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Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

# 2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2009** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.</b>		<b>D</b> Employer identification number <b>59-1596340</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>36301 DELTA GOLD CT.</b>		<b>E</b> Telephone number <b>813-323-7822</b>
		City or town, state or country, and ZIP + 4 <b>ZEPHYRHILLS FL 33541</b>		<b>F</b> Group Exemption Number _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: **WWW.SUCA.ORG**  
**J** Tax-exempt status (check only one) —  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

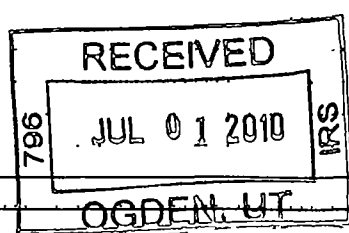
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 185,760**

#### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	1,203
	3	Membership dues and assessments	3	172,298
	4	Investment income	4	12,259
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	185,760	
Expenses	10	Grants and similar amounts paid (attach schedule) <b>STMT 2</b>	10	66,288
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	56,857
	13	Professional fees and other payments to independent contractors	13	6,200
	14	Occupancy, rent, utilities, and maintenance	14	19,559
	15	Printing, publications, postage, and shipping	15	1,606
	16	Other expenses (describe <b>SEE STATEMENT 3</b> )	16	76,041
	17	<b>Total expenses.</b> Add lines 10 through 16	17	226,551
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-40,791
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	447,482
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	406,691	



SCANNED AUG 03 2010

#### Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	444,436	405,475
23 Land and buildings		
24 Other assets (describe <b>SEE STATEMENT 4</b> )	6,547	4,414
25 Total assets	450,983	409,889
26 Total liabilities (describe <b>SEE STATEMENT 5</b> )	3,501	3,198
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	447,482	406,691

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

Form 990-EZ (2009)

14P



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ 37a   <u>6,258</u></span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b  </span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a  </span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b  </span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____ ; section 4912 <span style="float:right">▶</span> _____ , section 4955 <span style="float:right">▶</span> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> <b>NONE</b>		
42a	The organization's books are in care of <span style="float:right">▶</span> <b>MISTY MCKENDREE</b> Telephone no <span style="float:right">▶</span> <b>813-989-7822</b> <b>36301 DELTA GOLD CT.</b>		
	Located at <span style="float:right">▶</span> <b>ZEPHYRHILLS, FL</b> ZIP + 4 <span style="float:right">▶</span> <b>33541</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |     | Yes | No |
|-----|-----|----|
| 46  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
  - 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
  - 49a Did the organization make any transfers to an exempt non-charitable related organization?
  - b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Kenneth G. Wachman* Date: 6/15/10  
 Type or print name and title: KENNETH G. WACHMAN

**Paid Preparer's Use Only**

Preparer's signature: *Stuart Angelo* Date: 6/15/10 Check if self-employed:  Preparer's Identifying Number (See instr): **P00542114**

Firm's name (or yours if self-employed), address, and ZIP + 4: **STUART ANGELO & COMPANY, PA, CPA'S  
201 E. KENNEDY BLVD., #1620  
TAMPA, FL 33602**

EIN: **59-2817866** Phone no: **813-229-8889**

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

24120 SUNCOAST UTILITY CONTRACTORS

59-1596340

FYE: 12/31/2009

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES AND ASSESSMENTS	\$ 172,298
TOTAL	\$ 172,298

24120 SUNCOAST UTILITY CONTRACTORS

59-1596340

FYE: 12/31/2009

## Federal Statements

### Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
NUCA	NATIONAL DUES	59,138
UUCF	STATE DUES	7,150
TOTAL		<u>66,288</u>

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

Description	Amount
NEWSLETTER	\$
DIRECT ADVERTISING COSTS	470
READERSHIP COSTS	760
EXPENSES	
CONFERENCES AND MEETINGS	52,559
INSURANCE	7,172
CHARITABLE CONTRIBUTIONS	2,660
TRAVEL	5,044
SPONSORSHIPS AND DONATION	6,267
TAXES AND LICENSES	348
BANK CHARGES	140
MISCELLANEOUS	621
TOTAL	\$ <u>76,041</u>

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 945	\$ 978
CAPITAL ASSETS	12,847	12,847
LESS ACCUMULATED DEPRECIATION	10,103	10,754
COMPUTER SOFTWARE, NET OF AMORT.	826	429
DEPOSITS	914	914
INTEREST RECEIVABLE	1,118	
	<u>6,547</u>	<u>4,414</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,301	\$ 998
DUE TO PAC	2,200	2,200
	<u>3,501</u>	<u>3,198</u>

24120 SUNCOAST UTILITY CONTRACTORS

59-1596340

FYE: 12/31/2009

## Federal Statements

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

#### Description

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PUBLICATION OF THE ASSOCIATION DIRECTORY. ALL MEMBERS SERVED.

## Federal Statements

## Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BEEBLE THOMPSON 3910 GOLF PARK LP., STE 4 BRADENTON, FL 34203	VICE CHAIR		0	0	0
STEVEN KENNEDY 8008 E. SLIGH AVE. TAMPA, FL 33610	TREASURER		0	0	0
BRUCE AKERS 8008 E. SLIGH AVE. TAMPA, FL 33610	PAST CHAIR		0	0	0
MISTY MCKENDREE 36301 DELTA COLD CT. ZEPHYRHILLS, FL 33541	EXECUTIVE DI	40.00	47,000	0	0
BILL HAAN P.O. BOX 1149 PALMETTO, FL 34220	CHAIRMAN		0	0	0
KEVIN J. FULCHER 6001 N. 50TH ST. TAMPA, FL 33610	BOARD MEMBER		0	0	0
LINDA SHUTT 3483 ALT. HWY 19 PALM HARBOR, FL 34683	BOARD MEMBER		0	0	0
KEVIN D. ROWLAND 6855 102ND AVE. N. PINELLAS PARK, FL 33782	BOARD MEMBER		0	0	0
DONALD R. VANCE 10149 FISHER AVE. TAMPA, FL 33619	BOARD MEMBER		0	0	0

## Federal Statements

## Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KEVIN BOHNE 8011 LAND O' LAKES BLVD. LAND O LAKES, FL 34638	BOARD MEMBER		0	0	0
NICOLE B. SAUNDERS 2130 ASHLEY OAKS CIR., STE 102 WESLEY CHAPEL, FL 33544	BOARD MEMBER		0	0	0
LARRY FALLS 25352 S.R. 54 LUTZ, FL 33559	BOARD MEMBER		0	0	0
TIMOTHY R. MAGUIRE 9797 GIBSONTON DR. RIVERVIEW, FL 33569	BOARD MEMBER		0	0	0
RON SHERWOOD 9240 CAUSEWAY BLVD. TAMPA, FL 33619	BOARD MEMBER		0	0	0
KEN WACHMAN 6001 N. 50TH ST TAMPA, FL 33610	SECRETARY		0	0	0
BILL DUGAN JR. 2140 PONDELLA RD., CAPE CORAL, FL 33909	BOARD MEMBER		0	0	0
BILL CAMMANN 3000 BAYPORT DR., #1000 TAMPA, FL 33607	BOARD MEMBER		0	0	0
MICKEY BELL P.O. BOX 33020 ST PETERSBURG, FL 33733	BOARD MEMBER		0	0	0

**Federal Statements**

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NICK FREEMAN 903 E. 17TH AVE. TAMPA, FL 33605	BOARD MEMBER		0	0	0
GREG HASTY 9797 GIBSONTON DR. RIVERVIEW, FL 33569	BOARD MEMBER		0	0	0
MIKE BEUKEMA P.O. BOX 1149 PALMETTO, FL 34220	BOARD MEMBER		0	0	0
RICH CUTTING 10328 MAIN STREET THONOTOSASSA, FL 33592	BOARD MEMBER		0	0	0
LORI WALDROP 8840 MARTIN LUTHER KING ST. NORTH ST. PETERSBURG, FL 33702	BOARD MEMBER		0	0	0

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

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **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 File by the due date for filing your return See instructions	Name of Exempt Organization <b>SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.</b>	Employer identification number <b>59-1596340</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>36301 DELTA GOLD CT.</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>ZEPHYRHILLS FL 33541</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 checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **MISTY MCKENDREE**

Telephone No. ▶ **813-989-7822** 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 **08/15/10**, 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 \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO or payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• 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).

Form with fields for Name of Exempt Organization (SUNCOAST UTILITY CONTRACTORS ASSOCIATION, INC.), Employer identification number (59-1596340), Address (36301 DELTA GOLD CT., ZEPHYRHILLS FL 33541).

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

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

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) 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.

- I request an additional 3-month extension of time until For calendar year or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension

Table with 3 rows: 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 \$; 8b 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 \$; 8c 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 5/14/10 Form 8868 (Rev 4-2009)

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