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Department of the Treasury
Internal Revenue Service

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)

► 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

, 2009, and ending

, 20

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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

C Name of organization, number and street, city, town, state, and ZIP code

GOTHIC GUILD, INC.PO BOX 18216
HUNTSVILLE AL 35804-8216

D Employer identification number

63-0900961

E Telephone number

256-539-0601

F 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: ►

J Tax-exempt status (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527H Check if the organization is not required to attach Sch 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 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 ► \$ 90,565.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		(See the instructions)
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 2,681.
	2 Program service revenue including government fees and contracts	2 87,326.
	3 Membership dues and assessments	3
	4 Investment income	4 558.
	5 a Gross amount from sale of assets other than inventory	5 a
	b Less* cost or other basis and sales expenses	5 b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6 a
	b Less direct expenses other than fundraising expenses	6 b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6 c
	7 a Gross sales of inventory, less returns and allowances	7 a
	b Less cost of goods sold	7 b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8 Other revenue (describe ►)	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 90,565.
Expenses	10 Grants and similar amounts paid (attach schedule)	10 34,025.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 570.
	16 Other expenses (describe ► SEE STMT)	16 65,606.
	17 Total expenses. Add lines 10 through 16	17 100,201.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (9,636.)
	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 70,652.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 61,016.

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	70,652.	22 61,016.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	70,652.	25 61,016.
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,652.	27 61,016.

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

Form 990-EZ (2009)

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

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

What is the organization's primary exempt purpose? EDUCATIONAL - ETIQUETTE TRAINING

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 A SERIES OF CLASSES THAT INSTRUCTS YOUNG WOMEN IN THE SOCIAL GRACES THE SERIES CONCLUDES WITH A FORMAL DANCE THAT IS BOTH A PROGRAM AND FUNDRAISER

(Grants \$) If this amount includes foreign grants, check here . . . ► 28a 100, 201.

29

Page 10 of 10

22 **(Grants \$** **)** If this amount includes foreign grants, check here **29a**

• www.english-test.net •

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(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

Part IV List of Officers, Directors, Trustees and Key Employees

List each one even if not compensated (See instructions for Part IV.)

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?		
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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
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	40b	X
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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
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	40e	X
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>SUSAN GILBERT</u> Telephone no ► <u>256-539-0601</u> Located at ► <u>SAME AS PAGE ONE</u> ZIP + 4 ► _____		
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)? If "Yes," enter the name of the foreign country ► _____	42b	X
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.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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	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	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
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"		

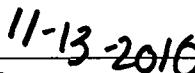
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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  Date  Susan Gilbert - Treasurer Type or print name and title		
Paid Preparer's Use Only	Preparer's name if self-employed, address, and ZIP + 4	Date if self-employed ►	Check if self-employed ► <input type="checkbox"/> Preparer's identifying no (See instr.) <input type="text"/>
	TUCKER, SMITH & ASSOCIATES, PC PO BOX 18216 HUNTSVILLE AL 35804-8216	11/5/10	EIN ► 63-1031249 Phone no ► 256-539-0601
May the IRS discuss this return with the preparer shown above? See instructions .. ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization

GOTHIC GUILD, INC.

Employer identification number

63-0900961

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)								
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____								
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)								
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	<input checked="" type="checkbox"/> An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III)								
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See section 509(a)(4)								
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h								
e	<table border="0"> <tr> <td><input type="checkbox"/> a</td> <td><input type="checkbox"/> Type I</td> <td><input type="checkbox"/> b</td> <td><input type="checkbox"/> Type II</td> <td><input type="checkbox"/> c</td> <td><input type="checkbox"/> Type III - Functionally integrated</td> <td><input type="checkbox"/> d</td> <td><input type="checkbox"/> Type III - Other</td> </tr> </table>	<input type="checkbox"/> a	<input type="checkbox"/> Type I	<input type="checkbox"/> b	<input type="checkbox"/> Type II	<input type="checkbox"/> c	<input type="checkbox"/> Type III - Functionally integrated	<input type="checkbox"/> d	<input type="checkbox"/> Type III - Other
<input type="checkbox"/> a	<input type="checkbox"/> Type I	<input type="checkbox"/> b	<input type="checkbox"/> Type II	<input type="checkbox"/> c	<input type="checkbox"/> Type III - Functionally integrated	<input type="checkbox"/> d	<input type="checkbox"/> Type III - Other		
f	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)								
g	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box								
h	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?								
	(ii) A family member of a person described in (i) above?								
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?								
i	Provide the following information about the supported organization(s)								
	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr> <td style="padding: 2px;">11g(i)</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">11g(ii)</td> <td style="width: 10px;"></td> </tr> <tr> <td style="padding: 2px;">11g(iii)</td> <td style="width: 10px;"></td> </tr> </table>	11g(i)		11g(ii)		11g(iii)			
11g(i)									
11g(ii)									
11g(iii)									

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10750.	10867.	8238.	9661.	11410.	50926.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	78320.	80597.	89529.	87282.	78597.	414325.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	89070.	91464.	97767.	96943.	90007.	465251.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						465251.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	89070.	91464.	97767.	96943.	90007.	465251.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	292.	408.	674.	878.	558.	2810.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	292.	408.	674.	878.	558.	2810.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, & 12)	89362.	91872.	98441.	97821.	90565.	468061.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.40 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.60 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.52 %

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Detail Sheet

2009

Name: GOTHIC GUILD, INC.

ID: 63-0900961

Description: PAGE 1, PART 1, LINE 10 - AMOUNTS PAID

Total .

34,025.

US 990	Other Expenses	2009		
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
MEETINGS	55,885.			55,885.
EDUCATION	5,323.			5,323.
STORAGE RENTAL	1,297.			1,297.
ACCOUNTING	1,125.			1,125.
OFFICE EXPENSES	1,036.			1,036.
MISCELLANEOUS	497.			497.
TREASURERS EXPENSES	263.			263.
INSURANCE	180.			180.
	<hr/> 65,606.			<hr/> 65,606.

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 and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization GOTHIC GUILD, INC.	Employer Identification number 63-0900961
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 PO BOX 18216	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HUNTSVILLE AL 35804-8216	

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 ► **SUSAN GILBERT**

Telephone No. ► **256-539-0601** FAX No ► **256-539-3200**

- 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 **AUG 15, 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

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 for 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)

Type or print	Name of Exempt Organization GOTHIC GUILD, INC.	Employer identification number 63-0900961
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 PO BOX 18216	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions HUNTSVILLE AL 35804-8216	

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-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 ► **SUSAN GILBERT** Telephone No ► **256-539-0601** FAX No ► **256-539-3200**
- 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 **NOV 15, 20 10**

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 **ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION FROM THE CLIENT NECESSARY TO COMPLETE THE FORM 990**

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 ► **James C. Smith** ► Title **CPA**

Date ► **8/5/10**

Form 8868 (Rev. 4-2009)