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= SEE ATTACHED EXTENSION =

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** Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organizationRiley County Seniors' Service  
Center, Inc.

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

412 Leavenworth Street

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

Manhattan

KS 66502-5923

**D** Employer identification number

48-0992061

**E** Telephone number

785-537-4040

**F** Group Exemption

Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ)**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (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 ▶ \$ 198,908**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	165,742
	2	Program service revenue including government fees and contracts	2	5,948
	3	Membership dues and assessments	3	18,145
	4	Investment income	4	401
	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"/>		
	6a	Gross revenue (not including \$ 288 of contributions reported on line 1)	6a	8,398
6b	Less direct expenses other than fundraising expenses	6b	11,212	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-2,814	
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 2 )	8	274	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	187,696	
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	113,020
	13	Professional fees and other payments to independent contractors	13	3,765
	14	Occupancy, rent, utilities, and maintenance	14	46,229
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3 )	16	29,839
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	192,853
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,157
	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	45,311
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	40,154

**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	45,311	40,154
23 Land and buildings		
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	45,311	40,154
26 <b>Total liabilities</b> (describe ▶ )	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	45,311	40,154

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

Form 990-EZ (2009)

P-1

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? See Statement 4		
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, or other relevant information for each program title		
28	See Statement 5	
(Grants \$ ) If this amount includes foreign grants, check here	28a	150,264
29		
(Grants \$ ) If this amount includes foreign grants, check here	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here	30a	
31 Other program services (attach schedule) See Statement 6		
(Grants \$ ) If this amount includes foreign grants, check here	31a	6,155
32 Total program service expenses (add lines 28a through 31a)	32	156,419

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
Dede Wills	Vice Chair	0	0	0
Lois Deyoe	Director	0	0	0
Marvin Marsh	Director	0	0	0
Ann Pearce	Director	0	0	0
Bob Small	Director	0	0	0
Bob Strawn	Director	0	0	0
Shawn Hallowell	Treasurer	0	0	0
Gabrielle Thompson	Director	0	0	0
Barbara Tully	Director	0	0	0
Colleen Roblyer	Chair	0	0	0
Al Schmaderer	Director	0	0	0
Lucy Williams	Secretary	0	0	0

	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," attached 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		
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?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b 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
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
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		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of <u>Sink, Gillmore &amp; Gordon</u> Telephone no <u>785-537-0190</u> <u>Commerce Bank Tower-6th Floor</u> Located at <u>Manhattan, KS</u> ZIP + 4 <u>66502</u>		
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
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

**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	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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"

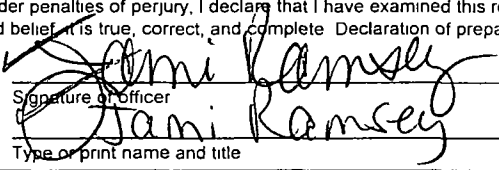
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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
None		

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 Jami Ramsey Type or print name and title		Date 7-21-2010				
<b>Paid Preparer's Use Only</b>	Preparer's signature	James L. Gordon	Date	07/07/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instr.)	P00366238
	Firm's name (or yours if self-employed), address, and ZIP + 4	Sink, Gillmore & Gordon LLP Commerce Bank Tower, 6th Floor Manhattan, KS 66502			EIN	48-0787299	
					Phone no	785-537-0190	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No							



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	118,112	124,238	148,928	188,641	183,887	763,806
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	118,112	124,238	148,928	188,641	183,887	763,806
<b>5</b> 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 shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						763,806

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	118,112	124,238	148,928	188,641	183,887	763,806
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	230	673	902	1,463	401	3,669
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	319	2,166	75	40	274	2,874
<b>11</b> <b>Total support.</b> Add lines 7 through 10						770,349
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	153,603
<b>13</b> <b>First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.15 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	99.02 %
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> 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 <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <input type="checkbox"/>						

**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 line 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

Reimbursements	\$	2,874
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## Special Events Schedule

Form **990****2009**

For calendar year 2009, or tax year beginning

, and ending

Name

Riley County Seniors' Service  
Center, Inc.

Employer Identification Number

48-0992061

	(A)	(B)	(C)	Others	Total
Gross receipts	13,288	4,250	4,148	0	21,686
Less contributions	13,288	0	0	0	13,288
Gross revenue	0	4,250	4,148	0	8,398
Less direct expenses	0	3,375	7,221	616	11,212
Net income (loss)	0	875	-3,073	-616	-2,814

Description (A) Fundraisers(B) Trips & Tours(C) Programs/Special EventsOthers AAA Program

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
Memberships	\$ 18,145
Total	\$ 18,145

**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Miscellaneous	\$ 244
Printing Reimbursement	30
Total	\$ 274

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

Description	Amount
Fundraisers	\$
Fundraisers	1,338

**Expenses**

Office Supplies & Printing	6,636
Cook's Supplement	10,235
Insurance	2,046
Miscellaneous	61
Architect Services	882
Telephone	1,774
Postage	3,038
Equipment & Maintenance	3,829
Total	\$ 29,839

**Federal Statements****Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

A multi-purpose senior service center for all Riley County residents over age 60

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

A multi-purpose senior service center available to all Riley County residents over age 60, including special events, health screening, tax assistance, information and referral, plus a multitude of other services.

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

Meeting space provided for Senior Citizens non-profit groups.

**Federal Statements****Special Events Direct Expenses**

<u>Description</u>	<u>Amount</u>
Column B	\$
Trips & Tours	
Trips & Tours	<u>3,375</u>
SubTotal	<u>3,375</u>
Column Others	
Programs/Special Events	
Programs/Special Events	<u>7,221</u>
SubTotal	<u>7,221</u>
AAA Program	
AAA Program	<u>616</u>
SubTotal	<u>616</u>
SubTotal (Others)	<u>7,837</u>
Total	<u><u>11,212</u></u>

~~Direct expenses other than fundraising expenses~~  
reported on Form 990-EZ, page 1, line 6b.

## Federal Diagnostics

2009

### Critical Messages

None

### Informational Messages

- ☐ A description is assigned to an activity that has data imported in the Direct folder. You can assign a new description if desired.
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- ☐ A description is assigned to an activity that has data imported in the Direct folder. You can assign a new description if desired.
- ☐ Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered on Screen SchB.
- ☐ Preparer 'James L. Gordon'
- ☐ Force field entered with data "35,906" on Screen Bal-2

### Missing Data

Prior Year Data

#### Rent and Royalty Income and Expenses (Building Use)

- ☐ P/S first achievement 1,028
- ☐ Cleaning and maintenance 1,028

#### Program Service Accomplishments

- ☐ Program service exp (Force) 158,001
- ☐ Program service exp (Force) 0

#### Income with Direct Expenses and Cost of Goods Sold (AAA Program)

- ☐ Gross receipts 951

## Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

Riley County Seniors' Service  
Center, Inc.

48-0992061

Net Asset / Fund Balance at Beginning of Year

45,311

## Revenue

Contributions 165,742Program service revenue 24,093Investment income 401

Capital gain / loss \_\_\_\_\_

Special events \_\_\_\_\_

Gross revenue 8,398Direct expenses 11,212Net income -2,814Other income 274Total revenue 187,696

## Expenses

Program services \_\_\_\_\_

Management and general \_\_\_\_\_

Fundraising \_\_\_\_\_

Total expenses 192,853Excess / (deficit) -5,157

Other changes \_\_\_\_\_

Net Asset / Fund Balance at End of Year

40,154

## Reconciliation of Revenue

Total revenue per financial statements \_\_\_\_\_

Less

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

Total revenue per return \_\_\_\_\_

## Reconciliation of Expenses

Total expenses per financial statements \_\_\_\_\_

Less

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

Total expenses per return \_\_\_\_\_

## Balance Sheet

	Beginning	Ending	Differences
Assets	<u>45,311</u>	<u>40,154</u>	
Liabilities			
Net assets	<u>45,311</u>	<u>40,154</u>	<u>-5,157</u>

## Miscellaneous Information

Amended return

Return / extended due date 05/17/10

Failure to file penalty \_\_\_\_\_

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Riley County Seniors' Service Center, Inc.</b>	Employer identification number <b>48-0992061</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>412 Leavenworth Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Manhattan, KS 66502-5923</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-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 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 **► Sink, Gillmore & Gordon LLP**

Telephone No. **► 785-537-0190** 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 will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, 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 \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</b> 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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <b>0.00</b>

**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