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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

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

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service and ending For the 2009 calendar year, or tax year beginning Please D Employer identification number C Name of organization Check if applicable Bethesda Boys Ranch Inc use IRS Address change Doing Business As 73-6120679 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return (918) 827-6409 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-74047 G Gross receipts \$ OK 851,477 Amended return tions Application pending Name and address of principal officer Yes X No H(a) Is this a group return for affiliates? Donald Toops, Vice President 130 E Teel Rd, Sapulpa, OK 74066 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X 501(c) (3) **◄** (insert no) 4947(a)(1) or Website: ► NA H(c) Group exemption number ▶ X Corporation Other > L Year of formation M State of legal domicile K Form of organization Trust Association OK Part I Summary Briefly describe the organization's mission or most significant activities To provide rehabilitation, education and vocational training for juvenile delinquent boys and young men in a residential supervised setting Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 5 14 Total number of employees (Part V. line 2a) 6 0 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 6,456 3,320 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1.233 376 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,042,706 603.815 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,050,395 607,511 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,917 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 256,164 243,923 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 356,035 359,070 Total expenses Add lines 13-17 (must equal Part IX, col 612,199 609,910 19 Revenue less expenses Subtract line 18 from line 12 438,196 -2,399 RS-OSC Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,100,285 978,469 21 Total liabilities (Part X, line 26) 300,701 181,284 799,584 22 Net assets or fund balances Subtract line 21 from line 2 797,185 Signature Block accompanying-schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have examined this return; in implate Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, app Sign Signature of officer Here **Donald Toops** Vice President Type or print name and title Check if Preparer's identifying number Date Preparer's self-(see instructions) signature Paid employed 11/12/2010 P00219565 Preparer's Firm's name (or yours Carl P O'Brien CPA PC ▶ 73-1554106 EIN **Use Only** if self-employed). 16 E Lee Ste 15, Sapulpa, OK 74066 **▶** (918) 227-3285 Phone no address, and ZIP + 4

X Yes

						
						 -
4	Other program convece (Decer	bo in Sabadula (C.)				
	Other program services. (Descri	•				
	(Expenses \$	0 including grants of	<u>\$</u>	0)(Revenue \$	0)	
е	Total program service expens	es 🕨	359,639			
					- 000	

Pa	t IV Checklist of Required Schedules		<u>·</u>	
4	to the error ration described in section 501(c)(2) or 4047(c)(1) (other than a private foundation)? If "Vec "	Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 ^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4	<u> </u>	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	 -	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			 ^
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	8.	♦ ./	***
	Schedule D, Part VI		17 W	*
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	***·	~	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	•	-	8
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	* .	*	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	*	2 *	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		*	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	- m à	\ \frac{\chi}{\sigma}	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	1	*	
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	*	İ	- 3944
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	*		*
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Yes No	*		*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on]]
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20	If "Yes," complete Schedule G, Part III	20	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	1 20	<u> </u>	┸~

Form	990 (2009) Bethesda Boys Ranch Inc 7	3-6120679	F	age 4
Par	t IV Checklist of Required Schedules (continued)			
		j	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	s	İ	
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ.,	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		i	
	24b through 24d and complete Schedule K If "No," go to line 25.	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	,		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		,	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		<u> </u>	
	If "Yes," complete Schedule L, Part III	. 27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1. 3.5.0	l.J.	.77
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<u> </u>		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	<u></u>		
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	ŀ		
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	 •	_	
	If "Yes," complete Schedule N, Part II .	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		\vdash	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	100	<u> </u>	
••	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		 ``	
-5	Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		 ^` -	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	 ^	_
J,	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>	1		
	VI	37	1	v
	. ▼f · · · · · · · · · · · · · · · · · ·	1 31	ı	_ ^

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

38

<u>Part</u>	V Statements Regarding Other IK3 Finings and Tax Compliance		Yes	No
				i
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			i
	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0		Ì	1
þ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Ì	1	į
С	Did the organization comply with backup withholding fales for reportable payments to serve withholding fales for reportable payments to serve withholding fales for reportable payments to serve withholding fales for reportable payments to serve withholding fales for reportable payments.	1c	X	
_	gaming (gambling) winnings to prize winners?			
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
ο-	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
3a	this return?	3a_		_X_
L	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a_		X
b	If "Voc " enter the name of the foreign country.			
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	,		
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		_X_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
C	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
Va	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	İ	-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Wh. 1644	1 5
-	and services provided to the payor?	7a	-	X
b	If "Yes " did the organization notify the donor of the value of the goods or services provided?	7b	-	┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	 	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- i		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7-	-	-x-
	benefit contract?	7e 7f	+	 x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	+-	+^
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	' <u>9</u>	+-	+
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?		1	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		*	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	1	′
	organization, have excess business holdings at any time during the year?	<u> </u>		—
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the organization make any taxable distributions under section 4966?	9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b	Gross receipts, included on Form 550, Fait vin, line 12, for public acc of class identified	1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from members of strateforders.]	1,	
b	against amounts due or received from them)			
40-	against amounts due of received with many just be a true to let be organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Ves." enter the amount of tax-exempt interest received or accrued during the year.			1

Part VI

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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a	5	٠, ` `	
b	Enter the number of voting members that are independent .	1b	<u>5</u> 🛴 🦫	y. 30 k	
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with	7 21,1	#.JA .	s * '
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or u	nder the direct			
	supervision of officers, directors or trustees, or key employees to a management company or	other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	990 was filed?	4_		X
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5_		Х
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or r	more members			
	of the governing body?		7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken during	- S		
	the year by the following:			* سفنم	
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	e O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the				
Reve	enue Code)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of	of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	on?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the			
	form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	×		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that could give			
	rise to conflicts?		12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol	licy? If "Yes,"			
	describe in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13		Х
14	Does the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and a	approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliber	ation and decision?	432	F,*	
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			٠,٠	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement		T	
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to evaluate	,		
	its participation in joint venture arrangements under applicable federal tax law, and taken step	os to safeguard	*		
	the organization's exempt status with respect to such arrangements?	-	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► OK				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ai	nd 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply	. ,,,,			
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docur	ments, conflict of inte	erest		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records of	the		
	organization Donald Toops				
	PO Box 460, Mounds, OK 74047				

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compe	ensate any curre	ent off	fice	r, d	irec	ctor, o	r tro	ustee		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	គ្គី Individual trustee O or director	Institutional trustee	_		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Margie Toops President & Director	1	Х		Х				0	0	0
Donald Toops Vice Pres & Director	40	Х		Х	х			36,200	0	0
Brian Miller Vice Pres & Director	40	Х		Х	х			14,360		0
Tom Anderson Director	40.	Х						35,300		0
Juan Ramon Flores Director	40	Х						9,440		0
									-	

(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per week	or director		Officer	,	ল Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
b Total							•	95,300		
Total number of individuals (including but no reportable compensation from the organizated) Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci.	director or trusto	ee, k	ey e	0 mplo					- 	Yes N
For any individual listed on line 1a, is the su the organization and related organizations gundividual	m of reportable	com	pen	satıo						i x
Did any person listed on line 1a receive or a services rendered to the organization? If "Ye								ganization for		5 X
ection B. Independent Contractors										
Complete this table for your five highest con compensation from the organization	npensated inde	pend	lent (contr	acto	rs tha	at re	ceived more tha	n \$100,000 of	_
(A) Name and business a	ddress							(B) Description of sen	vices Co	(C) mpensation
					_				-	_
	_									-
										<u>-</u>
2 Total number of independent contractors (in	cluding but not	limit	ad to	thos	عدا م	tod c	hov	e) who received	M1.	1,7,

Part	VIII	Statement of Revenue							
	-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns		1a	0				
퉏틸	b	Membership dues .		1b	0				
gifts, grants Iar amounts	С	Fundraising events	-	1c	0				
## E	d	Related organizations)-	1d	0				
S, G	e	Government grants (contributions)	F	1e	0				
sir	-	All other contributions, gifts, grants,) -		_				
F E	•	similar amounts not included above		1f	3,320				ĺ
힐히	q	Noncash contributions included in li							
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a–1f	iics iα-ii ψ		 •	3,320			
		, , , , , , , , , , , , , , , , , , ,	· · · ·		Business Code	0,020			
ž	2a				Business ooue	0			
e e					<u> </u>	0			
e	b					0			.
١٤	ر 2				-				
န္မ	a					0			
ᄪ	e	All (1				0			
Program Service Revenue	T	All other program service revenue				0			, š l
	<u>g</u>	Total. Add lines 2a–2f			<u> </u>	0	*		, ,
	3	Investment income (including divide	ends, interest	, an	d				
1		other similar amounts)			•	376			376
	4	Income from investment of tax-exer	npt bond prod	cee	ds ►	0			
	5	Royalties	•			0			
			(ı) Real		(II) Personal		e	÷ *	· * *
	6a	Gross Rents	1,2	214		,	* * *	* *	* *
	b	Less rental expenses				% ₩ '× ``	49 ^ ×		
	С	Rental income or (loss)	1,2	214	0	*	•	* 4.	* * * *
	d	Net rental income or (loss) .	<u>-</u>		•	1,214			1,214
	7a	Gross amount from sales of	(i) Securities		(II) Other	*.	- 1/2	« × ·	٤ .
		assets other than inventory		0	0			****	* % *
	b	Less cost or other basis							. * * * * *
	_	and sales expenses		0	0	Ť	!		. * . * . !
	С	Gain or (loss)		<u> </u>	ñ	ŕ		٤	
	d	Net gain or (loss)		<u>_</u>	•	0			
	8a	Gross income from fundraising	•			,			
e	ou	events (not including \$	Λ			*/ 4	« " 'y		, ×
eu		of contributions reported on line 1c)						** } «	. *-
ě		See Part IV, line 18		а	_		,		2 ×3 5 8 1
ie i	.	Less: direct expenses		a b		. ,	s		, , ,
Other Revenue		Net income or (loss) from fundraising		D		0			
Ö			_			U			
	эа	Gross income from gaming activitie			_			*	
		See Part IV, line 19		a	0	*			İ
		Less direct expenses	_4 4	b	0				
		Net income or (loss) from gaming a	ctivities		· · · · · · · · · · · · · · · · · · ·	0			1
	ıua	Gross sales of inventory, less							
		returns and allowances		a	846,567	1 1			
		Less: cost of goods sold		b	243,966				
	С	Net income or (loss) from sales of it	nventory	•		602,601	602,601		
		Miscellaneous Revenue			Business Code		^> *		
	11a					0			
	b					0			
	С					0			
	d	All other revenue	•			0			
	е	Total. Add lines 11a-11d.			.►	0			
	12	Total revenue. See instructions.			•	607,511	602,601	0	1,590

Part IX Statement of Functional Expenses

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

_ •	All other organizations must complete column			columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 .	6,917	6,917	` .	····
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	
	U S See Part IV, lines 15 and 16 .	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	59,999		59,999	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .		. <u>.</u> .		
7	Other salaries and wages	165,747	86,583	79,164	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) .	0			
9	Other employee benefits	0			
10	Payroll taxes	18,177	6,956	11,221	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	150		150	
С	Accounting	1,566		1,566	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	3,938		3,938	
12	Advertising and promotion	. 0			
13	Office expenses	7,089	2,719	4,370	
14	Information technology	0			·
15	Royalties	0			
16	Occupancy	57,564	39,577	17,987	
17	Travel .	10 <u>,556</u>	7,258	3,298	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0		·	
20	Interest	9,886	3,791	6,095	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	81,207	46,008		0
23	Insurance	44,129	30,339	13,790	
24	Other expenses Itemize expenses not	*			2 %
	covered above (Expenses grouped together	,			~
	and labeled miscellaneous may not exceed	· · · · · · · · · · · · · · · · · · ·		***	*
	5% of total expenses shown on line 25 below)	* /	, ',	·	
а	Equipment rental and maintenance	2,033	1,398		
b	Bank charges and wire fees	5,890	2,259		
С	Auto and truck fuel and repairs	29,288	20,136		
d	Training program expenses	105,535	105,535		
е	Property taxes	239	163	76	
f	All other expenses	0		<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	609,910	359,639	250,271	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
					Form 990 (2009)

Pa	art X	Balance Sheet	_				
			-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		•	206,056	1_	124,575
	2	Savings and temporary cash investments			197,270	2	203,609
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			18,817	4	24,199
	5	Receivables from current and former officers,	direct	ors, trustees, key	. ,	\$. \$.	
		employees, and highest compensated employ	yees. (Complete Part II of		£ -,	
		Schedule L	•			5	
	6	Receivables from other disqualified persons (as def	ined under section	* * * * * * * *	, ~	
ĺ		4958(f)(1)) and persons described in section	4958(c	c)(3)(B) Complete	*		
		Part II of Schedule L				6	
sts	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use		_8			
٨	9	Prepaid expenses and deferred charges .				9	
	10a	Land, buildings, and equipment cost or	10a	3,395,566			
		other basis. Complete Part VI of Schedule D			The second secon		
	b	Less: accumulated depreciation .	10b	2,769,784	674,867	10c	625,782
	11	Investments—publicly traded securities .			0		0
	12	Investments—other securities. See Part IV, lin	0		0		
	13	Investments—program-related See Part IV, I	0		0		
	14	Intangible assets .	0		0		
	15	Other assets See Part IV, line 11.	3,275		304		
	16	Total assets. Add lines 1 through 15 (must e	<u>qual lii</u>	ne 34)	1,100,285		978,469
	17	Accounts payable and accrued expenses .		•	20,518		11,214
	18	Grants payable		18			
	19	Deferred revenue .		19			
"	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow or custodial account liability Complet				21	*
bili	22	Payables to current and former officers, direc		•			
-ial		employees, highest compensated employees persons. Complete Part II of Schedule L.	, and t	uisquaimeu		22	
_	22	Secured mortgages and notes payable to unr	alatad	third partice	280,183		170,070
	23 24	Unsecured notes and loans payable to unrela			200,103		170,070
	2 4 25	Other liabilities. Complete Part X of Schedule		•	0		- 0
	26	7-4-1 P-1-194 Add by 47 (beauth 05			300,701		181,284
	20				[-52 °	
S		Organizations that follow SFAS 117, check			1 1 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ž		complete lines 27 through 29, and lines 33	and 3	94.	\$2\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{\pi_{		
<u>a</u>	27	Unrestricted net assets		•		27	
8	28	Temporarily restricted net assets	•			28	
ŭ	29	Permanently restricted net assets	•			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current fund			30		
SS	31	Paid-in or capital surplus, or land, building, or		ment fund .		31	
≥t A	32	Retained earnings, endowment, accumulated			799,584	32	797,185
ž	33	Total net assets or fund balances			799,584	33	797,185
	34	Total liabilities and net assets/fund balances			1,100,285	34	978,469

Part	XI Financial Statements and Reporting		•	
			Yes	No
1 .	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	m 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

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.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization

Bethesda Boys Ranch Inc

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

		INCASUIT	TOT I UDITE OF	iailty Status (All Old	<u> garrizatio</u>	113 IIIust	Compicio	, uno pai	1 / OCC 11	ion aono	110			
	orgar		•	ation because it is (Fo		-		-						
1				rches, or association of			ed in sec	tion 170(b)(1)(A)(i	1).				
2	씜			on 170(b)(1)(A)(ii). (At			acation :	170/5//4/	(A)/:::)					
3	H	•	•	nospital service organi ation operated in conju						/b\/4\/A\	VIII) Ent	or the		
4	Ш		me, city, and sta	•						,(b)(1)(A)	/(III). ⊏III 			
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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)												
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		_		y receives [.] (1) more th								_		
		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.)												
0		An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(4).				
1		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												
		а Туре		Type II c		e III–Fund				_	Гуре III-	-Other		
е		By checking	this box, I certif	y that the organization	ıs not co	ntrolled di	rectly or i	ndirectly	by one or	more dis	squalifie	t		
		•	er than foundation section 509(a)(2	on managers and othe 2)	r than on	e or more	publicly s	supported	l organıza	itions des	scribed ii	n secti	on	
f		If the organiz	zation received a	a written determinatior	n from the	IRS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting			
		•	, check this box			<i>a.</i>						•	L	
g		following per		the organization acce	pted any	gıπ or con	tribution t	rom any	of the					
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	l ın (ıı)		Yes	No	
		and (III	i) below, the gov	verning body of the su	pported o				•		11g(i)			
		• •	•	person described in (i)		· () - b - · · -		•		•	11g(ii)			
h				y of a person describe ation about the suppor							11g(ıiı)	i		
	Nama	of supported	(ii) EIN	(III) Type of organization	(IV) Is the o	organization		ou notify		is the		Amount	of	
(1)		anization	(11) 2.11	(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col ized in the		support		
				(see instructions))	governing		supp	ort?	(i, organi					
					Yes	No	Yes	No	Yes	No	<u> </u>			
													0	
													0	
													0	
													0	
													0	
		· ·		w.					_					

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge. 0 4 Total. Add lines 1 through 3 0 0 0 0 0 0 5 The portion of total contributions by each person (other than a governmental unit ŵ. 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 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 0 0 0 0 0 7 Amounts from line 4 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . 0 Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 0 11 Total support. Add lines 7 through 10 0 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here ightharpoonsSection C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 0 00% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 0 00% 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 16a and stop here. The organization qualifies as a publicly supported organization ▶ 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 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% b 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20

Support Schedule for Organizations Described in Section 509(a)(2) Part II! (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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants."). 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 section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total, Add lines 1 through 5. 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 **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 0 0 0 0 0 0 0 Add lines 7a and 7b Public support (Subtract line 7c from .3 ٠, line 6) Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 0 0 Amounts from line 6 0 0 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 0 c Add lines 10a and 10b 0 0 0 0 11 Net income from unrelated business. activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 13 Total support. (Add lines 9, 10c, 11, and 12). 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 0 00% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% 16 Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 0 00% 18 0 00% 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009	Bethesda Bo	ys Ranch Inc	73-6120679 F	age 4
Part IV	Supplemental	Information.	Complete this part to provide the explanations required	by Part II, line 10,	
			Part III, line 12. Provide any other additional information.		
•					
				, 	
				,	
				,	-

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Employer identification number

Name	of the organization		Employer identification number
Bethe	esda Boys Ranch Inc		73-6120679
Part	Organizations Maintaining Done	or Advised Funds or Other Similar F	unds or Accounts. Complete if
	the organization answered "Yes" to	o Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	<u>-</u>	
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		Yes No
Pari	Conservation Easements. Comp	elete if the organization answered "Yes	s" to Form 990, Part IV, line /
1	Purpose(s) of conservation easements held	·	
	Preservation of land for public use (e g	, recreation or pleasure) 🔲 Preservatio	n of an historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution in the form of a conservation
	easement on the last day of the tax year.	•	
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ear	sements	. 2b
С	Number of conservation easements on a ce	rtified historic structure included in (a)	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year		
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy	regarding the periodic monitoring, inspect	tion, handling of
	violations, and enforcement of the conserva	tion easements it holds?	. Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservati	on easements during the year
	•		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	asements during the year
_	\$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization r		
	balance sheet, and include, if applicable, the		financial statements that describes
Pari	the organization's accounting for conservati	ons of Art, Historical Treasures, or Oth	ar Similar Assats
ı au	Complete if the organization answere		er ommar Assets.
12	If the organization elected, as permitted und		statement and halance sheet works of
ıa	art, historical treasures, or other similar ass		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
	historical treasures, or other similar assets I	neld for public exhibition, education, or res	
	service, provide the following amounts relat	ing to these items	
	(i) Revenues included in Form 990, Part VII	I, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of	art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported u	nder SFAS 116 relating to these items.	
а	Revenues included in Form 990, Part VIII, li	ne 1 .	▶ \$
b	Assets included in Form 990, Part X		. ▶ \$

	ule D (Form 990) 2009	,								Page 2
Par	Organizations Maintaining Co	ollections of	Art, His	torical 1	<u> reasures,</u>	or Oth	er Similar A	ssets (c	ontini	ıed)
` 3	Using the organization's acquisition, acc		ther reco	rds, chec	ck any of the	e followir	ng that are a s	significan	t	
а	use of its collection items (check all that	арріу)	a \square	Loan	or exchange	nrogra	me			
			\		_	piogra	1115			
b	Scholarly research		е 🔛	Other					 -	
С	Preservation for future generation									
4	Provide a description of the organization Part XIV	i's collections	and expla	ain how t	hey further t	the orga	nization's exe	mpt purp	ose in	I
5	During the year, did the organization sol assets to be sold to raise funds rather the							_	es 🗀	No
Part										
	IV, line 9, or reported an amou						04 100 101	01111 001	o, . a.	•
1a	Is the organization an agent, trustee, cu					ns or oth	ner assets not			
	included on Form 990, Part X?								es	No
b	If "Yes," explain the arrangement in Part	XIV and com	plete the	following	table					<u> </u>
								Amount		
C	Beginning balance					1c				
d	Additions during the year			•		1d				
е	Distributions during the year		•		•	1e				
f	Ending balance			•		. 1f			ļ	0
2a	Did the organization include an amount		Part X, li	ne 21?		•	•	Y∙	es X	No
ь	If "Yes," explain the arrangement in Part				1112 11 1			- 10		
Part										
4-		i) Current year	(b) Pro	or year	(c) Two years	s back (d) Three years ba	CK (e) FC	our years	back
1a	Beginning of year balance . Contributions .					-				
b c	Net investment earnings, gains,									
C	and losses .					l				
d	Grants or scholarships									i
e	Other expenditures for facilities									
	and programs									<i>? •</i> `
f	Administrative expenses					", ^				
g	End of year balance	0	•	0	,	<u> </u>				
2	Provide the estimated percentage of the			as						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	<u>%</u>								
C	Term endowment %	£ 11								
3a	Are there endowment funds not in the po	ossession of th	ne organi	zation th	at are held a	and adm	ninistered for t	ne I	V	NI.
	organization by (i) unrelated organizations.							3a(i)	Yes	No_
	(i) unrelated organizations .(ii) related organizations .			•	• •	• •	,	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	 ations listed as	s required	I on Sche	edule R?	•	• •	3b		
4	Describe in Part XIV the intended uses of		•			•		<u> </u>		
Part						rt X, line	e 10			
	Description of investment	(a) Cost or oth			st or other		cumulated	(d) Bo	ok valu	 е
		(investme	ent)	basis	(other)	dep	reciation			
1a	Land		0		0					0
b	Buildings		0		2,102,942		1,715,202		38	7,740
C	Leasehold improvements		0	_	0		0	_		0
d	Equipment		0		1,292,624		1,054,582		23	8,042
e Total	Other		0 000		0	- 10/-1 ·	0			0
ota	. Add lines 1a through 1e. (Column (d) m	шы едиаг гол	11 330, Pa	arι Α, COli	urrir (D), IIN	⊌ 1U(C).)			02	<u>5,782</u>

organization's liability for uncertain tax positions under FIN 48

'ace	

Part VII Investments—Other Securition	∍s. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives	(
Closely-held equity interests			
Other			
			<u> </u>
			
		·	
	-	+	
	(
)	
Total (Column (b) must equal Form 990, Part X, col (B) line 12))		
Part VIII Investments—Program Relat	ed. See Form 990, Part X	, line 13	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
	(
	(
)	
		 	
		 	
			
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)	-		* 1
Part IX Other Assets. See Form 990,		100	
,	(a) Description		(b) Book value
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total. (Column (b) must equal Form 990, Part X,	. col (B) line 15) .		0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount	V	
Federal income taxes		O . * *	* **
		0	
		0 ≈	>
	<u> </u>	0	
	<u> </u>	0	4
	 	0	
		0 % , , ,	>
		0	
		0	^ ?
	 	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	•	<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text	of the footnote to the organiz	<u></u>	reports the
i i i i i i i i i i i i i i i i i i i			

Bethesda Boys Ranch Inc 73-6120679 Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 607.511 Total expenses (Form 990, Part IX, column (A), line 25) 2 609,910 2 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments. 5 5 Donated services and use of facilities 6 6 Investment expenses . . 7 7 Prior period adjustments Other (Describe in Part XIV) . . . 8 8 9 9 Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments. 2a Donated services and use of facilities 2b b 2c С Recoveries of prior year grants Other (Describe in Part XIV.) . . d Add lines 2a through 2d 0 е 0 3 Subtract line 2e from line 1 Amounts included on Form 990. Part VIII. line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b b 0 Add lines 4a and 4b. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XIII Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b Prior year adjustments 2c Other losses C 2d Other (Describe in Part XIV) 0 Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Other (Describe in Part XIV) . Add lines 4a and 4b 0 С 0 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Bethesda Boys Ranch Inc 73-6120679 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Schools

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Bethesda Boys Ranch Inc Employer identification number 73-6120679

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	<u> </u>		
	brochures, catalogues, and other written communications with the public dealing with student admissions,			اــــا
	programs, and scholarships?	2	X	·
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	-, ×-		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	*		<u> </u>
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Schedule O (Form 990)	3		1
	The organization does not advertise its program but receives new applicants via referrals			-^-
	The organization does not dayonise to program but received new application via receivable			
		. 4	и	
		* **	4	
4	Does the organization maintain the following?	<u> </u>	<u> </u>	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	ا . ا	\ \ \	
	with student admissions, programs, and scholarships?	4c	Χ	X
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O	4d		
	(Form 990)			1
	The organization does not solicit contributions from the public but is a self-supporting program			,
		Š.	· "	
5	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	5a		X
h	Admissions policies?	5b		Х
D	Authosions policies:	30		_^_
С	Employment of faculty or administrative staff?	5c		X
4	Scholarships or other financial assistance?	5d		Х
u	Coloratinps of other infancial assistance.	Ju		
е	Educational policies?	5e		<u> </u>
f	Use of facilities?	Ef		v
•		51		<u> </u>
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		x
"	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O	311		 ^
	(Form 990)	,		
	(i dim dod)		٠,	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	6b		Х
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	3/2	\$	
•	4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O	`		
	/Form 200			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Bethesda Boys Ranch Inc.

Part I

General Information on Grants and Assistance

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection Employer Identification number

73-6120679

96	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	[
<u>a</u>	he selection criteria used to award the grants or assistance?	X Yes No	9
Sec	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
В	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	s" to	
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	00 Use	,
	Part IV and Schedule I-1 (Form 990) if additional space is needed	*	÷

	Part IV and Schedule I-1 (Form 990) if additional space is needed	ne 2 1, 101 alry e I-1 (Form 9	recipient tinat red 90) if additional si	pace is needed		Porti 990, Faithy, inte 21, for any technicity interference man 35,000. Ottech mis box in to one technicity and Port 990) if additional space is needed.		× →
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
				0	0			
-				0	0			
0 W	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	1 501(c)(3) and	government organ	ızatıons				2
·	l	3						>

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

Schedule I (Form 990) 2009

Bethesda Boys Ranch Inc

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 (d) Amount of non-cash assistance 0 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 0 (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization	Employer identification number
Bethesda Boys Ranch Inc	73-6120679
Form 900 Part IV Line 24 Rethords Rove Panel Inc. is related to Bethoods Missiones, Society	
Form 990 Part IV Line 34 Bethesda Boys Ranch Inc is related to Bethesda Missionary Society	/
Inc, another 501(c)(3) organization by common members of the Board of Directors of both	•••••
organizations	
Form 990 Part VI Section A Line 2 Two directors are family members. Margie Toops is the mo	ther
of Donald Toops	
Form 990 Part VI Section B Line 11A The Vice-President signing the return reviews the Form	990
before it is filed	
Form 990 Part VI Section B Line 12A Annually Officers and Directors report any conflicts of	
ınterest	
Form 990 Part VI Section C Line 19 Upon Request	
•••••	

SCHEDULE R (Form 990)

Bethesda Boys Ranch Inc. Name of the organization Department of the Treasury

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

▲

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instr
arate
seb
See
•

Open to Public OMB No 1645-0047

Employer identification number

73-6120679

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because ٤ (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (d) Total income 501(c)(3) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) Š Primary activity Primary activity Missionary work had one or more related tax-exempt organizations during the tax year) (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Bethesda Missionary Society Inc 73-6120680. PO Box 460, Mounds, OK 74047 Partl Part II

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

Page 2 73-6120679

Bethesda Boys Ranch Inc

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

% Schedule R (Form 990) 2009 Yes No Percentage managing partner? General or ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part 0 ਰ amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (i) Code V—UBI (g) Share of (h)
Disproportionate
allocations? 0 ŝ (f) Share of total income Yes Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-of-year assets 0 Type of entity (C corp, S corp, 0 0 (f) Share of total income (d)
| Direct controlling | entity (c) Legal domicile (state or foreign country) (e)
Predominant
income (related
unrelated,
excluded from
tax under
sections
512-514) Primary activity (d)
| Direct controlling | entity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization (b)
Primary activity Name, address, and EIN of related organization <u>a</u> Part IV

%

፠

%

8

%

%

Page 3

Bethesda Boys Ranch Inc

Schedule R (Form 990) 2009

Part V

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

lote	lote . Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Yes	ŝ
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		, ,,t,	",,	,
Ø			1a	_	×
q			9	×	
ပ		•	1c		x
ס			1d		×
Φ			1e		×
•			- 1	3	3
•	Sale of assets to other organization(s)		=	1	$ \cdot $
ත	Purchase of assets from other organization(s)		19	1	\times
4	Exchange of assets		두	+	\times
•	Lease of facilities, equipment, or other assets to other organization(s)		=		×
-	Lease of facilities, equipment, or other assets from other organization(s)		į,		×
¥	. Performance of services or membership or fundraising solicitations for other organization(s)		1k		×
-	Performance of services or membership or fundraising solicitations by other organization(s)		=		×
Ε	n Sharing of facilities, equipment, mailing lists, or other assets		13		\times
_			11		×
				***************************************	- 7
0	Reimbursement paid to other organization for expenses		10	1	×
σ	Reimbursement paid by other organization for expenses		10		\times
			~	· .	-]
σ	Other transfer of cash or property to other organization(s)		19		×
-	Other transfer of cash or property from other organization(s)		1r		×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	d transac	tion thre	plous	6
			۳	(c)	
	Name of other organization Transaction type (a–r)		Amount involved	involved	_
(1)	Bethesda Missionary Society Inc	-		4	4,500
6					C
j		_			'
ල					0
₹					
(5)					0
9			1		0
1					

Page 4

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) Name, address, and EIN of entity Primary activity Legal domicile Are all partners Share in the context of	(b) Primary activity	(c) Legal domicile	(d) Are all partners	artners	٥,	(f) Disproportionate		_ 8	(h) General or	5
		(state or foreign country)	section 501(c)(3) organizations?)(3)			of Schedule K-1 (Form 1065)		managing partner?	ē د
			Yes	Š		Yes	No		Yes	ş
					0			0		
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					0			0		

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 yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this bou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part	I (on page 2 of t	
Do not	complete Part II unless you have already been granted an automatic 3-month extension Automatic 3-Month Extension of Time. Only submit original (no copies no		y filed Form 8868
	oration required to file Form 990-T and requesting an automatic 6-month extension—chec	•	omplete ▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form file income tax returns.	7004 to request	an extension of
of the relectron	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month eturns noted below (6 months for a corporation required to file Form 990-T). However, you nically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form, or a composite or consolidated Form 990-T. Instead, you must submit the fully complete 868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click	ı cannot file Fori s 990-BL, 6069, d and signed pa	m 8868 , or 8870, group ge 2 (Part II) of
Type o			entification number
print File by the due date for	PO Box 460	73-6120679	
return See		ОК	74047
X Fo Fo Fo	type of return to be filed (file a separate application for each return) rm 990 Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) rm 990-EZ Form 990-T (trust other than above) rm 990-PF Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870
Tele If th If th is for th	books are in the care of ▶ Donald Toops ephone No. ▶ (918) 827-6409 FAX No. ▶ (918) 827-6570 e organization does not have an office or place of business in the United States, check this is is for a Group Return, enter the organization's four digit Group Exemption Number (GEI ne whole group, check this box	s box N)	If this
i i	request an automatic 3-month (6 months for a corporation required to file Form 990-T) exuntil 8/15/2010 , to file the exempt organization return for the organization s for the organization's return for: X calendar year 2009 or tax year beginning , and ending		ove. The extension
2 I	f this tax year is for less than 12 months, check reason: Initial return Final retu	ırn 🔲 Chang	ge in accounting period
<u> </u> d }	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax ess any nonrefundable credits. See instructions f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if requ	tax	3a \$
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions		3c \$ 0
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8	3453-EO and Fo	rm 8879-EO

rom 88	68 (Rev 4-2009)			Page 2
If ye	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	k this box		▶X
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previous	sly filed Fo	orm 8868	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	•		
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copi	es neede	ed)	
Туре с	Name of Exempt Organization Emp	loyer iden	tification n	umber
print	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120679		
File by the	Number, street, and room or suite no. If a P O. box, see instructions	RS use onl	y	
extended due date f				
iling the eturn Se	City, town or post office, state, and ZIP code. For a foreign address, see instructions		the market and the	
nstruction	Mounds OK 74047 ACCEPTAGE OK	CONT. THE A	ati A May all a saw	<u> </u>
	type of return to be filed (File a separate application for each return).			
X Fo	orm 990 U Form 990-PF U Form 1041-A	Forr	n 6069	
Fo	orm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Forr	n 8870	
Fc	orm 990-EZ Form 990-T (trust other than above) Form 5227			
STOPI	Do not complete Part II if you were not already granted an automatic 3-month extension on a previously fi	ed Form 8	868.	
• The	books are in the care of Donald Toops			
	ephone No. ► (918) 827-6409 FAX No. ► (918) 827-6570			
	ne organization does not have an office or place of business in the United States, check this box .	-		>
If th	is 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	▶ [] ar	nd attach	а
ist with	h the names and EINs of all members the extension is for.			
4	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 I	If this tax year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return 🔃 Cha	nge in acc	ounting p	eriod
7	to comple	te		
3	and file an accurate return.			
_				
			1	
	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	\$	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	ACT AND	1	
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any		4	
_	amount paid previously with Form 8868.	8b	\$	
	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		1.Ψ	
i Inder or	enalties of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of m	/ knowledge	and belief	
	correct, and complete, and that I am authorized to prepare this form	omouge		
	e > Cul Porner Title > CAX		8-3-1	^
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Form **8868** (Rev 4-2009)