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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

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning MAY 1, 2009 and ending APR 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TOMMY FUND, INC.	D Employer identification number 06-1245787
	Number and street (or P O box, if mail is not delivered to street address) 20 YORK STREET	E Room/suite Telephone number (203) 688-4081
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06504	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: ► WWW.TOMMYFUND.ORG

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

J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 410,757.

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

1 Contributions, gifts, grants, and similar amounts received	1	312,761.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	3,175.
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 \$ 79,862. of contributions reported on line 1)	6a	94,821.
b Less direct expenses other than fundraising expenses	6b	50,964.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	43,857.
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	359,793.
10 Grants and similar amounts paid (attach schedule)	10	184,981.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	82,988.
13 Professional fees and other payments to independent contractors	13	5,875.
14 Occupancy, rent, utilities, and maintenance	14	5,302.
15 Printing, publications, postage, and shipping	15	21,045.
16 Other expenses (describe ►)	16	26,310.
17 Total expenses. Add lines 10 through 16	17	326,501.
18 Excess or (deficit) for the year (Subtract line 9 from line 17)	18	33,292.
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	189,680.
20 Other changes in net assets or fund balances (attach explanation)	20	31,256.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	254,228.

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		210,424.	22 274,868.
23 Land and buildings			23
24 Other assets (describe ►)	SEE STATEMENT 2	21,267.	24 2,861.
25 Total assets		231,691.	25 277,729.
26 Total liabilities (describe ►)	SEE STATEMENT 3	42,011.	26 23,501.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		189,680.	27 254,228.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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, and other relevant information for each program title.

Expenses

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

28 SEE STATEMENT 8(Grants \$ **95,981.**) If this amount includes foreign grants, check here ► **28a** **95,981.****29 GRANTS TO YALE NEW HAVEN HOSPITAL & UNIVERSITY UNDERWRITE VARIOUS SALARIES OF MEDICAL PROFESSIONALS PROVIDING CARE, TRAINING AND RESEARCH IN THE FIELD OF PEDIATRIC ONCOLOGY.**(Grants \$ **25,000.**) If this amount includes foreign grants, check here ► **29a** **25,000.****30 CONTRIBUTION TO YALE NEW HAVEN HOSPITAL FOR THE NEW SMILOW CANCER HOSPITAL CAMPAIGN.**(Grants \$ **64,000.**) If this amount includes foreign grants, check here ► **30a** **64,000.****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** **184,981.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
TOM BRUNNOCK 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR & PRESIDENT 5.00	0.	0.	0.
PETER PARENTE 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR & VICE PRESIDENT 5.00	0.	0.	0.
CONNIE NICOLOSI 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR & SECRETARY 5.00	0.	0.	0.
AMY RUSSELL 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
ART LEMAY 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
TOM GIORDANO 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
NEIL GARBATINI 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
LYNNE SHERMAN 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
MICHAEL APKON 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
GARY KUPFER 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
JOE BOWMAN 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
BETH BOWMAN 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
GERRY TERWILLIGER 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR 1.00	0.	0.	0.
JIM BOWMAN 20 YORK STREET, NEW HAVEN, CT 06504	DIRECTOR & TREASURER 5.00	0.	0.	0.
MICHELLE D'AMORE 20 YORK STREET, NEW HAVEN, CT 06504	EXECUTIVE DIRECTOR 40.00	23,239.	8,849.	0.
SHANNON MURNANE 20 YORK STREET, NEW HAVEN, CT 06504	EXECUTIVE DIRECTOR 40.00	36,457.	14,443.	0.

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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.

33	Yes	No
34	X	

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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

35a	X
35b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

37a	0.
38a	X

b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

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?

38b	N/A
39a	N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39a	N/A
39b	N/A

39 Section 501(c)7 organizations Enter.

39b	N/A
40b	X

a Initiation fees and capital contributions included on line 9

40b	X
40c	0.

b Gross receipts, included on line 9, for public use of club facilities

40c	0.
40d	0.

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.

40d	0.
40e	X

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

40e	X
41	CT

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

41	CT
42a	THE ORGANIZATION

d Section 501(c)3 and 501(c)4 organizations Enter amount of tax on line 40c reimbursed by the organization

42a	Telephone no (203) 688-4081
42b	ZIP + 4 06504

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

42b	X
42c	X

41 List the states with which a copy of this return is filed ► CT

42a The organization's books are in care of ► THE ORGANIZATION

Telephone no (203) 688-4081

Located at ► 20 YORK STREET, NEW HAVEN, CT ZIP + 4 06504

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)?

42c	X
43	►

43	►
44	N/A

44	►
45	X

If "Yes," enter the name of the foreign country ►

45	X
46	►

46	►
47	N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S?

47	N/A
48	►

If "Yes," enter the name of the foreign country ►

48	►
49	N/A

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 N/A

49	N/A
50	►

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

50	►
51	N/A

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

51	N/A
52	►

52	►
53	N/A

46 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

53	N/A
54	►

47 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

54	►
55	N/A

48 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

55	N/A
56	►

49 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

56	►
57	N/A

50 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

57	N/A
58	►

51 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

58	►
59	N/A

52 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

59	N/A
60	►

53 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

60	►
61	N/A

54 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

61	N/A
62	►

55 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

62	►
63	N/A

56 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

63	N/A
64	►

57 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

64	►
65	N/A

58 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

65	N/A
66	►

59 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

66	►
67	N/A

60 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

67	N/A
68	►

61 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

68	►
69	N/A

62 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

69	N/A
70	►

63 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

70	►
71	N/A

64 Did the organization maintain any donor

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.

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 Yes No 46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and address of each employee paid more than \$100,000 NONE	(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

f Total number of other employees paid over \$100,000 ► 51

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" 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 ► 12

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.			12-15-10
► Signature of officer				Date
► Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ► <i>Chris Nichols CPA</i>	Date <i>12/14/10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying number (See Instr) <i></i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>T. M. BYXBEE COMPANY, P.C. P.O. BOX 187169 HAMDEN, CT 06518</i>		EIN ► <input type="checkbox"/>	
			Phone ► <input type="checkbox"/>	<i>(203) 281-4933</i>

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

► Yes No

Form 990-EZ (2009)

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE TOMMY FUND, INC.

Employer identification number

06-1245787

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (II) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of support
			Yes	No	Yes	No		
Total								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	199,235.	247,290.	467,597.	263,396.	312,761.	1,490,279.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,630.	82,064.	114,930.	75,632.	94,821.	425,077.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	256,865.	329,354.	582,527.	339,028.	407,582.	1,915,356.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	12,525.	7,775.	7,000.	12,000.	6,500.	45,800.
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		5,000.	86,260.	18,770.	100,000.	210,030.
c Add lines 7a and 7b	12,525.	12,775.	93,260.	30,770.	106,500.	255,830.
8 Public support (Subtract line 7c from line 6)						1,659,526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	256,865.	329,354.	582,527.	339,028.	407,582.	1,915,356.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,905.	4,939.	5,760.	5,531.	3,175.	23,310.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,905.	4,939.	5,760.	5,531.	3,175.	23,310.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	260,770.	334,293.	588,287.	344,559.	410,757.	1,938,666.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	85.60	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90.01	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.20	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.35	%
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 ► <input checked="" type="checkbox"/>			
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 ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Employer identification number

THE TOMMY FUND - INC. 06-1245787

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE TOMMY FUND, INC.

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	GOLF TOURNAMENT (event type)	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RADIOTHON	2		
		(event type)	(total number)		
1	Gross receipts	73,289.	56,130.	45,264.	174,683.
2	Less: Charitable contributions	41,845.	36,210.	1,807.	79,862.
3	Gross income (line 1 minus line 2)	31,444.	19,920.	43,457.	94,821.
4	Cash prizes				
5	Noncash prizes	1,113.		3,669.	4,782.
6	Rent/facility costs	21,828.		1,954.	23,782.
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	1,325.	1,345.	19,730.	22,400.
10	Direct expense summary. Add lines 4 through 9 in column (d)				► (50,964 ,
11	Net income summary. Combine line 3, column (d), and line 10.				► 43,857 .

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8	Net gaming income summary. Combine line 1, column (d), and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

Yes	No
9a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

10a

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11
12

13 Indicate the percentage of gaming activity operated in:

	Yes	No
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

17a	

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	CREDIT CARD MACHINE	06/10/03	SL	5.00	HY16	799.				799.			0.	799.
	SOFTWARE - ROLLERS 2008	07/09/08											208.	208.
5	LAPTOP	01/15/08	SL	3.00	HY16	2,000.				2,000.	889.		667.	1,556.
	WEBSITE DESIGN	08/14/08											283.	313.31.
	* TOTAL 990-EZ PG 1 DEPR & AMORT							19,307.		19,307.			5,128.	17,446.

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	3,981.
OFFICE SUPPLIES	3,315.
BANK FEES	2,339.
MEETINGS & SEMINARS	241.
INSURANCE	2,430.
MISCELLANEOUS	2,242.
ADVERTISING	100.
TRAVEL	112.
PLEDGE WRITE OFFS	11,550.
TOTAL TO FORM 990-EZ, LINE 16	26,310.

FORM 990-EZ

OTHER ASSETS

STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGE RECEIVABLES	11,550.	0.
PREPAID EXPENSES	2,728.	1,000.
OTHER DEPRECIABLE ASSETS	6,989.	1,861.
TOTAL TO FORM 990-EZ, LINE 24	21,267.	2,861.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	26,661.	12,851.
DEFERRED REVENUE	15,350.	10,650.
TOTAL TO FORM 990-EZ, LINE 26	42,011.	23,501.

THE TOMMY FUND, INC.

06-1245787

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
GAIN ON INVESTMENTS	31,256.
TOTAL TO FORM 990-EZ, LINE 20	31,256.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	5,128.
OTHER EXPENSES	174.
TOTAL TO FORM 990-EZ, LINE 14	5,302.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SMILOW CANCER HOSPITAL CAMPAIGN	BOARD MEMBERS EMPLOYEES OF DONEE	64,000.
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	BOARD MEMBERS EMPLOYEES OF DONEE	25,000.
FELLOWSHIP	BOARD MEMBERS EMPLOYEES OF DONEE	
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	BOARD MEMBERS EMPLOYEES OF DONEE	
PATIENT/FAMILY SOCIAL WORK & SUPPORT	BOARD MEMBERS EMPLOYEES OF DONEE	95,981.
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		184,981.

FORM 990-EZ

**INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE TOMMY FUND, INC.

06-1245787

990-EZ PG 2

STATEMENT 8

DIRECT & INDIRECT SUPPORT TO CHILD ONCOLOGY PATIENTS AND FAMILIES AT YALE NEW HAVEN HOSPITAL. GRANT SUPPORTS SOCIAL WORK RELATED TO CHILD ONCOLGY PATIENTS. SERVES APPROXIMATELY 250 PATIENTS.

TO PROVIDE EMOTIONAL, EDUCATIONAL, MEDICAL AND RECREATIONAL SUPPORT TO CHILDREN WITH CANCER AND TO THEIR FAMILIES; AND TO IMPROVE THE CURE RATE OF CHILDHOOD CANCER THROUGH YALE NEW HAVEN CHILDREN'S HOSPITAL AND THE YALE UNIVERSITY SCHOOL OF MEDICINE.

Form 4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE TOMMY FUND, INC.

FORM 990-EZ PAGE 1

06-1245787

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction. Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13		
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.			
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)			
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14		
15 Property subject to section 168(f)(1) election	15		

16 Other depreciation (including ACRS)	16	4,920.	
--	----	--------	--

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	Section A	
---	-----------	--

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)						
21 Listed property. Enter amount from line 28				21		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.				22		4,920.
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.						
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs			23			

916251
11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. **25**

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	208.
44 Total. Add amounts in column (f). See the instructions for where to report				44	208.

Application for Extension of Time To File an
Exempt Organization Return

► 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 and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	THE TOMMY FUND, INC.	06-1245787
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. 20 YORK STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06504	

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 ORGANIZATION

- The books are in the care of ► 20 YORK STREET - NEW HAVEN, CT 06504

Telephone No. ► (203) 688-4081 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 DECEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year or
► tax year beginning MAY 1, 2009, and ending APR 30, 2010

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	\$
		N/A

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.

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

Form 8868 (Rev. 4-2009)