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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Apr 1 , 2009, and ending Mar 31 , 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ACLU of Arizona

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
PO Box 17148

City or town, state or country, and ZIP + 4
Phoenix AZ 85011

D Employer identification number
86-0205157

E Telephone number
(602) 650-1854

F Group Exemption Number ► .

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

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

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

I Website: ► www.acluaz.org

J Tax-exempt status (check only one) — ☒ 501(c) (4) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 ► $ 187,388.

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	180,017.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,371.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ 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	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	187,388.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	115,217.
	13	Professional fees and other payments to independent contractors	13	5,695.
	14	Occupancy, rent, utilities, and maintenance	14	15,693.
	15	Printing, publications, postage, and shipping	15	24,813.
	16	Other expenses (describe ► See Other Expenses Statement)	16	20,762.
	17	**Total expenses.** Add lines 10 through 16 ►	17	182,180.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,208.
	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	408,414.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	413,622.

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

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	446,064.	22	379,490.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	21,410.	24	37,935.
25	**Total assets**	467,474.	25	417,425.
26	**Total liabilities** (describe ► See L-26 Stmt)	59,060.	26	3,803.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	408,414.	27	413,622.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

TEEA0812 01/30/10

10 P

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

What is the organization's primary exempt purpose? Preservation of Individuals' Liberties

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 See L-28 Note

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 28a 83,050.

29 See L-29 Note

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 29a 23,381.

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 106,431.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Alessandra Soler Meetze PO Box 17148 Phoenix AZ 85011	Executive Director 40.00	29,760.	0.	
Roberto Reveles PO Box 17148 Phoenix AZ 85011	President 1.00	0.	0.	
Sam Daughety PO Box 17148 Phoenix AZ 85011	Vice President 1.00	0.	0.	
Elizabeth Enright PO Box 17148 Phoenix AZ 85011	Vice President 1.00	0.	0.	
Carolyn Trowbridge PO Box 17148 Phoenix AZ 85011	Vice President 1.00	0.	0.	
Alice Bendheim PO Box 17148 Phoenix AZ 85011	Treasurer 1.00	0.	0.	
Rivko Knox PO Box 17148 Phoenix AZ 85011	Secretary 1.00	0.	0.	
Robert Meitz PO Box 17148 Phoenix AZ 85011	Secretary 1.00	0.	0.	
Steve Lee PO Box 17148 Phoenix AZ 85011	General Counsel 1.00	0.	0.	
RJ Shannon PO Box 17148 Phoenix AZ 85011	Affirmative Action Officer 1.00	0.	0.	
Michael Elsner PO Box 17148 Phoenix AZ 85011	Board Member 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
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 ►			

42a The organization's books are in care of ► The Organization Telephone no. ► (602) 650-1854

Located at ► PO Box 17148 Phoenix AZ ZIP + 4 ► 85011

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42b		X

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.? 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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over $100,000 ► _____

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

► _____ 11-15-10
Signature of officer Date

► ALICE L. BENDHEIM, TREASURER
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ►	Susan B. Lumbard CPA	Date 11/15/10	Check if self-employed ► ☐
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	LUMBARD & ASSOCIATES, PLLC 4143 N 12TH ST STE 100 PHOENIX AZ 85014-4955		Preparer's Identifying Number (See instructions) EIN ► Phone no. ► 602 274-9966

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

BAA

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No.
ACLU of Arizona	86-0205157

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid expenses and deferred charges	546.	2,890.
Due from Foundation	0.	20,393.
Due from National	14,650.	14,652.
COD - Ted Mote Fund	6,214.	0.
Totals to Form 990-EZ, Part II, line 24	21,410.	37,935.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
A/P and Accrued Expenses	0.	3,803.
Payable to Foundation	59,060.	0.
Totals to Form 990-EZ, Part II, line 26	59,060.	3,803.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
Membership development	9,064.
Office	3,026.
Travel, meals, entertainment	3,039.
Equipment rental	2,529.
Insurance	1,131.
Board	1,028.
Scholarships	850.
Public Education Forums	95.
Total	20,762.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business .... ☐ Person ..... ☐ Seth Apfel PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ..... ☐ Jere Humphreys PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person .. .. ☐ Ken Jacuzzi PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person .... ☐ Matt Korbeck PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person . .... ☐ Angelita Reyes PO Box 17148 Phoenix AZ 85011 Foreign city . . Foreign country	Title Board Member Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business .... ☐ Person .. ☐ Dr. M. Mujahid Salim PO Box 17148 Phoenix AZ 85011 Foreign city .. Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ..... ☐ Michelle Steinberg PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ..... ☐ Robert Tindall PO Box 17148 Phoenix AZ 85011 Foreign city . Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ..... ☐ Dawn Wyland PO Box 17148 Phoenix AZ 85011 Foreign city .. Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business . . ☐ Person ..... ☐ Tod Zelickson PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ... ☐ Tom Bean PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person ..... ☐ Barbara Buedel PO Box 17148 Phoenix AZ 85011 Foreign city .. Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .... ☐ Person . .. ☐ Bryan Casler PO Box 17148 Phoenix AZ 85011 Foreign city . . Foreign country	Title Board Member Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business .... ☐ Person .. ... ☐ Andrea Elikan PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	
Business .. . ☐ Person ... . ☐ Troy Rutman PO Box 17148 Phoenix AZ 85011 Foreign city ... Foreign country	Title Board Member Hours/Week 1.00	0.	0.	

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Donations	435.
Bequests	18,699.
Shared membership fees	160,883.
Total	**180,017.**

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Cash	244,402.
Investments	135,088.
Total	**379,490.**

Form 990-EZ: Short Form Return of Organization Exempt From Income Tax

Special Events and Activities Smart Worksheet

If the organization reports more than $15,000 on line 6a (not including the contribution amount in the parenthesis), then Part II of Schedule G should be completed for events with gross receipts greater than $5,000.

If the organization reports more than $15,000 on line 6a (not including the contribution amount in the parenthesis) and any part of the amount is gross revenue from gaming, then it must complete Schedule G, Part III, to report its gaming activities.

See the instructions for more information.

	Yes	No
Is the organization required to complete Schedule G?		X

QuickZoom to Schedule G, page 2, Part II, Fundraising Events . . . . . ➡

QuickZoom to Schedule G, page 2, Part III Gaming . . . . . ➡

Additional Information For Tax Return

ACLU of Arizona 86-0205157

Form 990-EZ: Line 28, Description

PUBLIC EDUCATION: THE ACLU OF ARIZONA CONDUCTS PUBLIC EDUCATION EVENTS ON PUBLIC POLICIES AND GOVERNMENT ACTIONS THAT THREATEN CIVIL LIBERTIES AND M0BILIZES MEMBERS AND SUPPORTERS TO TAKE ACTION ON CIVIL LIBERTIES ISSUES AFFECTING ARIZONANS. THE ORGANIZATION RECRUITED 475 NEW MEMBERS AS A RESULT OF TARGETED MEMBERSHIP OUTREACH ACTIVITIES. IN ADDITION, THE ACLU OF ARIZONA PRINTED 4 QUARTERLY NEWSLETTERS AND MAINTAINED A WEB SITE THAT ATTRACTED 532,490 HITS. ACLU OF ARIZONA STAFF MEMBERS PARTICIPATED IN 80 SPEAKING ENGAGEMENTS THROUGHOUT THE STATE TO RECRUIT NEW MEMBERS AND INFORM THE PUBLIC ABOUT GOVERNMENT POLICIES THAT VIOLATE CIVIL LIBERTIES.

Form 990-EZ: Line 29, Description

LEGISLATIVE ADVOCACY: THE ACLU OF ARIZONA LOBBIES ARIZONA LEGISLATORS AND MEMBERS OF LOCAL GOVERNMENT BODIES, INCLUDING CITY COUNCILS AND SCHOOL BOARDS, TO TAKE ACTION ON PUBLIC POLICIES THAT IMPACT CIVIL LIBERTIES. IT ALSO TAKES POSITIONS AND ACTIONS ON BALLOT MEASURES THAT IMPACT CIVIL LIBERTIES. LOBBYING ACTIVITIES INCLUDE REVIEWING AND ANALYZING PROPOSED LAWS, TESTIFYING AT PUBLIC HEARINGS, MEETING WITH LEGISLATORS OR LOCAL GOVERNMENT REPRESENTATIVES AND GRASSROOTS LOBBYING OF ITS MEMBERS AND OTHERS. DURING THE 2010 FISCAL YEAR, THE ACLU OF ARIZONA'S LOBBYING-RELATED ACTIVITIES INCLUDED APPEARING BEFORE 9 POLICY-MAKING BODIES AND SUBMITTING 8 WRITTEN RECOMMENDATIONS TO POLICYMAKING BODIES. DURING THE 2010 SESSION OF THE ARIZONA LEGISLATURE, THE ACLU OF ARIZONA TRACKED 22 BILLS, AND ASSISTED IN DEFEATING 2 BILLS THAT WOULD HAVE THREATENED CIVIL LIBERTIES.

Form **8868** (Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ACLU of Arizona	**86 0205157**
	Number, street, and room or suite no. If a P.O. box, see instructions. **P.O. Box 17148**	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. **Phoenix, AZ 85011**	

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

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

- The books are in the care of ► **The Organization**

Telephone No. ► **(602) 650-1967** FAX No. ► **(602) 650-1376**

- 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 **November 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_____ or

► ☑ tax year beginning **April 1**, 20**09**, and ending **March 31**, 20**10**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	$

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