009	BUILDING IMPROVEMENT
Jilka Furniture 132 S 5th Street Salina, KS 67401	\$1,436.48	SDI MEMBER			12/22/2009	BUILDING IMPROVEMENT
Lee Development LLC 254 N Santa Fe Salina, KS 67401	-\$14,733.00	SDI MEMBER			11/11/2009	BUILDING IMPROVEMENT
TOTAL	<u>\$39,638.86</u>					

48-0963234

FYE: 12/31/2009

Statement 3 - Form 990 EZ, Part I, Line 16 Other Expenses

Description	Amount
EXPENSES	\$
ASSET DISPOSITION	(57 00)
BANK SERVICE CHARGES	203.41
COMPUTER SUPPLIES/MAINTENANCE	653 23
DEPRECIATION	2,186 80
DUES & SUBSCRIPTIONS	1,773 35
INSURANCE	1,645 00
MEALS	405 74
MEETING EXPENSES	2,350 37
PROFESSIONAL DEVELOPMENT	1,385 00
SUPPLIES	21,646 00
TAXES & FEES	145 30
TRAVEL, MILEAGE	3,721 80
LOSS ON DISPOSITION OF ASSETS	57 00
ROUNDING	1 00
TOTAL	36,117.00

Statement 4 - Form 990 EZ, Part II, Line 24 Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	2,394	2,815
EXTERIOR IMPROVEMENT PROGRAM	10,236	23,206
PREPAID EXPENSES AND DEFERRED CHARGES	570	-
NOTES RECEIVABLE	-	-
TOTAL	13,200	26,021

Statement 5 - Form 990 EZ, Part II, Line 26 Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	6,021.00	2,533.00
GRANTS PAYABLE	30,236.00	21,943.00
PERMANENTLY RESTRICTED	0.00	0.00
NOTE PAYABLE EXTERIOR GRANT PGM	10,350.00	23,206.00
TOTAL	46,607.00	47,682.00

Statement 6 - Form 990 EZ, Part 1II, Line 31

DIP GRANTS FOR FAÇADE IMPROVEMENT

Form **8868**
(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization SALINA DOWNTOWN, INC.	Employer identification number 48-0963234
	Number, street, and room or suite no If a P O box, see instructions 120 W ASH	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SALINA KS 67401	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SALINA DOWNTOWN**

Telephone No ▶ **785-825-0535** FAX No ▶ **785-825-7216**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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