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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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

C Name of organization
Local Environmental Action Demanded Ag
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
19257 S 4403 DRIVE
 City or town, state or country, and ZIP + 4
Vinita, OK 74301

D Employer identification number
73-1592485

E Telephone number
(918) 542-9399

F Group Exemption Number ►

G Accounting Method ☐ Cash ☐ Accrual
 Other (specify) ► **HYBRID METHOD**

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

I Website: ► **WWW.LEADAGENCY.ORG**

J Tax-exempt status (check only one) - ☒ 501(c)(3) (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.

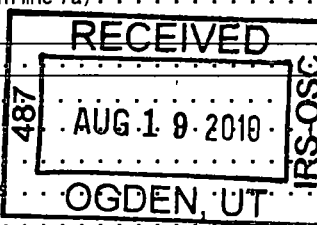
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **39,518**

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

1 Contributions, gifts, grants, and similar amounts received	1	35,930
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c 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 ☐		
a Gross revenue (not including \$ 630 of contributions reported on line 1)	6a	3,563
b Less: direct expenses other than fundraising expenses	6b	3,184
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	379
7a Gross sales of inventory, less returns and allowances	7a	25
b Less: cost of goods sold	7b	5
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	20
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	36,329
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	7,748
13 Professional fees and other payments to independent contractors	13	1,350
14 Occupancy, rent, utilities, and maintenance	14	11,019
15 Printing, publications, postage, and shipping	15	1,958
16 Other expenses (describe ► STML30)	16	11,032
17 Total expenses. Add lines 10 through 16	17	33,107
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,222
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	99,785
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	103,007

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	83,096	88,828
23 Land and buildings		
24 Other assets (describe ► STML31)	16,689	14,341
25 Total assets	99,785	103,169
26 Total liabilities (describe ► STML32)		162
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,785	103,007



Expenses

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

28a	0
-----	---

29a	0
-----	---

30a	0
-----	---

31a	
-----	--

(e) Expense account and other allowances

0

0

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	
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	
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	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 ▶ OK		
42 a	The organization's books are in care of ▶ REBECCA JIM Telephone no ▶ 918-256-5269		
	Located at ▶ 19257 S 4403 DRIVE Vinita, OK ZIP + 4 ▶ 74301		
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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country ▶ _____		
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
49 a 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."

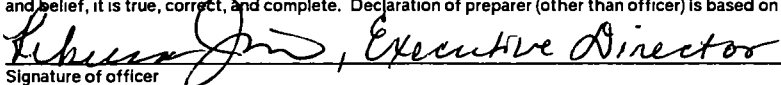
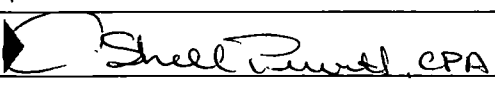
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		8-14-10 Date	
Paid Preparer's Use Only	REBECCA JIM, EXECUTIVE DIRECTOR Type or print name and title			
	Preparer's signature 	Date 8/14/10	Check if self-employed ☒	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ANN SHELL PEWITT, CPA P.O. BOX 874 Miami, OK 74355		EIN ▶ Phone no ▶ 918-542-4688	

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Local Environmental Action Demanded Agency, Inc

Employer identification number

73-1592485

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** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ 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)

f 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 _____

g 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? _____

h Provide the following information about the supported organization(s)

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

[illegible]**Total**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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")	70,080	83,809	157,590	92,963	35,930	440,372
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70,080	83,809	157,590	92,963	35,930	440,372
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						440,372

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	70,080	83,809	157,590	92,963	35,930	440,372
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						440,372
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

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")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under sec 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						
7a 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)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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, and 12)						

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	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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 ☐

Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
MEETING EXPENSE	162
WORKSHOP EXPENSE	200
ADVERTISING	500
INSURANCE	1,723
WEBSITE EXPENSE	140
SUPPLIES	879
DEPRECIATION EXPENSE	2,343
COMPUTER MAINTENCE	1,307
RIVERKEEPER EXPENSE	2,278
ARTS COUNCIL EXPENSE	1,500
Total	<u><u>11,032</u></u>

Form 990EZ, Part II, Line 24 Other Assets Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
INVENTORY	2,425	2,420
DEPOSITS	625	625
EQUIPMENT LESS DEPR	13,639	11,296
Total	<u><u>16,689</u></u>	<u><u>14,341</u></u>

Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL FED.W/H PAYABLE		34
PAYROLL FICA PAYABLE		128
Total		<u><u>162</u></u>

Federal Supplemental Information
LOCAL ENVIRONMENTAL ACTION DEMANDED
AGENCY, INC.

Page 1

73-1592485

ent LEAD

NOTE 1:

HYBRID METHOD OF ACCOUNTING

SUPPLEMENTAL DISCLOSURE:

990EZ PAGE 1 ITEM G:

THIS ORGANIZATION USES A HYBRID METHOD BY ACCRUING PAYROLL TAX LIABILITIES--
ALL OTHER INCOME AND EXPENSES ARE ON CASH METHOD ACCOUNTING.

8/13/2010
14:09

LOCAL ENVIRONMENTAL ACTION DEMANDED, INC
Federal ID #: 73-1592485
Asset Summary - Federal Tax Basis
Period Ended 12/31/09

Company: LEA
Page: 1

<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 2 EQUIP /LEAD DONATIONS												
1	1	CD BURNER/R JIM DO	04/12/03	N	SL	3	75 90	0 00	0 00	75 90	0 00	75 90
2	1	15' BOAT/T BOOTH D	01/01/04	U	SL	4	800 00	0 00	0 00	800 00	0 00	800 00
Group # 2 Total							875 90	0 00	0 00	875 90	0 00	875 90
Group # 3 EQUIP /CT GRANT MONIES												
1	2	CT/PRINT SCANNER/	09/12/02	N	SL	5	97 60	0 00	0 00	97 60	0 00	97.60
2	2	CT/LEAD ANALYSER/	03/25/03	N	SL	4	1,105.73	0 00	0 00	1,105 73	0 00	1,105 73
Group # 3 Total							1,203 33	0 00	0 00	1,203 33	0 00	1,203 33
Group # 4 EQUIP /EJ GRANT MONIES												
1	2	EJ/LAPTOP 2 0	05/05/03	N	SL	3	2,385 92	0 00	0 00	2,385 92	0 00	2,385 92
2	2	EJ/PROJECTOR	05/05/03	N	SL	3	3,253 92	0 00	0 00	3,253 92	0 00	3,253 92
3	2	EJ/SONY DIG CAMERA	05/05/03	N	SL	3	812 66	0 00	0 00	812 66	0 00	812 66
4	2	EJ/ARCVIEW EQUIP /E	10/19/03	N	SL	4	1,333 49	0 00	0 00	1,333 49	0 00	1,333 49
5	2	EJ/CD BURNER	10/19/03	N	SL	3	75.90	0 00	0 00	75 90	0 00	75 90
6	2	EJ/LAPTOP 2 4/ S HIL	11/22/03	N	SL	3	1,951 92	0 00	0 00	1,951 92	0 00	1,951 92
7	1	EJ/TABLETOP BLACK	04/09/04	N	SL	4	335 00	0 00	0 00	335 00	0 00	335 00
8	1	EJ/WIREBINDER	04/09/04	N	SL	4	630 00	0 00	0 00	630 00	0 00	630 00
Group # 4 Total							10,778 81	0 00	0 00	10,778 81	0 00	10,778 81
Group # 5 EQUIP /CORE GRANT MONIES												
1	1	COPIER	02/28/05	N	SL	7	1,678 00	0 00	0 00	919 42	239 71	1,159 13
2	1	COMPUTER	03/10/05	N	SL	5	1,609 00	0 00	0 00	1,233 60	321 80	1,555 40
3	1	LAPTOP	01/05/07	N	SL	3	1,000 01	0 00	0 00	500 01	333 34	833 35
Group # 5 Total							4,287 01	0 00	0 00	2,653 03	894 85	3,547 88
Group # 6 EQUIP /EPA/PROJ1 GRANT MO												
1	1	LEAD TESTER	03/24/05	N	SL	15	14,500 00	0 00	0 00	3,625 34	966 67	4,592 01
2	1	REFRIGERATOR	08/19/05	N	SL	5	437 95	0 00	0 00	292 18	87 59	379 77
3	1	LEAD ANALYZER	09/15/06	N	SL	5	1,970 00	0 00	0 00	985 00	394 00	1,379.00
Group # 6 Total							16,907 95	0 00	0 00	4,902 52	1,448 26	6,350 78
Grand Total							34,053.00	0.00	0.00	20,413.59	2,343.11	22,756.70

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 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	Employer identification number
	LEAD Local Environmental Action	73-1592485
	Number, street, and room or suite no. If a P.O. box, see instructions	
	19257 S 4403 DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Vinita, OK 74301	

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 |
| ☒ 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 ► REBECCA JIM 19257 S 4403 DRIVE Vinita, OK 74301

Telephone No ► 918-256-5269

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 08-16, 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 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.

EEA

Form 8868 (Rev. 4-2009)