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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

Be Check of applicable Notes drappled and processing the process of the process o	Α	For the 2009 calendar year, or tax year beginning $4/01$, 2009, and ending $3/31$, 2010
Section Charge Section	В		ployer identification number
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New Part Section 501(CK) organizations and 4987(a)(1) nonevempt charitable trusts Section 501(CK) organizations and 4987(a)(1) nonevempt charitable trusts Mebsite: N/A Accrual Office (specify) Section 501(CK) organizations and 4987(a)(1) nonevempt charitable trusts Mebsite: N/A Section 501(CK) organizations and 4987(a)(1) nonevempt charitable trusts Mebsite: N/A Section 501(CK) organization is not a section 509(a)(3) supporting organization and set gosses recepts are normally not more than \$25,000 Archive 500(a) (a) Section 501(CK) Section	-		59-441-7331
*Section 501(c/x) organizations and 4947(x/1) nonexempt charitable trusts **Section 501(c/x) organizations and 4947(x/1) nonexempt charitable trusts **Carcial Title (**Carcial Title (**Car	⊨	[openie]	
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Website: N/A Tax-emeritatistis (check only one) X 501(c) (3) (insertine) \$847(a)(1) or \$527 \$900-EZ, or 990-EZ, or 9		must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►	
Tanzesement status (tenker only one)			
Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$23,000 A Form 990-EZ for Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	١.		Schedule B (Form 990,
\$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. Add lines \$b, 63, and 7 b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 ** \$ 1,44,589. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gos a consumer of the sass and sases expenses 5 Gos are or (less) from sale of assets other than inventory 5 Less, cost or other basis and sales expenses c Gain or (less) from sale of assets other than inventory of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income (flost) from speale wents and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 1 b Less cost of goods solid c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (lesstible 1) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 3 32, 436. 10 Grants and similar amounts paid (attach schedule) See Statement 1 10 18, 986. 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, tithlets, and maintenance 15 Printing, publications, postage, and shipping 16 Gospital expenses. Add lines 10 through 16 18 Cospital phages, professes for humbalances (attach explanation) 2 Part II are planted for the year (Subtract line 17 from line 9) 2 Occupancy, rent, tithlets, and maintenance 2	<u>J</u> _	121 301(c) (3) - (miser no) 14047(a)(1) (1 1327	
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 15,529. 27 18,762.			
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Part III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)	(D	Expenses
What is the organization's primary exempt purpose? See Describe what was achieved in carrying out the describe the services provided, the number of	e Statement 4 e organization's exempt purpo persons benefited, or other r	oses. In a clear and cor elevant information for	ncise manner, each	501 (d orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
program title 28 See Statement 5				101 0	iners)
(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ 🗍	28 a	4,269.
29					
(Grants \$) If th	s amount includes foreign or	ants check here		29 a	
30	.s amount metado to orgit gr				
(Grants \$) If th		anta shock hara		30 a	
31 Other program services (attach schedule	is amount includes foreign gr	ants, check here		Jua	
(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add lin			•	32	4,269.
Part IV List of Officers, Directors		T - T - T - T - T - T - T - T - T - T -			
(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	s and	
GLORIA CROWE	President			0.	0.
6020 RIPPLE CREEK RD. ALEXANDRIA, KY 41001	3.00				
MARY HELEN PETROZE	Secretary	0.		0.	0.
2198 GRIBBLE DRIVE	3.00				
COVINGTON, KY 41017					
CAROL THOMPSON 28 ELBLAINE DRIVE HIGHLAND HEIGHTS, KY 41076	Vice President 3.00	i		0.	0.
JANET LANDERS	Treasurer	0.		0.	0.
3 HIGHLAND MEADOWS DR., UNIT HIGHLAND HEIGHTS, KY 41076	4 5.00				
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BAA

Part V Other Information (Note the statement requirements in the instrs for Part V.) See S 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	tatem 33	Yes	6
	33	Yes	
33 Did the organization engage in any activity not previously reported to the IRS2 If 'Yes' attach a detailed description of	33		No
each activity			х
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice	<u>,</u>		
reporting, and proxy tax requirements?	35 a	<u> </u>	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 Ь	<u> </u>	
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		х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions).		
b Did the organization file Form 1120-POL for this year?	37 b		Х
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?	38 a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	/A		
39 Section 501(c)(7) organizations Enter.			
a Initiation fees and capital contributions included on line 9	/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/	/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .	_		
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	40 Ь		Х
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	<u>).</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<u>).</u>		
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	40 e		х
41 List the states with which a copy of this return is filed None			
42 a The organization's books are in care of ► JANET LANDERS Located at ► 3 HIGHLAND MEADOWS #4 HIGHLAND HEIGHTS KY ZIP + 4 ► 4107		<u>331</u>	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
If "Yes," enter the name of the foreign country	_		
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
If 'Yes,' enter the name of the foreign country:	-		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		. П	N/A
and enter the amount of tax-exempt interest received of accided during the tax year			11/11
	,	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			y

Form 990)-EZ (2009) ELKS NO. 273 LADIES	AUXILIARY, II	NC.	61-1209	733	Page 4
Part V	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 49 4 ction 4947(a)(1) r s for lines 50 and	17(a)(1) nonexem onexempt charit 51.	npt charitable trusts onl able trusts must answer	y. All sect questions	tion S
	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule C		ctivities on behalf of c	or in opposition to candidates	46 Ye	X
	the organization engage in lobbying activiti	• •			47	Х
	he organization a school as described in se		•		48	X
	the organization make any transfers to an fes, was the related organization a section		related organization	?	49 a	X
	-	-		<i>tt</i>	<u> </u>	
	nplete this table for the organization's five l ployees) who each received more than \$10					
	(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 and deferred compensation	(e) Expens account ar other allowar	nd
None	<u></u>				•••	
					·	
f Tot	al number of other employees paid over \$1	00,000	·	_		
51 Cor	nplete this table for the organization's five hopensation from the organization. If there is	nighest compensated in none, enter 'None.'	ndependent contracto	ors who each received more th	an \$100,000	of
	(a) Name and address of each independent contr	ractor paid more than \$100,00	00	(b) Type of service	(c) Compensa	ation
None						"
						
				<u> </u>		
		-				
d Tot	al number of other independent contractors	each receiving over \$	100,000	-	<u>-</u>	
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer	nined this return, including ac (other than officer) is based o	companying schedules and n all information of which p	statements, and to the best of my know reparer has any knowledge	vledge and belie	f, it is
Sign	Janet Land	lers			0-10	<u>) </u>
Here	Signature of officer TANET LANDERS			Date Treasurer		

TEEA0812L 01/30/10

Veneman, CPA

Veneman CPA PSC

Date

8/16/10

Check if self employed

Phone no

Preparer's Identifying Number (See instructions)
N/A

►X Yes No

Form **990-EZ** (2009)

(859) 441-5116

► N/A

Type or print name and title

Michael

Ft.

30 Holly Woods Drive

May the IRS discuss this return with the preparer shown above? See instructions

Thomas, KY 41075

Preparer's signature

Firm's name (or yours if self employed), address, and ZIP + 4

Paid

Pre-

Only

BAA

parer's Use

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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.

2009

Open to Public Inspection

Employer identification number ELKS NO. 273 LADIES AUXILIARY, INC 61-1209733 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated d | Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) Х below, the governing body of the supported organization? 11 g (i) 11 g (ii) X a family member of a person described in (i) above? X a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (vi) Is the (i) Name of Supported (ii) EIN (iv) Is the (v) Did you notify (vii) Amount of Support (III) Type of organization (described on lines 1.9 above or IRC section (see instructions)) Organization ization in col the organization in col (i) of organization in col (i) listed in your governing document? (i) organized in the US? your support? Yes No Yes Yes No No Total

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

Page 3

(f) Total

12,542.

712,445.

0.

0.

0.

0.

724,987.

(e) 2009

2,138.

142,437

144,575

0

(d) 2008

2,199.

136,821

139,020

0

Section A. Public Support

Gross receipts from

purpose

its behalf

persons

under section 513

Calendar year (or fiscal yr beginning in)►

Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')

admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt

3 Gross receipts from activities that are not an unrelated trade or business

Tax revenues levied for the organization's benefit and either paid to or expended on

The value of services or facilities furnished by a governmental unit to the organization without charge

6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified

b Amounts included on lines 2 and 3 received from other than disqualified persons that

(c) 2007

2,052

152,411

154,463

0

(b) 2006

2,741

149,881

152,622

0

(a) 2005

3,412.

130,895

134,307

0

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

exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. year 0 0. 0. 0. c Add lines 7a and 7b 0. 0. 8 Public support (Subtract line 724,987. 7c from line 6.) Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 134,307 152,622 154,463 139,020 144,575 724,987. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Ō. 0. 0. 0. 0. 0. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0. 987. 724. 13 Total support. (add ins 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 100.0% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 100.0% 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 0.0% 17 17 18 0.0% Investment income percentage from 2008 Schedule A, Part III, line 17 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 X 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 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 TEEA0403L 02/15/10 Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form	990 or	990-EZ	2009	EL	KS_	NO.	273	LA	DIE <u>S</u>	AUX	ILIA	RY,	INC.		62	1-12	<u>09</u> 733	3	Р	age 4
Part IV	Supp	olemer	ntal Ir	form	ation.	Co	mple	te th	is pa	art to	prov	ide th	ne e	explanati	ons	requi	red b	y Pari	t II, Iir	ne 10	;
<u> </u>	Part	II, IIne	1/a	or 170	o; and	Pa	irt III	, line	12.	Prov	ide a	ny ot	ner	addition	iai II	HOrma	<u> </u>	See	iristru	Cuon	S.
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Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Payments to Affiliates Name: Address: Amount: Payments to Affiliates Payments to Affiliates Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES Travel	\$	61-1209733
Payments to Affiliates Name: Address: Payments to Affiliates Namount: Payments to Affiliates ELKS LODGE NO. 273 BPOE Address: 3704 ALEXANDRIA PIKE COLD SPRING, KY. 41076, Amount: Payments to Affiliates Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES	\$	
Name: Address: Address: Amount: Payments to Affiliates Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES	\$	
Address: 3704 ALEXANDRIA PIKE COLD SPRING, KY. 41076, Amount: Payments to Affiliates . Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES	\$	4
Amount: Payments to Affiliates Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES	\$	4.0
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES		18,986.
Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Conferences, Conventions, and Meetings GIFTS & MEMORIALS INSURANCE Office Expenses SUPPLIES	\$	18,986.
	\$ Total <u>\$</u>	140. 4,516. 1,775. 114. 477. 256. 2,087. 9,365.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets		
Inventories	<u>Beginning</u>	Ending 622

		<u>Begin</u>	<u>ning</u>	<u>Endin</u>	<u>a</u>
Inventories	Total	\$ \$	622. 622.	\$ \$	622. 622.

Statement 4 Form 990-EZ, Part III Organization's Primary Exempt Purpose

TO PROVIDE SUPPORT FOR THE ELKS LODGE NO. 273 BPOE.

Statement 5 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

FISH FRYS, BINGOS AND SPECIAL DANCES TO RAISE MONEY FOR THE ELKS LODGE NO.273 BPOE. MEMBERS AND THE GENERAL PUBLIC ARE INVITED. 100% OF THE MONEY RAISED NET OF EXPENSES GOES TO THE SUPPORT OF THE ELKS LODGE.

2009

Federal Statements

Page 2

ELKS NO. 273 LADIES AUXILIARY, INC.

61-1209733

Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Form 8868 (Rev. 4-2009)

Department of the Treasury Internal Revenue Service		► File a separate app	lication 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 Autom	atic 3-Month Exten	sion of Time. Only s	ubmit original (no copie	es needed).								
·			i-month extension — check th									
All other corporations income tax returns.	(including 1120-C filers,	, partnerships, REMICS, a	and trusts must use Form 700	4 to request an	extension of time to file							
returns noted below (the additional (not automate) Form 990-T. Instead.	5 months for a corporati omatic) 3-month extens you must submit the full	on required to file Form 99 ion or (2) you file Forms 9	8 if you want a 3-month autom 10-T). However, you cannot fil 90-BL, 6069, or 8870, group r age 2 (Part II) of Form 8868 ofits.	le Form 8868 ele eturns, or a com	ectronically if (1) you want reposite or consolidated							
Name of E	xempt Organization			Er	mployer identification number							
Type or print												
ELKS	NO. 273 LADIES	AUXILIARY, INC.		6	1-1209733							
File by the Number, s	treet, and room or suite numbe	r If a P O box, see instructions										
filing your return See 3784	ALEXANDRIA PK.											
instructions City, town	or post office, state, and ZIP c	ode. For a foreign address, see ins	tructions									
COLD	SPRING, KY 410	16										
Check type of return t	o be filed (file a separa	e application for each retu	rn)	_								
Form 990		Form 990-T (corporation	n)	Form 4720								
Form 990-BL		Form 990-T (section 40	1(a) or 408(a) trust)	Form 5227								
X Form 990-EZ		Form 990-T (trust other	than above)	Form 6069								
Form 990-PF		Form 1041-A		Form 8870								
	he care of ► <u>JANET</u>	LANDERS										
	<u> 359-441-7331</u>											
			e United States, check this b		▶ [_]							
			Exemption Number (GEN)									
check this box the extension will		the group, check this box	► and attach a list with	the names and	EINs of all members							
1 request an aut	omatic 3-month (6 mont	hs for a corporation requir	ed to file Form 990-T) extensi	ion of time								
until 11/15			return for the organization na									
	for the organization's r		-									
► calenda	year 20 or											
► X tax year	beginning <u>4/01</u>	, 20 <u>09</u> _, and end	ing $3/31$, 20 1	L <u>O</u>								
2 If this tax year is	for less than 12 month	s, check reason.	nitial return Final retu	ırn Cha	nge in accounting period							
	n is for Form 990-BL, 99 redits See instructions	0-PF, 990-T, 4720, or 606	9, enter the tentative tax, less	s any	3a \$ 0.							
	n is for Form 990-PF or ny prior year overpaym		le credits and estimated tax p	payments	зь\$ 0.							
c Balance Due. So deposit with FTI See instructions	coupon or, if required,	3a Include your payment by using EFTPS (Electror	with this form, or, if required, nic Federal Tax Payment Syst	tem)	3c \$ 0.							
Caution. If you are go payment instructions.	ing to make an electror	ic fund withdrawal with thi	s Form 8868, see Form 8453-	-EO and Form 88	379-EO for							

FIFZ0501L 03/11/09

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.