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CISDKGBWPT

Form **990-EZ**

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)

0912

▶ 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.*

OMB No. 1545-1150

2009

Open to Public Inspection

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

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
ST LANDRY PARISH FARM BUREAU, INC

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
P O BOX 95004

City, town, or country | State | ZIP + 4
BATON ROUGE | LA | 70895-9004

D Employer identification number
72-0501811

E Telephone number
(337) 948-8259

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) ▶

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

I Website: ▶

J Tax-exempt status (check only one)– ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 384,185

SCANNED DEC 10 2010

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	38,357
	2	Program service revenue including government fees and contracts		2	54
	3	Membership dues and assessments		3	125,189
	4	Investment income		4	19,489
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 24,152 of contributions reported on line 1)	6a 15,867		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	15,867
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ SERVICE FEES)		8	185,229
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	384,185
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	2,078
	12	Salaries, other compensation, and employee benefits		12	101,852
	13	Professional fees and other payments to independent contractors		13	1,170
	14	Occupancy, rent, utilities, and maintenance		14	27,090
	15	Printing, publications, postage, and shipping		15	5,689
	16	Other expenses (describe ▶ See Attached Statement)		16	179,588
	17	**Total expenses.** Add lines 10 through 16 ▶		17	317,467
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	68,718
	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	509,201
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	575,919

IRS RCVD 10/18/2010

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	350,336	22	434,270
23 Land and buildings	189,441	23	202,850
24 Other assets (describe ▶ See Attached Statement)	57,560	24	59,648
25 **Total assets**	597,337	25	696,768
26 **Total liabilities** (describe ▶ See Attached Statement)	88,136	26	120,849
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	509,201	27	575,919

95 10

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

What is the organization's primary exempt purpose? TO PROMOTE & PROTECT AGRICULTURE

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 FORMED FOR THE PROMOTION & PROTECTION OF AGRICULTURE (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29 (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30 (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31 Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32 **Total program service expenses.** (add lines 28a through 31a) ▶	32	0

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED	Title Hr/WK AS REQ.	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

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	X	
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 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 0			
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			
40 a	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		
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. ▶

42 a The organization's books are in care of ▶ SARAH THIBODEAUX Telephone no. ▶ (337) 948-8259

Located at ▶ 5265 I-49 SOUTH SERVICE ROAD City OPELOUSAS ST LA ZIP + 4 ▶ 70570-0772

			Yes	No
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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
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 N/A

			Yes	No
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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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
Name None Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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.

▶ Joey Olivier - Treasurer — 10-12-10
Signature of officer — Date

▶ Joey Olivier - Treasurer
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶	

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

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	13,925
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	24,152
7	Associated organization contributions	7	
8	PHONE REBATE	8	280
9		9	
10		10	
11	Total	11	38,357

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	14,089
2	Dividends and interest from securities	2	
3	Gross rents	3	5,400
4	Other investment income	4	
5	Total	5	19,489

Part I, Line 8 (990-EZ) - Other Revenue 185,229

	Description		Amount
1	SERVICE FEES	1	185,229
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

179,588

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	24,152
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	120,807
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	10,764
11	Telephone	11	1,805
12	Unrelated business income taxes	12	22,060
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part II, Line 24 (990-EZ) - Other Assets

		57,560	59,648
	Description	Beginning	End
1	PREPAID DUES	52,560	54,648
2	NOTE RECEIVABLE	5,000	5,000
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

88,136 120,849

	Description	Beginning	End
1	DUES REC IN ADVANCE	87,661	120,758
2	PAYROLL TAXES	475	91
3			
4			
5			
6			
7			
8			
9			
10			

Part V, Line 35b (990-EZ) - Income Not Previously Reported

Did the organization have income from business activities that it did not report on Form 990-T? [X] Yes [ ] No [ ] N/A

If "Yes," please describe income:

SEASONAL SPECIALTIES

BOARD OF DIRECTORS

President	Carlos Poltozola	421 Atkin Bayou Road Melville, LA 71353	H: 337.568.3754 C: 337.789.7298	cdpolotzola@att.net
V Pres	Fred Lavergne	204 Indigo Drive Lafayette, LA 70507	H: 337.888.2615 C: 337.298.7274	fredthefarmer@bellsouth.net
Secretary	Leo Franchebois	381 Sugar Mill Road Opelousas, LA 70570	H: 337.948.4385 C: 337.331.3341	J_franchebois@yahoo.com
Treasurer	Joey Olivier	2056 Hwy 31 Arnaudville, LA 70512	H: 337.879.2827 C: 337.945.3606	joeyolivier@aol.com
	Charles Cannatella	13803 Hwy 105 Melville, LA 71353	H: 337.623.5200 C: 337.207.4730	denisecannatella@hotmail.com
	Larry Lafleur	18065 Hwy 182 Bunkie, LA 71322	H: 318.838.2493 C: 318.831.0153	larrydlafleur@gmail.com
	Dale Bertrand	911 Sunflower Road Opelousas, LA 70570	H: 337.948.6866 C: 337.351.2484	dbfil@bellsouth.net
	Daniel Lyons	1438 Jessie Richard Road Churchpoint, LA 70525	H: 337.684.9751 C: 337.945.0364	lyonshorses@centurytel.net
	Keith Normand	112 Crestview Drive Opelousas, LA 70570	H: 337.948.0564 C: 337.296.6859	knormand@agcenter.lsu.edu
	Winn Plattsmier	7775 Hwy 103 Washington, LA 70589	H: 337.826.3129 C: 337.945.3872	plattsmj@hotmail.com
	Ike Boudreaux	P.O. Box 16 Lebeau, LA 71345	H: 337.623.5739 C: 337.945.0477	iboudreaux.usb@gmail.com
	Ronald Burleigh	157 Hwy 759 Churchpoint, LA 70525	C: 337.351.2468	
	Mark Reiners	505 Prairie Ronde Hwy Opelousas, LA 70570	H: 337.543.6397	riceman_1980@yahoo.com
	Tom Rabalais	301 Rabalais Road Morrow, LA 70535	H: 318.939.2268	
	Barrett Lyons	1480 Jessie Richard Rd Church Point, LA 70525	C: 337.288.0887	
	Joe Hidalgo	2040 Delmas Street Opelousas, LA 70570	H: 337.942.6258 C: 337.945.2640	jbhidalgo@aol.com
	Cecil Corbello	318 Sydney Charles Road Opelousas, LA 70570	W: 337.948.3062 C:337.351.8728	ccorbello@firstsouthland.com
	Kyle Doucet	3521 Grand Prairie Hwy Washington, LA 70589	H: 337.826.3542	allison.doucet@la.usda.gov
	Mike Wartell	P.O. Box 348 Washington, LA 70589	C: 337.945.1418	mdwartelle@bellsouth.net

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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	Employer identification number
File by the due date for filing your return. See instructions.	ST LANDRY PARISH FARM BUREAU, INC	72-0501811
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P O BOX 95004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BATON ROUGE LA 70895-9004	

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

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

- The books are in the care of ▶ SARAH THIBODEAUX

Telephone No. ▶ (337) 948-8259 FAX No. ▶ (337) 948-8554

- 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 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] 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

3 a	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	$ 0

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box** . . . . ▶ [X]

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.	ST LANDRY PARISH FARM BUREAU, INC	72-0501811
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	P O BOX 95004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BATON ROUGE LA 70895-9004	

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

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] 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 ▶ SARAH THIBODEAUX
  Telephone No. ▶ (337) 948-8259 FAX No. ▶ (337) 948-8554
- 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 11/15/2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

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 More time is requested to acquire all information needed to complete and file an accurate return.

8 a	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	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Deborah Bischoff Title ▶ ACCOUNTANT Date ▶ 8/2/2010