



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

C Name of organization

MINI-CASSIA COMMUNITY CHEST

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

PO BOX 477

City or town, state or country, and ZIP + 4

HEYBURN ID 83336

D Employer identification number

82-0492481

E Telephone number

(208) 678-1017

F Group Exemption

Number, ... ►

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

G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527H Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 ... \$ 7,264

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	7,108
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	156
	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 <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► )	8		
9	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	7,264	
EXPENSES	10	Grants and similar amounts paid (attach schedule) #1	10	18,592
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	223
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,583
	16	Other expenses (describe ► SEE ATTACHMENT #2)	16	3,384
	17	<b>Total expenses.</b> Add lines 10 through 16	17	23,782
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,518
	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	115,508
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	98,990

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	36,645	22,895
23	Land and buildings	78,863	76,095
24	Other assets (describe ► )		
25	<b>Total assets</b>	115,508	98,990
26	<b>Total liabilities</b> (describe ► )	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	115,508	98,990

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

Form 990-EZ (2009)



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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a 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
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of SEE ATTACHMENT #6 Telephone no. Located at ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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
<b>46</b> 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	<b>46</b>	<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	<b>X</b>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	<b>X</b>

**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."

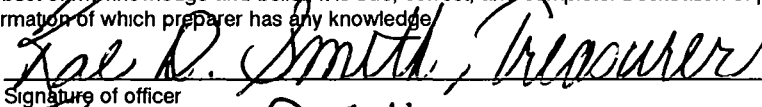
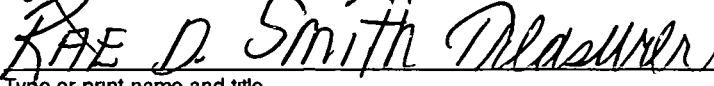
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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 ..... **▶** \_\_\_\_\_

<b>Sign Here</b>	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		8/12/10 Date	
	 Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4			

KING POPE PHILLIPS OAKES & CO PLLC  
 1710 OVERLAND  
 BURLEY, ID 83318  
 EIN **▶** \_\_\_\_\_  
 Phone no. **▶** 208-878-7000

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



**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.")			39,383	15,779	7,108	62,270
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 <b>Total.</b> Add lines 1 through 3.			39,383	15,779	7,108	62,270
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 <b>Public support.</b> Subtract line 5 from line 4.						62,270

**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			39,383	15,779	7,108	62,270
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			510	444	156	1,110
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 <b>Total support.</b> Add lines 7 through 10						63,380
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.25 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test -- 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test -- 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test -- 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test -- 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

MINI-CASSIA COMMUNITY CHEST

Employer Identification Number

82-0492481

Class of Activity	Recipient's Name and Address			Amount (FMV)	Purpose of Payment to Affiliate
KIDS COATS	VARIOUS				NON AFFILIATE
BURLEY TRACK FUND	' ' ' VARIOUS			1,562	NON AFFILIATE
COMMUNITY CHEST	' ' ' VARIOUS			15,000	NON AFFILIATE
FARMERS MARKET	' ' ' VARIOUS			1,173	NON AFFILIATE
				17,735	
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	COATS		RECENT PURCHASE	RECENT PURCHASE	
NONE	CASH	1,562	CASH	CASH	2009-12
NONE	CASH	15,000	CASH	CASH	2009-06
NONE	CASH	1,173	CASH	CASH	2009-06
Total		17,735			



**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

MINI-CASSIA COMMUNITY CHEST

Employer Identification Number

82-0492481

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	' , '	857	
Relationship	Description of Property	Book Value	How Book Value is Determined
		857	
		857	How FMV is Determined
			Date of Gift
			2009-06
Total		857	

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC  
INSPECTION

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

MINI-CASSIA COMMUNITY CHEST

Employer Identification Number

82-0492481

Description of Other Expenses

Amount

INSURANCE EXPENSE

617

DEPRECIATION EXPENSE

2,767

Total

3,384

# PRIMARY EXEMPT PURPOSE

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization MINI-CASSIA COMMUNITY CHEST	Employer Identification Number 82-0492481

## Primary Purpose

(CHARITABLE - EDUCATION - HISTORICAL - CULTURAL).... THE COMMUNITY CHEST PURPOSE IS TO ACQUIRE PUBLIC CONTRIBUTIONS TO BE USED FOR CAUSES THAT AFFECT THE MINIDOKA AND CASSIA COUNTY CITIZENRY IN EDUCATIONAL, HISTORICAL CULTURAL AND CHARITABLE WAYS.

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MINI-CASSIA COMMUNITY CHEST		Employer Identification Number 82-0492481
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 124
Exempt Purpose Achievements		

PURCHASED NEW COATS AND CLOTHES FOR CHILDREN BASED ON NEED AND BOARD APPROVAL

## PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 4: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
------------------------------	---

Name of Organization MINI-CASSIA COMMUNITY CHEST	Employer Identification Number 82-0492481
---	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	5,066
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

RAISED MONEY FOR IDAHO COMMUNITY COUNCIL AND LOCAL SENIOR CENTER. SUPPORT PROVIDED FOR LOCAL FARMERS MARKET.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning , and ending

Name of Organization MINI-CASSIA COMMUNITY CHEST Employer Identification Number 82-0492481

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JOHN WEBSTER 800 N OVERLAND AVE BURLEY, ID 83318	PRESIDENT 2.00	0	0	0
DAN LLOYD 318 SOUTH ONEIDA RUPERT, ID 83350	VICE PRESIDENT 1.00	0	0	0
JENNIFER CUTLER 800 N OVERLAND AVE BURLEY, ID 83318	SECRETARY 3.00	0	0	0
RAE SMITH 5 GRANADA PLACE BURLEY, ID 83318	TREASURER 10.00	0	0	0
GEORGE ANDERSON PO BOX 147 HEYBURN, ID 83336	DIRECTOR 1.00	0	0	0
JON ANDERSON 2330 BURTON AVE BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
ZEB BELL 23736 HWY 30 MURTAUGH, ID 83344	DIRECTOR 1.00	0	0	0
BRUCE BRESHEARS 325 OVERLAND AVE BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
GAIL GILLETTE 520 W BASELINE RD PAUL, ID 83347	DIRECTOR 3.00	0	0	0
TOM KING PO BOX 669 BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
JAY LENKERSDORFER 350 WEST 25TH STREET BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
TODD PHILLIPS PO BOX 608 BURLEY, ID 83318	DIRECTOR 1.00	0	0	0
RENEE' SCHAFER 15 W 600 S RUPERT, ID 83350	DIRECTOR 1.00	0	0	0
CELIA SPAULDING 1421 19TH STREET HEYBURN, ID 83336	DIRECTOR 1.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

MINI-CASSIA COMMUNITY CHEST

Employer Identification Number

82-0492481

Part V - Line 42a

Individual Name

RAE SMITH

or

Business Name:

Street Address

5 GRANADA PLACE

U.S. Address:

Zip code 83318

City BURLEY

State ID

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(208) 678-1017

Fax Number

BOOKS ARE IN CARE OF

ATTACHMENT 2 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC  
INSPECTION

For calendar year 2009 or tax period beginning , and ending

Name of Organization

MINI-CASSIA COMMUNITY CHEST

Employer Identification Number

82-0492481

Part V - Line 42a

Individual Name ..... RAE SMITH

or

Business Name:

Street Address ..... 5 GRANADA PLACE

U.S. Address:

Zip code 83318

City BURLEY

State ID

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (208) 678-1017

Fax Number .....



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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>MINI-CASSIA COMMUNITY CHEST</b>	Employer Identification number <b>82-0492481</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 477</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HEYBURN ID 83336</b>	

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

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **SEE ATTACHMENT #2**

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. 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 **AUGUST 15**, 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

<b>3a</b> 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.	<b>3a</b>	\$	<b>0</b>
<b>b</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.	<b>3b</b>	\$	<b>0</b>
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	<b>0</b>

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

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

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