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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

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

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

C Name of organization **KNIGHTS OF COLUMBUS****FR. ALFRED ABENDSCHOEN COUNCIL #11615**

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

**5212 McCORMICK AVE**

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

**BALTIMORE, MD 21206**

D Employer identification number

**52-1938269**

E Telephone number

**(410) 866-4020**

F Group Exemption

Number ► **0188**

o 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.KOFC11615.COM**J Tax-exempt status (check only one) — ☒ 501(c) ( **8** ) ◁ (insert no) ☐ 4947(a)(1) or ☐ 527H 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. ► **\$ 52,915.66****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	3,986.70	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0.00	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)
3	Membership dues and assessments	3	1,822.50	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	0.00	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0.00	22	Cash, savings, and investments
b	Less: cost or other basis and sales expenses	5b		23	Land and buildings
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00	24	Other assets (describe ►)
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>			25	Total assets
a	Gross revenue (not including \$ <b>0.00</b> of contributions reported on line 1) <b>ADDENDUM 1</b>	6a	43,569.45	26	Total liabilities (describe ►)
b	Less: direct expenses other than fundraising expenses	6b	27,653.78	27	Net assets or fund balances (line 27 of column (B) must agree with line 21)
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,913.67		
7a	Gross sales of inventory, less returns and allowances	7a	745.00		
b	Less: cost of goods sold <b>CHRISTMAS CARDS</b>	7b	417.42		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	327.58		
8	Other revenue (describe ► <b>RAFFLES + MISC.</b> )	8	2,852.00		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	24,902.45		
10	Grants and similar amounts paid (attach schedule) <b>ADDENDUM 2</b>	10	16,622.76		
11	Benefits paid to or for members	11	0.00		
12	Salaries, other compensation, and employee benefits	12	0.00		
13	Professional fees and other payments to independent contractors	13	0.00		
14	Occupancy, rent, utilities, and maintenance	14	0.00		
15	Printing, publications, postage, and shipping	15	5,424.52		
16	Other expenses (describe ► <b>ADDENDUM 3</b> )	16	7,878.82		
17	Total expenses. Add lines 10 through 16	17	29,926.10		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,023.65)		
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	17,033.97		
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	12,010.32		

**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	17,033.97	12,010.32
23	Land and buildings	0.00	0.00
24	Other assets (describe ►)	0.00	0.00
25	Total assets	17,033.97	12,010.32
26	Total liabilities (describe ►)	0.00	0.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,033.97	12,010.32

SCANNED AUG 04 2010

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

## Expenses

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.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 ADDENDUM 4

(Grants \$ ) If this amount includes foreign grants, check here . . . . ☐

28a

29

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

[illegible]

(Grants \$ ) If this amount includes foreign grants, check here . . . . ► ☐

31a

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶

32

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b> 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.		
<b>a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0.00</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <u>N/A</u>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <u>N/A</u>		
<b>40a</b> 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>		
<b>b</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 . . . . . <b>40b</b>		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ <u>N/A</u>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
<b>e</b> 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. . . . . <b>40e</b>		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
<b>42a</b> The organization's books are in care of ▶ <u>JOSEPH D. SCHAU, JR., FINANCIAL SECY</u> Telephone no. ▶ <u>410-866-3440</u> Located at ▶ <u>6152 RADECKE AVE., BALTIMORE, MD 21206</u> ZIP + 4 ▶ <u>21206-2932</u>		
<b>b</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)? . . . . . <b>42b</b>		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . <b>42c</b>		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>		<input checked="" type="checkbox"/>
<b>45</b> 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 . . . . . <b>45</b>		<input checked="" type="checkbox"/>

**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 |
|--|------------|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |    |
- 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 . . . . . ▶ \_\_\_\_\_

<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		6-27-10 Date	
<b>Paid Preparer's Use Only</b>	JOSEPH D. SCHAUM, JR., FINANCIAL SECRETARY Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

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

Form **990-EZ** (2009)

Knights of Columbus  
Fr. A. Leo Abendschoen Council 11615  
F.E.I.N. 52-1938269

ADDENDUM TO FORM 990EZ, 2009

ADDENDUM # 1: LINE 6, SPECIAL EVENTS AND ACTIVITIES

<u>EVENT</u>	<u>GROSS RECEIPTS</u>	<u>DIRECT EXPENSES</u>	<u>NET</u>
Monthly Bingo	27,435.33	15,526.95	11,908.38
Baseball for Charity	1,677.00	1,097.41	579.59
First Annual Crab Feast	6,807.12	5,631.68	1,175.44
Golf Outing For Charity	5,156.00	3,096.17	2,059.83
Breakfast with the Easter Bunny (children)	352.00	337.97	14.03
Columbus Day Ball	425.00	425.00	0.00
Christmas Party	355.00	993.31	(638.31)
Eat Out at Bill Bateman's	200.00	0.00	200.00
Spaghetti Bazaar	1,162.00	547.29	614.71
TOTALS	43,569.45	27,655.78	15,913.67

Knights of Columbus  
Fr. A. Leo Abendschoen Council 11615  
F.E.I.N. 52-1938269

ADDENDUM TO FORM 990EZ, 2009

ADDENDUM # 2: LINE 10, GRANTS PAID

Donations to Seminarians studying for the Priesthood.....	2,500.00
Leukemia & Lymphoma Society of Maryland .....	597.00
Grant to Clark family (Mr. Clark has brain cancer).....	200.00
Church of the Annunciation to replace chairs in meeting hall.....	9,500.00
Church of the Annunciation new ice machine & kitchen supplies .....	833.86
Jeff Orsburn for help with adoption.....	100.00
Holy Land Christian Ecumenical Foundation.....	200.00
Maryland Special Olympics.....	50.00
Book bags & school supplies for the poor .....	179.38
40 Days of Prayer Booklets .....	464.28
Sr. Susan Engel, M.H.S.H. for food for the poor .....	200.00
Little Sisters of the Poor .....	100.00
Prayer for Life cards .....	35.25
Annuity for mentally handicapped person (Robert Griguolo .....	100.00
Maryland State Council, proceeds of Tootsie Roll Drive..... to benefit mentally handicapped	1,514.20
Donation of paint for St. Clement's Catholic School .....	48.79
TOTAL .....	16,622.76

Knights of Columbus  
Fr. A. Leo Abendschoen Council 11615  
F.E.I.N. 52-1938269

ADDENDUM TO FORM 990EZ, 2009

ADDENDUM # 3: LINE 16, OTHER EXPENSES

Prizes for children's events .....	70.00
Prizes for Senior's events.....	154.95
Hospitality .....	2,037.54
Party for Altar Servers .....	121.32
Installation Dinner for New Officers and various State and District dignitaries .....	1,388.20
(all members and wives were invited)	
Advertising.....	195.00
Dues to National and State Organizations .....	1,060.70
Liability Insurance .....	265.00
Gifts for Clergy .....	368.60
Web Site Maintenance .....	143.40
Car Raffle Proceeds .....	1,110.00
Misc. Council supplies.....	964.11
TOTAL .....	7,878.82



Knights of Columbus  
Fr. A. Leo Abendschoen Council 11615  
F.E.I.N. 52-1938269

ADDENDUM TO FORM 990EZ, 2009

ADDENDUM #4: Lines 28-30, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

28. Monthly Bingo to benefit the Council's needs and some of the needs of the Parish Church where we meet, the Church of the Annunciation, same address, proceeds to be split 50/50. In 2009 we contributed \$9,500.00 to the Parish toward replacing the chairs in the church meeting hall. We also contributed \$833.86 to the Church of the Annunciation for kitchen supplies, including a new ice making machine, for Parish social events.

29. Soliciting cash contributions to be used to support the education and living expenses of men and women studying for the priesthood and religious life. In 2009 we collected \$2,359.00 toward this project which, added to the \$2,141.62 balance on hand at the beginning of the year, allowed us to provide grants totaling \$2,500.00 to 6 seminarians. The balance of \$2,000.62 is retained toward grants to be provided in 2008.

30. We also benefited organizations which serve the mentally handicapped. We collected contributions of \$1,627.70 in our annual "Tootsie Roll" drive which was used to benefit the organization known as "Exceptional Enterprises". Our "Breakfast with the Easter Bunny", "Day At The Baseball Game", "Eat Out at Bill Bateman's", annual Crab and Bull Roast, Spaghetti Dinner & Spring Bazaar, and "Golf Outing for Charity" netted \$4,643.60. The profits from our special events was put into our charity fund. From this fund we contributed money to various religious and social organizations which serve needy or handicapped clients. The balance in the Charity fund at year's end was \$2,558.81, which is reserved for future charitable purposes.

**Knights of Columbus**  
**Fr. A. Leo Abendschoen Council 11615**  
**F.E.I.N. 52-1938269**

**ADDENDUM TO FORM 990EZ, 2009**

**ADDENDUM #5: PART IV, OFFICERS AND TRUSTEES**

<b>Officer's Name &amp; Address</b>	<b>Hours</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Exp. Acct.</b>
<b>Grand Knight</b> Jason J. Karolkowski 1322 Chapel Hill Dr. Baltimore, MD 21237	0.00	0.00	0.00	0.00
<b>Financial Secretary</b> Joseph D. Schaum, Jr. 6152 Radecke Ave. Baltimore, MD 21206-2932	0.00	0.00	0.00	0.00
<b>Trustee</b> Frank C. Charvat 5716 DaybreakTerr. Baltimore, MD 21206	0.00	0.00	0.00	0.00
<b>Trustee</b> Robert N. Loman 8004 Woodhaven Ct. Baltimore, MD 21237-1664	0.00	0.00	0.00	0.00
<b>Trustee</b> Shawn T. Ruby 1501 Customs Rd. Baltimore, MD 21237-1603	0.00	0.00	0.00	0.00

**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		Employer identification number	
	Fr. A. Leo Abendschoen Council 11615, Knights fo Columbus		52	1938269
	Number, street, and room or suite no. If a P.O. box, see instructions.			
	5212 McCormick Avenue			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
Baltimore, MD 21206				

**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 ► **Joseph D. Schaum, Jr.**

Telephone No. ► ( 410 ) **866-3440** 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**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**10** 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>	\$

**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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		<b>Employer identification number</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions		

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ (\_\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_, 20\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>8a</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>8a</b>	\$
<b>b</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.	<b>8b</b>	\$
<b>c 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.	<b>8c</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 ▶ Joseph P. Schuman, Jr. Title ▶ Financial Secretary Date ▶ 4-25-10