



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



Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, 2009, and ending</b>	
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		ENGINEERING CONTRACTORS ASSOC OF S FL INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 16597 NEW E.C.A. Suite 214</b> City or town, state or country, and ZIP + 4 <b>9900 Stirling Rd.</b> <b>PLANTATION FL 33318 33024</b> Cooper City FL 33024	
		D Employer identification number <b>59 0709610</b>	
		E Telephone number <b>(954) 236-0737</b>	
		F Name and address of principal officer <b>ALEXIS LEAL</b> <b>PO BOX 16597 PLANTATION FL 33318</b>	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ <b>229,262</b>	
J Website: ► N/A		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
		L Year of formation <b>1970</b> M State of legal domicile: <b>FL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities. <b>TO PROVIDE INFORMATION AND RELEVANT SERVICES TO MEMBERS</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
	5 Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<b>1</b>
	6 Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>0</b>
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h) . . . . .	<b>92055</b>	<b>93500</b>
	9 Program service revenue (Part VIII, line 2g) . . . . .		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>4541</b>	<b>1938</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>49298</b>	<b>51048</b>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	<b>145894</b>	<b>146486</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	<b>83233</b>	<b>85855</b>	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ►	<b>RECEIVED</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	<b>62859</b>	<b>50179</b>	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	<b>146092</b>	<b>136034</b>	
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	<b>-198</b>	<b>10452</b>	
<b>Net Assets or Fund Balances</b>	Beginning of Year	<b>228918</b>	<b>245308</b>
	Current Year	<b>24857</b>	<b>30795</b>
	End of Year	<b>204061</b>	<b>214513</b>

**Part II Signature Block**

<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		
	<i>Gail Tonelli</i>	<i>RECEIVED</i>	<i>5-18-11</i>
Signature of officer	<i>GAIL TONELLI</i>	Date	
Type or print name and title	<i>SECRETARY-TREASURER, EXECUTIVE DIRECTOR/Reg. Agent</i>		

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>LARRY D STEINBERG</i>	Date <b>6/26/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>060-48-5666</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>LARRY D STEINBERG PA 8211 W BROWARD BLVD #375 PLANTATION FL 33324</b>	EIN ► <b>65 0235492</b>		
		Phone no ► <b>(954) 475-3954</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Cat No 11282Y

Form 990 (2009)

913

18

### **Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

## **TO PROVIDE INFORMATION AND RELEVANT SERVICES TO MEMBERS**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: .....)(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**4b** (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

4c (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

#### 4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

3 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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1		✓
2		✓
3		✓
4		✓
5		✓
6		✓
7		✓
8		✓
9		✓
10		✓
11		✓
12		✓
13		✓
14a		✓
14b		✓
15		✓
16		✓
17		✓
18		✓
19		✓
20		✓

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b	Is the organization 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	25b	✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	✓	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</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)?	4a		✓
<b>b</b> 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.	5a		✓
<b>5b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		✓
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a		✓
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		✓
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7e		✓
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		✓
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h		✓
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8		✓
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		✓
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	9b		✓
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:	10a		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	10b		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:	11a		
<b>a</b> Gross income from members or shareholders	11b		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body . . . . . **1a**  Yes  No  
 b Enter the number of voting members that are independent . . . . . **1b**  Yes  No

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . **2**  Yes  No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . **3**  Yes  No

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . **4**  Yes  No

5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . **5**  Yes  No

6 Does the organization have members or stockholders? . . . . . **6**  Yes  No

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . **7a**  Yes  No  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . **7b**  Yes  No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body? . . . . . **8a**  Yes  No  
 b Each committee with authority to act on behalf of the governing body? . . . . . **8b**  Yes  No

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . **9a**  Yes  No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? . . . . . **10a**  Yes  No  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . **10b**  Yes  No

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11**  Yes  No

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12a**  Yes  No  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b**  Yes  No  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . **12c**  Yes  No

13 Does the organization have a written whistleblower policy? . . . . . **13**  Yes  No

14 Does the organization have a written document retention and destruction policy? . . . . . **14**  Yes  No

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official . . . . . **15a**  Yes  No  
 b Other officers or key employees of the organization . . . . . **15b**  Yes  No  
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a**  Yes  No  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . **16b**  Yes  No

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **FLORIDA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► **GAIL TONELLI PO BOX 16597 PLANTATION FL 33318 954-236-0737**

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

Name and Title \_\_\_\_\_ Average \_\_\_\_\_ Position (check all that apply) \_\_\_\_\_ Reportable \_\_\_\_\_

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)	(D) Reportable compensation from the organization (W-2/1099-MSC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GAIL TONELLI EXECUTIVE	40	<input checked="" type="checkbox"/> Highest compensated employee <input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Key employee <input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Individual trustee or director	85855	0	0
SEE ATTACHED FROM ANNUAL REPORT			0	0	0

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

	Yes	No
3		✓
4		✓
5		✓

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .					
	<b>1b</b> Membership dues . . . . .	<b>93500</b>				
	<b>1c</b>					
	<b>1d</b>					
	<b>1e</b>					
	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f. \$					
	<b>h Total. Add lines 1a-1f</b>	<b>93500</b>				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f All other program service revenue</b>					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	<b>1938</b>	<b>0</b>	<b>0</b>	<b>1938</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18					
<b>a</b>	<b>133824</b>					
<b>b</b> Less: direct expenses	<b>b</b>	<b>82776</b>				
<b>c</b> Net income or (loss) from fundraising events			<b>51048</b>	<b>0</b>	<b>0</b>	
<b>9a</b> Gross income from gaming activities						
See Part IV, line 19						
<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d All other revenue</b>						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>		<b>146486</b>	<b>0</b>	<b>0</b>	<b>52986</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	85855	72976	12879	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9148	7776	1372	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3101	1550	1551	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16341	13890	2451	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES	5445		5445	
b DUES & SUBSCRIPTIONS	779		779	
c OFFICE EXPENSES	10997		10997	
d STORAGE & RENT	4368		4368	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	136034	96192	39842	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
1	Cash—non-interest-bearing . . . . .	<b>211938</b>	1	<b>26166</b>
2	Savings and temporary cash investments . . . . .		2	<b>175531</b>
3	Pledges and grants receivable, net . . . . .		3	
4	Accounts receivable, net . . . . .		4	<b>15566</b>
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		5	
7	Notes and loans receivable, net . . . . .		6	
8	Inventories for sale or use . . . . .		7	
9	Prepaid expenses and deferred charges . . . . .	<b>3474</b>	8	
10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
b	Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
11	Investments—publicly traded securities . . . . .	<b>13506</b>	11	
12	Investments—other securities. See Part IV, line 11 . . . . .		12	
13	Investments—program-related. See Part IV, line 11 . . . . .		13	
14	Intangible assets . . . . .		14	
15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>228918</b>	<b>16</b>	<b>245308</b>
<b>Liabilities</b>				
17	Accounts payable and accrued expenses . . . . .	<b>19657</b>	17	<b>25595</b>
18	Grants payable . . . . .		18	
19	Deferred revenue . . . . .	<b>5200</b>	19	<b>5200</b>
20	Tax-exempt bond liabilities . . . . .		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
25	Other liabilities. Complete Part X of Schedule D . . . . .		25	
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>24857</b>	<b>26</b>	<b>30795</b>
<b>Net Assets or Fund Balances</b>				
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets . . . . .		27	
28	Temporarily restricted net assets . . . . .		28	
29	Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds . . . . .		30	
31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>204061</b>	<b>32</b>	<b>214513</b>
33	Total net assets or fund balances . . . . .	<b>204061</b>	<b>33</b>	<b>214513</b>
34	Total liabilities and net assets/fund balances . . . . .	<b>228918</b>	<b>34</b>	<b>245308</b>

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	✓	
2b		✓
2c	✓	
3a		✓
3b		

# Engineering Contractors Association of South Florida, Inc.

9900 Stirling Road, Suite 214  
Cooper City, FL 33024

Telephone: 954.236.0737  
E-mail: ECA1953@bellsouth.net



**President**  
Gus Graupera  
Construct Group Corp.

May 20, 2011

**Vice President**  
Howell Abrams  
Signal Technology, Inc.

INTERNAL REVENUE SERVICE  
OGDEN, UTAH 84201-0027

VIA, CERTIFIED MAIL

**Secretary-Treasurer**  
Rick Cummings  
Kiewit Infrastructure  
South

Re 2009 from 990 filing

Please be advised we have attached the 2009 IRS form 990 dated August 15, 2010. An extension had been granted, however, to my dismay I discovered the original 990 was not filed with the IRS. In way of an explanation, but not an excuse, our CPA discussed starting to file electronically. I presumed he had done such, and that I had only received the copy he marked as "taxpayer's copy".

**Immediate Past President**  
Andres Mendoza  
Condotte America

We beg of your indulgence in this matter. We hired a new Certified Public Accountant last year, and reminded him several times the 990 was coming due. We had numerous concerns because of a lack of satisfactory communication between the CPA and our office. We have since changed CPA's again inasmuch as he abruptly quit earlier this year without any advance notice.

**Director**  
Danny Garcia  
Ranger Construction  
Industries Inc.

We have taken steps to rectify any future filings. We have hired Debora K Henderson, CPA, P.A., whose 21+ years of experience is mainly with 501C organizations. Furthermore, we have placed the item on our office computer to notify us in advance of the filing date and to insure the original is mailed in a timely manner. It is also our intention to have our new CPA set up an electronic filing procedure to further insure an expedited filing.

**Director**  
Fernando Giro  
Community Asphalt  
Corp.

Inasmuch as we are a one person office, we have furthermore advised our corporate attorney to place the filing date on his annual calendar. This will insure that three individuals will be notified and responsible for timely filings.

**Director**  
Carlos Rodriguez  
Nortex Equipment

We have not received any past due notices or late fees regarding the attached 2009 form 990. Upon our initial meeting with our new CPA we realized the form had not been filed. To that end, we are immediately providing you with our return.

**Director**  
Rex A. Nealis  
White Rock Quarries

In consideration of the foregoing, including our immediate filing of this oversight, we humbly request relief from any late filing penalties which would have a devastating effect on the limited resources of our organization especially in these current grim economic times.

**Executive Director**  
Gail Tonelli

Very truly yours,

A handwritten signature in black ink, appearing to read 'Gail Tonelli'.

**SCHEDULE O**  
**(Form 990)**

## **Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

ENGINEERING CONTRACTORS ASSOC OF SOUTH FL

**Employer identification number**

59 | 0709610

ALL INFORMATION DISCLOSED ON APPROPRIATE SCHEDULES

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719394

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: ENGINEERING CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

500 NW 97 AVE  
PLANTATION, FL 33324 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 16597  
PLANTATION, FL 33318 US

## New Mailing Address:

PO BOX 16597  
PLANTATION, FL 33318

FEI Number: 59-0709610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TONELLI, GAIL  
500 NW 97 AVE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title P ( ) Delete  
Name LEAL, ALEXIS  
Address 6201 SW 70 STREET, 2ND FLOOR  
City-St-Zip MIAMI, FL 33143

Title: P (X) Change ( ) Addition  
Name: LEAL, ALEXIS  
Address: 6201 SW 70 STREET, 2ND FLOOR  
City-St-Zip: MIAMI, FL 33143 US

Title VP ( ) Delete  
Name YOUNT, MARTIN  
Address: PO BOX 1100  
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VP (X) Change ( ) Addition  
Name: MENDOZA, ANDRES  
Address: 10790 N W 127TH STREET  
City-St-Zip: MEDLEY, FL 33178 US

Title PP ( ) Delete  
Name AGUIAR, MANUAL  
Address: 14007 NW 186 STREET  
City-St-Zip: MIAMI, FL 33016

Title: S T (X) Change ( ) Addition  
Name: KRYSTEL, PHILIP  
Address: 921 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326 US

Title D ( ) Delete  
Name JORGE, FERNANDEZ  
Address: 13100NW 118 AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: D (X) Change ( ) Addition  
Name: JORGE, FERNANDEZ  
Address: 13100NW 118 AVENUE  
City-St-Zip: MIAMI, FL 33178 US

Title D ( ) Delete  
Name PHILLIP, KRYSTEL  
Address: 921 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

Title: D (X) Change ( ) Addition  
Name: WEEKLEY, SALT  
Address: 20701 STIRLING ROAD  
City-St-Zip: PEMBROKE PINES, FL 33332 US

Title S/T ( ) Delete  
Name ANDRES, MENDOZA  
Address: 10790 N W 127TH STREET  
City-St-Zip: MEDLEY, FL 33178

Title: D (X) Change ( ) Addition  
Name: GRAUPERA, GUSTAVO  
Address: 12101 NW 99 AVE, STE #8  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered

SIGNATURE ALEXIS LEAL

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date

Application for Extension of Time To File an  
Exempt Organization Return

► 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.

Type or print	Name of Exempt Organization <b>ENGINEERING CONTRACTORS ASSOCIATION OF S FL INC</b>	Employer identification number <b>59 0709610</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 16597</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PLANTATION FL 33318</b>	

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

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

- The books are in the care of ► **LARRY D STEINBERG CPA**

Telephone No. ► ( **954** ) **475-3954** FAX No. ► ( **954** ) **473-4907**

- 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**09** 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

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>0</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.	3b \$ <b>0</b>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <b>0</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).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions	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 .....  
.....  
.....

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 estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. 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	8c \$

**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 ►

Title ►

Date ►

5/12/10