



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2009**

Department of the Treasury  
Internal Revenue Service (77)

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2009**, or tax year beginning , **2009**, and ending , **20**

G Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>THE INDIA BENTON LESSER FOUNDATION</b>		A Employer identification number <b>58-2436064</b>
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>P.O. BOX 2138 2010 MC 3071, CO SUNTRUST BANK</b>	B Telephone number (see page 10 of the instructions) <b>941-951-3120</b>	
	City or town, state, and ZIP code <b>SARASOTA, FL 34230</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 441,776</b>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	7,632	7,632		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	14,284			
	b Gross sales price for all assets on line 6a <b>81,985</b>				
	7 Capital gain net income (from Part IV, line 2)		14,284		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)	0				
11 Other income (attach schedule)	6,847	6,847			
12 Total. Add lines 1 through 11	28,763	28,763	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	3,470			
	b Accounting fees (attach schedule)	3,300	1,650		
	c Other professional fees (attach schedule)	3,425	1,712		1,712
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)	7,287	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	7,242			3,621
	22 Printing and publications				
	23 Other expenses (attach schedule) STATEMENT 1	11,350			
	24 Total operating and administrative expenses. Add lines 13 through 23	36,074	3,362	0	5,333
	25 Contributions, gifts, grants paid	85,850			85,850
26 Total expenses and disbursements. Add lines 24 and 25	121,924	3,362	0	91,183	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(93,161)				
b Net investment income (if negative, enter -0-)		25,401			
c Adjusted net income (if negative, enter -0-)			0		

SCANNED NOV 20 2010

20

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

	Beginning of year	End of year		
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	10,570	16,592	16,592
	2 Savings and temporary cash investments . . . . .	124,033	20,750	20,750
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .	1,196	942	942
	10a Investments—U S and state government obligations (attach schedule) . . . . .			
	b Investments—corporate stock (attach schedule) . . . . .	249,321	236,939	353,542
	c Investments—corporate bonds (attach schedule) . . . . .		50,000	49,950
	11 Investments—land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) ▶			
15 Other assets (describe ▶ . . . . .)	33,264			
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) . . . . .	418,384	325,223	441,776	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ . . . . .)			
23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/>			
	24 Unrestricted . . . . .	418,384	325,223	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31.</b> <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
30 <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	418,384	325,223		
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	418,384	325,223		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	418,384
2 Enter amount from Part I, line 27a . . . . .	2	(93,161)
3 Other increases not included in line 2 (itemize) ▶ . . . . .	3	
4 Add lines 1, 2, and 3 . . . . .	4	325,223
5 Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	325,223

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
<b>1a</b> SCHEDULE ATTACHED		P	VARIOUS	VARIOUS
<b>b</b> SCHEDULE ATTACHED		P	VARIOUS	VARIOUS
<b>c</b> CAPITAL GAINS DIVIDENDS		P		
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> 4,927		4,821	106	
<b>b</b> 77,058		63,387	13,671	
<b>c</b> 507			507	
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>		<b>2</b>	14,284	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 <span style="font-size: small;">{ }</span>		<b>3</b>	613	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	163,893	699,952	0.2341
2007	130,175	914,113	0.1424
2006	95,508	831,696	0.1148
2005	82,186	745,994	0.1102
2004	67,437	1,021,745	0.0660
<b>2</b> Total of line 1, column (d)			0.6675
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			.1335
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			463,885
<b>5</b> Multiply line 4 by line 3			61,929
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			254
<b>7</b> Add lines 5 and 6			62,183
<b>8</b> Enter qualifying distributions from Part XII, line 4			91,183

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter ..... (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	254
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	254
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	254
6	<b>Credits/Payments</b>		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	1,196
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	1,196
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	0
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	942
11	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> ▶ 942 <b>Refunded</b> ▶	11	0

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.THELESSERFOUNDATION.ORG	13	X	
14	The books are in care of ▶ SUNTRUST BANKS Telephone no ▶ 941-951-3120 Located at ▶ P.O. BOX 2018, SARASOTA, FL ZIP+4 ▶ 34230			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			N/A

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 _____, 20 _____, 20 _____, 20 _____		
<b>b</b> Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions)	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 _____, 20 _____, 20 _____, 20 _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

	<b>5b</b>	N/A
		X
	<b>7b</b>	N/A

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 2		0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 ..... N/A	
2 ..... .....	
3 ..... .....	
4 ..... .....	

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2 ..... .....	
All other program-related investments See page 24 of the instructions	
3 ..... .....	
<b>Total. Add lines 1 through 3</b> . . . . . ▶	<b>0</b>



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	384,976
b	Average of monthly cash balances	1b	85,973
c	Fair market value of all other assets (see page 24 of the instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	470,949
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	470,949
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25 of the instructions)	4	7,064
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	463,885
6	<b>Minimum investment return.</b> Enter 5% of line 5.	6	23,194

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

1	Minimum investment return from Part X, line 6	1	23,194
2a	Tax on investment income for 2009 from Part VI, line 5	2a	254
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	254
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,940
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	22,940
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	22,940

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	91,183
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	91,183
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	254
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	6	90,929

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				22,940
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009:				
a From 2004 26,117				
b From 2005 45,052				
c From 2006 54,301				
d From 2007 86,367				
e From 2008 129,649				
f Total of lines 3a through e	341,486			
4 Qualifying distributions for 2009 from Part XII, line 4. ▶ \$ 91,183				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				22,940
e Remaining amount distributed out of corpus	68,243			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	409,729			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	26,117			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	383,612			
10 Analysis of line 9				
a Excess from 2005 45,052				
b Excess from 2006 54,301				
c Excess from 2007 86,367				
d Excess from 2008 129,649				
e Excess from 2009 68,243				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶
- b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					0
b 85% of line 2a . . . . .	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					0
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	0	0	0	0	0
<b>3 Complete 3a, b, or c for the alternative test relied upon</b>					
a "Assets" alternative test—enter					
(1) Value of all assets . . . . .					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
b "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed . . . . .					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					0
(3) Largest amount of support from an exempt organization . . . . .					0
(4) Gross investment income . . . . .					0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

CARTER BATES, 438 COTTON AVE, MACON, GA 31201

b The form in which applications should be submitted and information and materials they should include

WRITTEN REQUEST INDICATING NEED FOR AID AND ASSISTANCE.

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors





**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a Transfers from the reporting foundation to a noncharitable exempt organization of
    - (1) Cash 1a(1) Yes No
    - (2) Other assets 1a(2) Yes No
  - b Other transactions
    - (1) Sales of assets to a noncharitable exempt organization 1b(1) Yes No
    - (2) Purchases of assets from a noncharitable exempt organization 1b(2) Yes No
    - (3) Rental of facilities, equipment, or other assets 1b(3) Yes No
    - (4) Reimbursement arrangements 1b(4) Yes No
    - (5) Loans or loan guarantees 1b(5) Yes No
    - (6) Performance of services or membership or fundraising solicitations 1b(6) Yes No
  - c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c Yes No
  - d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee: <u>Chia Benton Lesser</u>		Date: <u>11-9-10</u>		Title: <u>President</u>	
	Paid Preparer's Use Only	Preparer's signature: <u>Robert Ferris, CPA</u>	Date: <u>11/3/10</u>	Check if self-employed <input checked="" type="checkbox"/>		Preparer's identifying number (see Signature on page 30 of the instructions): <u>267-64-3848</u>
		Firm's name (or yours if self-employed), address, and ZIP code: <u>ROBERT D. FERRIS, C.P.A.</u> <u>P.O. BOX 700, SARASOTA, FL 34230</u>			EIN: <u>65-0088448</u> Phone no: <u>941-954-6977</u>	

## STATEMENT 1

## OTHER EXPENSES

<u>DESCRIPTION</u>	<u>(A) EXPENSES PER BOOKS</u>	<u>(B) NET INVEST INCOME</u>	<u>(C) ADJUSTED NET INCOME</u>	<u>(D) CHARITABLE PURPOSES</u>
ADMINISTRATIVE	338	0		0
VEHICLE EXPENSE	11,012	0		0
	<u>11,350</u>	<u>0</u>		<u>0</u>

## STATEMENT 2

## PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMP. BEN PLAN CONTR</u>	<u>EXPENSE ACCOUNT</u>
INDIA BENTON LESSER 1862 WOOD VALLEY RD MACON, GA 31211	TRUSTEE 5 00	0	0	0
BRUCE W LESSER 1862 WOOD VALLEY RD MACON, GA 31211	TRUSTEE 5 00	0	0	0
STEVE LESSER 3304 TIMBERFIELD LANE BALTIMORE, MD 21208	TRUSTEE 5 00	0	0	0
RUTH M SMITH 504 HIGH POINT NORTH RD MACON, GA 31210	TRUSTEE 5 00	0	0	0
DIANE WALTON 1249 CHISOLM TRAIL MACON, GA 31210	TRUSTEE 5 00	0	0	0
RACHEL STOKES 653 CAPTAIN KELL DRIVE MACON, GA 31204	TRUSTEE 5 00	<u>0</u>	<u>0</u>	<u>0</u>
TOTALS INCLUDED ON 990-PF, PG 6, PART VIII		<u>0</u>	<u>0</u>	<u>0</u>

## STATEMENT 3

## GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT</u>	<u>RECIPIENT STATUS</u>	<u>AMOUNT</u>
ASOLO THEATRE COMPANY 5555 NORTH TAMiami TRAIL SARASOTA, FL 34243	NONE DONATION	501 ( C )(3)	25,800
AMERICAN CANCER SOCIETY 1063 WALNUT STREET MACON, GA 31201	NONE GENERAL SUPPORT	501 ( C )(3)	10,950
SARASOTA FILM FESTIVAL 332 COCOANUT AVE SARASOTA, FL 34236		501 ( C )(3)	7,500
SARASOTA MEMORIAL HEALTHCARE FOUNDATION 1700 S TAMiami TRAIL SARASOTA, FL 34239	NONE DONATION	501 ( C )(3)	225

RALLY FOR THE CURE 20 WESTPORT RD WILTON, CT 06897	NONE DONATION	501 ( C )(3)	100
SARASOTA MEMORIAL HOSPITAL FUND 1700 S TAMIAMI TRAIL SARASOTA , FL 34239	NONE DONATION	501 ( C )(3)	190
YMCA FOUNDATION ONE SOUTH SCHOOL AVE SARASOTA, FL 34237	NONE DONATION	501 ( C )(3)	3,515
HYDE PARK FOUNDATION 1700 S TAMIAMI TRAIL SARASOTA , FL 34239	NONE DONATION	501 ( C )(3)	370
SARASOTA CAREGIVERS RESOURCE CENTER 1820 BROTHER GEENEN WAY SARASOTA, FL 34236	NONE DONATION	501 ( C )(3)	100
BOB HOPE CHARITY P O BOX 865 RANCHO MIRAGE, CA 92270	NONE DONATION	501 ( C )(3)	9,000
DESIGNING WOMEN BOUTIQUE 1226 N TAMIAMI TRAIL SARASOTA, FL 34236	NONE DONATION	501 ( C )(3)	250
MACON VOLUTEER CLINIC 376 ROGERS AVENUE MACON, GA 31204	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
CENTRAL GEORGIA TECH COLL FD 3300 MACON TECH DRIVE MACON, GA 31206	NONE GENERAL SUPPORT	501 ( C )(3)	500
GIRL SCOUTS OF GULFCOAST FL 4780 CATTLEMEN RD SARASOTA, FL 34233	NONE GENERAL SUPPORT	501 ( C )(3)	700
MACON RESCUE MISSION P O BOX 749 MACON, GA 31204	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
METHODIST HOME FOR CHILDREN P O BOX 2525 MACON, GA 31203	NONE GENERAL SUPPORT	501 ( C )(3)	600
PINES OF SARASOTA 1501 N ORANGE AVE SARASOTA, FL 34236	NONE GENERAL SUPPORT	501 ( C )(3)	700
RINGLING COLLEGE OF ART & DESIGN 2700 N TAMIAMI TR SARASOTA, FL 34234	NONE GENERAL SUPPORT	501 ( C )(3)	500
SECOND CHANCE - LAST OPPORTUNITY 1933 MARTIN LUTHER KING WAY SARASOTA, FL 34234	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
UPSIDE DOWN FOUNDATION P O BOX 17791 SARASOTA, FL 34276	NONE GENERAL SUPPORT	501 ( C )(3)	500



WESLEY GLEN MINISTRIES 4580 N MUMFORD RD MACON, GA 31210	NONE GENERAL SUPPORT	501 ( C )(3)	500
MOREHOUSE COLLEGE 830 WESTVIEW DR SW ATLANTA, GA 30314	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
UNIVERSITY OF ALABAMA TUSCALOOSA, AL 35487	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
UNIVERSITY OF GEORGIA ATHENS, GA 30602	NONE GENERAL SUPPORT	501 ( C )(3)	750
CLAYTON STATE UNIVERSITY 2000 CLAYTON STATE BLVD MORROW, GA 30260	NONE GENERAL SUPPORT	501 ( C )(3)	1,200
SHORTER COLLEGE 315 SHORTER AVE SW ROME, GA 30165	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
CENTRAL GEORGIA TECHNICAL COLLEGE 3300 MACON TECH DRIVE MACON, GA 31206	NONE GENERAL SUPPORT	501 ( C )(3)	400
FORT VALLEY STATE UNIVERSITY 1005 STATE UNIVERSITY DRIVE FORT VALLEY, GA 31030	NONE GENERAL SUPPORT	501 ( C )(3)	1,200
ANIMAL RESCUE COALITION 47 SOUTH PALM AVENUE SARASOTA, FL 34236	NONE GENERAL SUPPORT	501 ( C )(3)	3,500
CENTRAL GEORGIA CASA INC 640 PLUM ST, STE 205 MACON, GA 31201	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
GIRLS INC OF SARASOTA COUNTY 201 S TUTTLE SARASOTA, FL 34237	NONE GENERAL SUPPORT	501 ( C )(3)	1,500
HUMANE SOCIETY OF SARASOTA CTY 2331 15TH ST SARASOTA, FL 34237	NONE GENERAL SUPPORT	501 ( C )(3)	1,500
MEDCEN COMMUNITY HEALTH FOUND 858 HIGH STREET MACON, GA 31201	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
REBUILDING MACON, INC 3864 LAKE ST MACON, GA 31204	NONE GENERAL SUPPORT	501 ( C )(3)	1,000
SENIOR FRIENDSHIP CENTERS, INC 1888 BROTHER GEENAN WAY SARASOTA, FL 34236	NONE GENERAL SUPPORT	501 ( C )(3)	3,000
SCHOOL BOARD OF SARASOTA COUNTY PHOENIX ACADEMY 1085 SHADE AVE, SARASOTA, FL 34237	NONE GENERAL SUPPORT	501 ( C )(3)	1,800

---



---

85,850

# 2009 Tax Information Statement

Recipient's Name and Address

Account Number: 1932620  
 Recipient's Tax ID number: 58-2436064  
 Payer's Federal ID number: 59-3482833

Ref 51  
 INDIA BENTON LESSER FOUNDATION  
 2849 WILFRED REID CIRCLE  
 SARASOTA, FL 34240

Payer's Name and Address  
 SUNTRUST BANK  
 W&M TAX SERVICES  
 P.O. BOX 1908  
 ORLANDO, FL 32802-1908

Corrected  2nd TIN notice

## 2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
<b>Short Term Sales Reported on 1099-B</b>								
75 0000	50540R409	LABORATORY CORP OF AMERICA HLDGS COM	05/05/2009	06/24/2009	4,927.00	4,821.00	106.00	0.00
<b>Total Short Term Sales Reported on 1099-B</b>								
<b>Long Term 15% Sales Reported on 1099-B</b>								
100 0000	032511107	ANADARKO PETROLEUM CORP	12/12/2003	05/05/2009	4,448.06	2,409.50	2,038.56	0.00
125 0000	067383109	BARD C R INC COM	04/14/2008	12/02/2009	10,461.73	11,880.00	-1,418.27	0.00
100 0000	166764100	CHEVRONTXACO CORP COM	08/03/2004	05/05/2009	6,554.01	4,939.00	1,615.01	0.00
300 0000	171232101	CHUBB CORP	05/24/2004	05/05/2009	11,803.85	10,092.00	1,711.85	0.00
200 0000	235851102	DANAHER CORP COM	10/30/2003	12/09/2009	14,375.83	8,285.00	6,090.83	0.00
271 0000	494368103	KIMBERLY CLARK CORP	03/26/2004	05/05/2009	13,537.08	16,522.10	-2,985.02	0.00
175 0000	883203101	TEXTRON INC COM	11/27/2001	05/05/2009	1,977.76	3,529.75	-1,551.99	0.00
200 0000	902911106	UST INC COM	VARIOUS	01/06/2009	13,900.00	5,729.50	8,170.50	0.00
<b>Total Long Term 15% Sales Reported on 1099-B</b>						<b>77,058.32</b>	<b>63,386.85</b>	<b>13,671.47</b>

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

## 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>	Name of Exempt Organization <b>THE INDIA BENTON LESSER FOUNDATION</b>	Employer identification number <b>58-2436064</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 2018 MC 3071, CO SUNTRUST BANK</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SARASOTA, FL 34230</b>	

**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 type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ SUNTRUST BANK, P.O. BOX 2018 - SARASOTA, FL 34230

Telephone No ▶ 941-951-3120 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 16, 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>	\$	0
<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>	\$	0
<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>	\$	0

**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).

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>THE INDIA BENTON LESSER FOUNDATION</b>	Employer identification number <b>58-2436064</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 2018 MC 3071, CO SUNTRUST BANK</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SARASOTA, FL 34230</b>	

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

<input type="checkbox"/> Form 990	<input checked="" 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 ► SUNTRUST BANK, P.O. BOX 2018 - SARASOTA, FL 34230  
Telephone No. ► 941-951-3120 FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, 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 INFORMATION PERTINENT TO FILING THIS TAX RETURN IS NOT AVAILABLE FOR TIMELY FILING.

<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>	\$	0
<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>	\$	0
<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>	\$	0

**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 ► Robert J. Ferris Title ► CIA Date ► 8/4/10