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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 **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</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	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>UPHA FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>31-1014204</b>
		Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number
		<b>4059 IRON WORKS PIKE</b>		<b>(859) 231-5070</b>
		City or town, state or country, and ZIP + 4 <b>LEXINGTON, KY 40511</b>		<b>F</b> 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.UPHAONLINE.COM**

**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 ▶ \$ **222,445.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>201,070.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>21,375.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	<b>784.</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	<b>&lt;784.&gt;</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>221,661.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>103,665.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>29,570.</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>3,652.</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>8,358.</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>6,875.</b>
	<b>16</b> Other expenses (describe ▶ SEE STATEMENT 1)	<b>16</b>	<b>42,292.</b>
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	<b>194,412.</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>27,249.</b>
	<b>19</b> 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)	<b>19</b>	<b>1,069,364.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	<b>20</b>	<b>20,210.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>1,116,823.</b>

**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
<b>22</b> Cash, savings, and investments	<b>44,004.</b>	<b>70,308.</b>
<b>23</b> Land and buildings	<b>645.</b>	<b>0.</b>
<b>24</b> Other assets (describe ▶ SEE STATEMENT 2)	<b>1,030,084.</b>	<b>1,048,270.</b>
<b>25</b> Total assets	<b>1,074,733.</b>	<b>1,118,578.</b>
<b>26</b> Total liabilities (describe ▶ SEE STATEMENT 3)	<b>5,369.</b>	<b>1,755.</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>1,069,364.</b>	<b>1,116,823.</b>

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

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Form 990-EZ (2009)

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2009.05070 UPHA FOUNDATION, INC.

0950 2



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	N/A	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
<b>b</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		X
<b>c</b> 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	0.	
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed	KY	
<b>42a</b> The organization's books are in care of	KAREN RICHARDSON	
Located at	4059 IRON WORKS PIKE, LEXINGTON, KY	
Telephone no	(859) 231-5070	
ZIP + 4	40511	
<b>b</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)?		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 Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country		
<b>43</b> 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
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

Form 990-EZ (2009)

**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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

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.		
	Signature of officer	Date 5.10.11	
	BRET C. DAY, PRESIDENT Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date 5/10/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (See instr)	
DULWORTH, BREEDING, KARNS & PLEASANTS, LLP 121 OLD LAFAYETTE AVENUE LEXINGTON, KY 40502		EIN	Phone no. (859) 259-1072

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

UPHA FOUNDATION, INC.

Employer identification number

31-1014204

**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)(vii)**. (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)		X
11g(ii)		X
11g(iii)		X

(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 (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
UPHA MEMBERSHIP	61-1160197	12		X	X		X		0.
<b>Total</b>									0.

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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

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

Schedule 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



UPHA Board of Directors - 2009						
Name	Title	Hours Per Week	Address			Compensation
James Nichols	UPHA President	5	4059 Iron Works Pike	Lexington	KY 40511	0
Bret Day	UPHA First Vice President	1	4059 Iron Works Pike	Lexington	KY 40511	0
Gary Garone	UPHA Second Vice President	1	4059 Iron Works Pike	Lexington	KY 40511	0
Tammie Conatser	UPHA Secretary	1	4059 Iron Works Pike	Lexington	KY 40511	0
Larry Bacon	UPHA Treasurer	1	4059 Iron Works Pike	Lexington	KY 40511	0
James Taylor	UPHA Immed Past President	1	4059 Iron Works Pike	Lexington	KY 40511	0
Karen Richardson	UPHA Executive Secretary	40	4059 Iron Works Pike	Lexington	KY 40511	\$48,500
Owen Weaver	UPHA Associate President	1	4059 Iron Works Pike	Lexington	KY 40511	0
Jennifer Dixon	UPHA Chapter 1 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Tim Arcuri	UPHA Chapter 2 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Lynda Freseth	UPHA Chapter 3/4 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Megan Harrison	UPHA Chapter 5 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Barbe Smith	UPHA Chapter 6/7 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
James Hale	UPHA Chapter 8 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Randy Harper	UPHA Chapter 9 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Frederick Schotthofer	UPHA Chapter 10 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Mindy Preston	UPHA Chapter 11 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Paul Boone	UPHA Chapter 12 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Kathy Boggs	UPHA Chapter 13 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Kristen Spann	UPHA Chapter 14 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Gary Guz	UPHA Chapter 15 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Pamela Roush	UPHA Chapter 16 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Amada Ward	UPHA Chapter 17 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Smith Lilly	UPHA Chapter 18 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Tom Volz	UPHA Chapter 19 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
David Earehart	UPHA Chapter 20 Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Dale Arnston	UPHA Equitation Committee Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0
Tim Roesink	UPHA Morgan Representative	1	4059 Iron Works Pike	Lexington	KY 40511	0
Judy Werner	ASHA President	1	4059 Iron Works Pike	Lexington	KY 40511	0
Ray Krussell	UPHA Young Trainer's Comm. Chairman	1	4059 Iron Works Pike	Lexington	KY 40511	0

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
AWARDS AND GIFTS		1,209.	
BANK SERVICE FEES		55.	
DUES AND SUBSCRIPTIONS		273.	
EXCEPTIONAL CUP CHALLENGE EXPENSE		20,322.	
INSURANCE		2,693.	
LICENSE AND TAX		12.	
MEALS AND ENTERTAINMENT		66.	
MISCELLANEOUS		2,080.	
OFFICE SUPPLIES		893.	
STORAGE UNIT RENTAL		383.	
TELEPHONE		2,233.	
TRAVEL		972.	
PINK RIBBON CLASS EXPENSE		8,053.	
RIBBONS OF SERVICE EXPENSE		1,416.	
DEPRECIATION		1,632.	
TOTAL TO FORM 990-EZ, LINE 16		42,292.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS - WACHOVIA	933,980.	920,185.	
TOM MOORE BRONZE STATUE	69,500.	69,500.	
TROPHIES	6,763.	6,763.	
NOTE RECEIVABLE - MEMBERSHIP	19,613.	49,620.	
NOTE RECEIVABLE - DEWEY HENDERSON	0.	1,167.	
OTHER DEPRECIABLE ASSETS	228.	1,035.	
TOTAL TO FORM 990-EZ, LINE 24	1,030,084.	1,048,270.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NOTE PAYABLE - DEWEY HENDERSON	2,075.	0.	
PAYROLL LIABILITIES	3,294.	1,755.	
TOTAL TO FORM 990-EZ, LINE 26	5,369.	1,755.	

FORM 990-EZ      GAIN (LOSS) FROM SALE OF OTHER ASSETS      STATEMENT      4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS	VARIOUS	01/01/10	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A - ABANDONED	0.	18,493.	0.	17,709.	<784.>
TO FORM 990-EZ, LINE 5		18,493.	0.	17,709.	<784.>

FORM 990-EZ      OTHER CHANGES IN NET ASSETS OR FUND BALANCES      STATEMENT      5

DESCRIPTION	AMOUNT
REIMBURSEMENT FOR SCHOLARSHIP EXPENSES	23,400.
PRIOR PERIOD ADJUSTMENT	<3,190.>
TOTAL TO FORM 990-EZ, LINE 20	20,210.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
PLEDGE FOR NEW FACILITY CENTRAL KENTUCKY RIDING FOR HOPE P.O. BOX 13155 LEXINGTON, KY 40511	NONE	12,500.
DONATION FOR SCHOLARSHIP FUND AMERICAN HACKNEY HORSE SOCIETY FOUNDATION 746 WESTLAND DRIVE LEXINGTON, KY 40504	NONE	500.
DONATION FOR 2010 EVENT US SADDLE SEAT EQUITATION WORLD CUP 5450 BRUCE B. DOWNS BLVD. #142 WESLEY CHAPEL, FL 33543	NONE	15,000.
DONATION KENTUCKY HORSE PARK FOUNDATION 4089 IRON WORKS PARKWAY LEXINGTON, KY 40511	NONE	100.
DONATION SUSAN G. KOMEN ORGANIZATION - MASSACHUSETTS 89 SOUTH STREET BOSTON, MA 02111	NONE	5,000.
DONATION SPELMAN MEDICAL FOUNDATION BARRY MEDICAL PARK KANSAS CITY, MO 64154	NONE	10,000.
CONTRIBUTION KENTUCKY CANCER PROGRAM 501 E. BROADWAY, SUITE 160 LOUISVILLE, KY 40202	NONE	10,000.
CONTRIBUTION ALSAC - ST. JUDE'S HOSPITAL 501 ST. JUDE'S PLACE MEMPHIS, TN 38105	NONE	33,405.
CONTRIBUTION CROHN'S AND COLITIS FOUNDATION 8 TRIANGLE PARK, SUITE 800 CINCINNATI, OH 45246	NONE	5,250.

UPHA FOUNDATION, INC.

31-1014204

DONATION  
SOFT, USA  
2982 SOUTH UNION STREET  
ROCHESTER, NY 14624

NONE

1,600.

DONATION  
SPIRIT OF HOPE YOUTH RANCH  
194 KINGS RANCH DRIVE  
WILSONVILLE, AL 35186

NONE

310.

SCHOLARSHIP AWARDED

NONE

5,000.

SCHOLARSHIP AWARDED

NONE

5,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

103,665.

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

UPHA PINK RIBBON PROGRAM - THE FOUNDATION PROUDLY CONTINUES ITS PROGRAM TO HELP HORSE SHOWS ENGAGE COMMUNITIES, SHOWCASE OUR SHOW HORSES, AND RAISE MUCH NEEDED FUNDS FOR BREAST CANCER RESEARCH, AWARENESS AND TREATMENT. AS MANY WOMEN ARE INVOLVED IN THE HORSE SHOW INDUSTRY THE UPHA PINK RIBBON PROGRAM HELPS TO BOTH ATTRACT INDIVIDUALS TO OUR PROGRAMS AND SERVES TO SUPPORT WOMEN IN HEALTH RELATED ISSUES.

990-EZ PG 2

STATEMENT 9

UPHA RIBBONS OF SERVICE - SADDLESEAT EQUITATION RIDERS COMPETE WITH EACH OTHER TO RAISE FUNDS FOR AN APPROVED CHARITY. THE PROGRAM REQUIRES THE EQUITATION RIDERS TO COMMIT A DESIGNATED NUMBER OF HOURS TO THEIR CHOSEN CHARITY AND TO HELP RAISE AWARENESS AND FUNDS.



UPHA EXCEPTIONAL CHALLENGE CUP - PROGRAM FOR HANDICAPPED RIDERS TO COMPETE  
IN A NATIONAL CHAMPIONSHIP EQUITATION CLASS AT THE AMERICAN ROYAL NATIONAL  
CHAMPIONSHIP HORSE SHOW IN KANSAS CITY, MO, EACH NOVEMBER.

990-EZ PG 2

STATEMENT 11

CONDUCTING CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES FOR EDUCATION OF  
THE PUBLIC IN GENERAL HORSEMANSHIP.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 12

DESCRIPTIONGRANTSEXPENSES

MARIA KNIGHT SCHOLARSHIP FUND AWARDS SCHOLARSHIPS TO  
THE CHILDREN OF PROFESSIONAL (ACTIVE MEMBER) HORSE  
TRAINERS BASED ON ACADEMIC MERIT AND FINANCIAL NEED.

10,000.

10,000.

THE UPHA ANALYZES AND EVALUATES THE NEEDS OTHER  
ORGANIZATIONS DEDICATED TO PROVIDING EDUCATION AND  
SCIENCE PROGRAMS IN EQUESTRIAN FIELDS. IN THE EVENT  
THAT THESE ORGANIZATIONS MEET CERTAIN REQUIREMENTS,  
THE BOARD OF DIRECTORS WILL APPROVE CONTRIBUTIONS.

28,100.

28,100.

TOTAL TO FORM 990-EZ, LINE 31

38,100.

38,100.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2009**Attachment  
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UPHA FOUNDATION, INC.

FORM 990-EZ PAGE 1

31-1014204

**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	
6	(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	1,290.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**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	84.
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		1,288.	5 YRS.	HY	200DB	258.
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	/		39 yrs.	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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,632.
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	

**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? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ 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.

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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:

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**43** Amortization of costs that began before your 2009 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

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

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

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

Type or print	Name of Exempt Organization <b>UPHA FOUNDATION, INC.</b>	Employer identification number <b>31-1014204</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4059 IRON WORKS PIKE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LEXINGTON, KY 40511</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 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 |

**KAREN RICHARDSON**

- The books are in the care of ► **4059 IRON WORKS PIKE, LEXINGTON, KY - 40511**

Telephone No. ► **(859) 231-5070**

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 **FEBRUARY 15, 2011**, 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 **JUL 1, 2009**, and ending **JUN 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 <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

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

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

Form 8868 (Rev 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	UPHA FOUNDATION, INC.	31-1014204
	Number, street, and room or suite no. If a P.O. box, see instructions. 4059 IRON WORKS PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40511	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **4059 IRON WORKS PIKE, LEXINGTON, KY - 40511**  
Telephone No. **(859) 231-5070** 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 is for.
- I request an additional 3-month extension of time until **MAY 15, 2011**.
- For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER ALL INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **2/15/11**

Form 8868 (Rev. 1-2011)