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Form **990-EZ**

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) in the organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the y in section 512(b)(13) must file Form 990. All

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please Address change use IRS THE CONVENIENCE STORE FOUNDATION FOR label or Name change 54-1723339 EDUCATION AND RESEARCH print or type]Initial return Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Specific 1600 DUKE STREET Termin ated 7036843600 Instruc-City or town, state or country, and ZIP + 4 Amended return F Group Exemption ALEXANDRIA, VA 22314 Number - Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Cash Accounting method Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.NACSONLINE.COM Check ► X If the organization is not н Tax-exempt status (check only one) - \times 501(c) (3 ☐ 4947(a)(1) or L) **◀** (insert no) ∟ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 🔟 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 7,000.Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 5,275. 4 investment income Gross amount from sale of assets other than inventory Less cost or other basis and sale的原则 [VED 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of special events event 6a reported on line 1) b Less direct expenses other than typid main expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 12,275. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 1 30,000 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 3,678 Other expenses (describe MANAGEMENT FEES 16 16 33,678. 17 17 Total expenses. Add lines 10 through 16 <21,403 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) 343,042. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 321,639 21 Net assets or fund balances at end of year Combine lines 18 through 20 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) (B) End of year (A) Beginning of year 323,042 321,639. 22 Cash, savings, and investments **_____23** 23 Land and buildings Other assets (describe CONTRIBUTIONS RECEIVABLE 20,000 Ō. ₹24 25 343,042. 25 321,639. Total assets О. Total liabilities (describe 26 343,042. ,639. Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form **990-EZ** (2009)

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TRUSTEE

STREET, ALEXANDRIA, VA 22314

ALEXANDRIA, VA 22314

NICHOLE TORSEY, 1600 DUKE STREET, ALEXANDRIA, VA 22314

PATRICK LEWIS, 1600 DUKE STREET,

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Form 990-EZ (2009)

EDUCATION AND RESEARCH

Pa	TY Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<u> </u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	. }		
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		1	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	05-		v
	and proxy tax requirements?	35a	N/	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	14 /	<u>~</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			x
	complete applicable parts of Sch. N	36		
	Enter amount or position expenditures, direct or interior, as described in the interiorist		1	х
	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	20-	1	х
	in a prior year and still outstanding at the end of the period covered by this return? If "Yes" complete Schedule L. Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations Enter: Intriation fees and capital contributions included on line 9 N/A			
	37/3			
	dross receipts, metados en inse e, for pasite des el esta tambés			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under Section 4911 O • Section 4912 O • Section 4955 O • O • Section 4955 O •			
	300000119717			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the			1
	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	40b		X
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		
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.			
	or disqualities persons sering the year ander sections 1912, 1909, and 1909		ĺ	
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	İ	х
	transaction? If 'Yes,' complete Form 8886-T	408		<u> </u>
41	List the states with which a copy of this return is filed. ► NONE The organization's books are in care of ► BRIAN KIMMEL Telephone no. ► 703684	360	0	
428		231		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
B	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b		X
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
G	If "Yes," enter the name of the foreign country.			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	n/A		
	and enter the amount of tax-exempt interest received of accided during the tax year	,		
	•		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.53	1
44	·	44	1	Х
4E	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			<u> </u>
45		45	İ	x
	completed instead of Form 990-EZ		90-E7	(2009)
				,====/

	and 51.	trusts must answer question	ns 46-490 and con	ipiete the tables	s for lines	5 50
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public		Ye	s No
			,	Γ		X
47	•	edule C, Part II	•••		47	X
48				" · · · · · · · · · · · · · · · · · · ·	48	X
49 a			••	·	49a	X
	office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each receive than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more (b) Title and average hours per week devoted to (c) Compensation (d) Contributions to employee benefit plans & according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee benefit plans & according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee benefit plans & according to employee according to employee benefit plans & according to employee			1		
50	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 II 45 Did the organization engage in divert or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 46 Is the organization engage in divert or indirect political campaign activities on behalf of or in opposition to candidates for public office. Part II 47 Is the organization as decine 27 organization? 48 If "Yes," and the organization as each in 27 organization? 49 If "Yes," as the related organization as section 27 organization? 49 If "Yes," as the related organization as each in 27 organization? 49 If "Yes," as the related organization as each in 27 organization? 49 If "Yes," as the related organization as each in 27 organization? 49 If "Yes," as the related organization as each in 27 organization. 49 If "Yes," as the related organization is the highest compensation or in the nation of the position of the analysis of the property of the part of the individual organization or the organization of the organization of the organization organization or the organization organization or the organization organization organization organization organization orga	d more				
	than \$100,000 of compensation from the organization. If there is note, ente	1 140119				
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	than \$100,000		(
_	NONE	, F	1			
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Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 10 id the organization make any transfers to an exempt non-charitable related organization? 11 if Yes," was the related organization a section 527 organization? 12 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employee than \$100,000 of compensation from the organization. If there is none, enter "None" 12 (a) Name and address of each employee paid more than \$100,000 per week devoted to position 13 None and address of each employees paid over \$100,000 14 Total number of other employees paid over \$100,000 15 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of organization if there is none, enter "None" 16 None 17 None (a) Name and address of each independent contractor paid more than \$100,000 18 (b) Type of service						
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_		dent contractors who each recei	ved more than \$100,	000 of compensa	tion from	the
		than \$100,000	(b) Type of ser	vice (c)	Compen	sation
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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						
d	Total number of gither independent contractors each receiving over \$100,000	0	<u> </u>			
	Under penalties of perjury deflars that they elexemined this return including a	companying schedules and statemer	its, and to the best of my	knowledge and beli	of. It is true.	
Sign	correct, and complete Declaration of preparer to their than officer is blased on all	information of which preparer has any	knowledge	11/12/	' A	
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Public

Inspection

Name of the organization

THE CONVENIENCE STORE FOUNDATION FOR

Employer identification number

-	_कं क्रां	D		ON AND RESER						54	<u>-1/23</u>	339	
	Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A readeral, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A roganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organizations described in section 509(a)(1) or												
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	닏						ection 170)(b)(1)(A)(ī).				
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3	닏	-	•	<u> </u>									
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

54-1723339 Page 2 Schedule A (Form 990 or 990-EZ) 2009 EDUCATION AND RESEARCH 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.)

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support							
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or bublicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, and the support. Section B. Total Support Calendar year (or fiscal year beginning in) 8 Gross income from insets 4 20,000. 45,100. 25,674. 30,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 20,000. 7,000. 127,774. Section B. Total Support Calendar year (or fiscal year beginning in) (e) 2005. (b) 2006. (c) 2007. (d) 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2009. (f) Total 2008. (e) 2	Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
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2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services of facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Submit the 8 from line 4 8 Gross income from increat, dividends, payments received on securities loans, rents, royathis and income from similar sources 9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1 Total support. Add lines? Through 10 10 Gross receipts from related activities, etc. (see instructions) 11 Total support. Add lines? Through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of this, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check a 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 in a stop here. The organization qualifies as a publicly supported organization in a stop here. The organization qualifies as a publicly supported organization in a stop here. The organization qualifies as a publicly supported organization in a stop here. The organization qualifies as a publicly supported organization in a stop here. The organization qualifies as a publicly supported organization in the support percentage for more, check this box and stop here. The organization qualifies as a publicly supported organization.		membership fees received. (Do not		ļ					
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15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. 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 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,					olumo (fi)		14	23.15 %	
16a 33 1/3% support test - 2009. 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 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,					olumin (i))			40 46	
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b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	16a					4 IS 33 1/370 OF II	iore, check this bo	× aliu	
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						45:-004000			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	b					ine 15 is 33 1/3%	or more, check th	IS DOX ►▼	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	17a								
k									
meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								▶	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b								
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the		more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	itop here. Explair	n in Part IV how the	• <u> </u>	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶∐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>ı, 16b, 17a, or 17b</u>	, check this box a	and see instruction	ıs ►	

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete only if	you checked the b	ox on line 9 of Part I
Section A. Public Support		T				
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.")	· · · · · · · · · · · · · · · · · · ·	ļ				
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				1		
are not an unrelated trade or bus-						
Iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf	4 - 1					
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge	_					
6 Total. 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	Ŧ.					
c Add lines 7a and 7b						<u> </u>
8 Public support (Subtract line 7c from line 6) Section B. Total Support						1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(4) 2000	(5) 2555	(0) 200.	1,7,200	10/200	
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 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a section	1 501(c)(3) organı	zation,
check this box and stop here						▶∟_
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin	ne 8, column (f) c	divided by line 13, o	column (f))	<u> </u>	15	9
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	tment Incom	<u>ne Percentage</u>	<u></u>			
17 Investment income percentage for 200			ne 13, column (f))	ľ	17	
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2009. If the c	organization did i	not check the box	on line 14, and lın	e 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this box an		-				▶∟
b 33 1/3% support tests - 2008. If the c						
line 18 is not more than 33 1/3%, chec						▶⊨
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, o <u>r 19b, check t</u>	-	tructions	

Form 8868 (Rev 4-2009)	Page 2
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 previous	sly filed Form 8868.
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Rant II Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	al (no copies needed).
Name of Exempt Organization Type or THE CONVENIENCE CHORE FIGURE AT ALL FOR	Employer identification number
THE CONVENTENCE STORE FOUNDATION FOR	
EDUCATION AND RESEARCH	54-1723339
extended Number, street, and room or suite no. If a P O. box, see instructions.	For IRS use only
due date for filing the 1600 DUKE STREET	
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314	
Check type of return to be filed (File a separate application for each return):	
Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041	I-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.
BRIAN KIMMEL	
• The books are in the care of ▶ 1600 DUKE STREET, 7TH FLOOR - ALEXA	NDRIA, VA 22314
Telephone No. ► 7036843600 FAX No. ►	
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 EIN	is 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 er	
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	
THE INFORMATION NECESSARY TO FILE A COMPLETE	
AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.	
8a 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 estimate	o la la la la la la la la la la la la la
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	Ob ¢
previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru	
Signature and Verification	ctions. 66 \$ 247 22
	nd to the hest of my knowledge and belief
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a it is true, correct, and copydiete, and that I am authorized to prepare this form.	i t
Signature > Title > CPA	Date > 8 12 Tow
	Form 8868 (Rev. 4-2009)

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 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 the page 2) 	of this form).	▶\\
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previo		
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 an	d complete	
Part I only		▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ to file income tax returns.	est an exter	sion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic ex noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 ele (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electro www.irs.gov/efile and click on e-file for Charities & Nonprofits.	ctronically d or consolid	(1) you want the additional ated Form 990-T. Instead,
Type or Name of Exempt Organization	Emp	loyer identification number
print THE CONVENIENCE STORE FOUNDATION FOR		
EDUCATION AND RESEARCH	5	4-1723339
Number, street, and room or suite no. If a P.O. box, see instructions. 1600 DUKE STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314		
Check type of return to be filed (file a separate application for each return):		
Form 990 Form 990-T (corporation)	rm 4720	
	rm 5227	
	rm 6069	
	rm 8870	
BRIAN KIMMEL		
 The books are in the care of ► 1600 DUKE STREET, 7TH FLOOR - ALEXAN 	DRIA,	VA 22314
Telephone No. ► 7036843600 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 fo	r 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		
		
1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of tine AUGUST 15, 2010 , to file the exempt organization return for the organization na		The extension
is for the organization's return for:		
ightharpoons calendar year 2009 or		
tax year beginning, and ending		<u></u> •
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	\$
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.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	. 13	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		/-
See instructions.	3c	\$ N/A
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.
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)

923831

.4.

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT 1
CLASS OF ACTIVITY/GRANTER	E'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP MELISSA BUNGO UNIVERSITY OF BUFFALO BUFFALO, NY 14201		N/A	3,000.
SCHOLARSHIP DOUG ANSLEY MURPHY OIL USA, INC, 200 EL DORADO, AR 71730	PEACH STREET	N/A	3,000.
SCHOLARSHIP NEMNJA GOLIJANIN ST. PETERSBURG COLLEGE ST. PETERSBURG, FL 33733		N/A	3,000.
SCHOLARSHIP CHRISTY MERKEL CONCORDIA UNIVERSITY ST. ST. PAUL, MN 55104	PAUL	N/A .	3,000.
SCHOLARSHIP SARAH PERRY UNIVERSITY OF MARY HARDII BELTON, TX 76513	N-BAYLOR	N/A	3,000.
SCHOLARSHIP CHRISTOPHER STUART GEORGIA INSTITUTE OF TECI ATLANTA, GA 30332	HNOLOGY	N/A	3,000.
SCHOLARSHIP ERIC MEDINA TURKEY HILL MINI MARKETS STREET ALLENTOWN, PA 18103	(#112), 1240 LEHIGH	N/A	3,000.
SCHOLARSHIP KERRY SUSAN THURLOW QUINSIGAMOND COMMUNITY CO WORCESTER, MA 01606	OLLEGE	N/A	3,000.
SCHOLARSHIP GARALYN WETHERINGTON UNIVERSITY OF SOUTH FLOR TAMPA, FL 33620	IDA	N/A	3,000.

THE CONVENIENCE STORE FOUNDATION FOR EDU		54-1723339
SCHOLARSHIP CARRIE CASTILLE JUNIOR FOOD STORES OF WEST-FLORIDA, 1014 VINE STREET CINCINNATI, OH 45202	N/A	3,000.
		

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

30,000.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		TATE	MENT	
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO