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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**B** Check if applicable:

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

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

C

CARMINE & ROBERT DESANTIS CHARITABLE FOUNDATION, INC.

2645 FOREST AVENUE

STATEN ISLAND, NY 10303

D Employer identification number

33-1022505

E Telephone number

718-447-5076

F Group Exemption Number

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶ N/A**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

▶ \$ 111,058.

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	35,596.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	9,037.
5a	Gross amount from sale of assets other than inventory		
5b	Less: cost or other basis and sales expenses		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	66,425.
6b	Less: direct expenses other than fundraising expenses	6b	40,747.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	25,678.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	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	70,311.
10	Grants and similar amounts paid (attach schedule)	10	92,151.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,268.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	266.
17	Total expenses. Add lines 10 through 16	17	93,685.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,374.
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	379,987.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	356,613.

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	368,987.	345,613.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)	11,000.	11,000.
25 Total assets	379,987.	356,613.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	379,987.	356,613.

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

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

SEE STATEMENT 6

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed ▶ NY		

42a The organization's books are in care of ▶ LUCILLE CHAZANOFF Telephone no. ▶ 718-447-5076
 Located at ▶ 2645 FOREST AVENUE SATEN ISLAND NY ZIP + 4 ▶ 10303

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)? **42b**

If 'Yes,' enter the name of the foreign country ▶

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

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c**

If 'Yes,' enter the name of the foreign country ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** ☐ N/A N/A

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. **45**

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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 <i>Lucille Chazanoff</i>	Date 12/23/10	
	Type of print name and title Lucille CHAZANOFF, Secretary/Treasurer		
Paid Preparer's Use Only	Preparer's signature DONALD SARCONE, C.P.A.	Date DEC 22 2010	Preparer's Identifying Number (See instructions) P00003283
	Firm's name (or yours if self-employed), address, and ZIP + 4 DESANTIS, KIEFER, SHALL & SARCONE, LLP 1675 RICHMOND ROAD STATEN ISLAND, NY 10304-2317	EIN 13-3952752	Phone no (718) 351-2233

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

☒ Yes ☐ No

BAA

Form 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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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 ☐**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 the 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, 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"/>		

BAA

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 yr 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 "unusual grants.")	70,513.	69,389.	110,475.	40,000.	35,596.	325,973.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	70,513.	69,389.	110,475.	40,000.	35,596.	325,973.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						325,973.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	70,513.	69,389.	110,475.	40,000.	35,596.	325,973.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,930.	11,967.	13,923.	10,556.	9,037.	51,413.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	5,930.	11,967.	13,923.	10,556.	9,037.	51,413.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						377,386.
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	86.4 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	89.2 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	13.6 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	10.8 %

- 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 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. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **CARMINE & ROBERT DESANTIS CHARITABLE
FOUNDATION, INC.**

Employer identification number
33-1022505

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990EZ 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.

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	66,425.			66,425.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	66,425.			66,425.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	6,005.			6,005.
	6 Rent/facility costs				
	7 Food and beverages	26,430.			26,430.
	8 Entertainment				
	9 Other direct expenses	8,312.			8,312.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				40,747.
11 Net income summary. Combine lines 3, column (d) and line 10				25,678.	

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))			
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash 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 lines 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:

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

b If 'Yes,' explain:

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?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility.**13a** %**b** An outside facility**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 contact 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**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****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: ▶ \$ _____

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: HEALTH AND NUTRITION
DONEE'S NAME: CHLOE DALY
STATEN ISLAND, NY
DESCRIPTION OF PROPERTY: BABY FORMULA
DATE OF GIFT: 7/10/2009
BOOK VALUE: 1,985.
METHOD USED TO DETERMINE BV: COST
FAIR MARKET VALUE: \$ 1,985.
METHOD USED TO DETERMINE FMV: COST

CLASS OF ACTIVITY: MOBILITY EQUIPMENT
DONEE'S NAME: MELLIE CORRERA
STATEN ISLAND, NY
DESCRIPTION OF PROPERTY: STROLLER
DATE OF GIFT: 7/10/2009
BOOK VALUE: 450.
METHOD USED TO DETERMINE BV: COST
FAIR MARKET VALUE: 450.
METHOD USED TO DETERMINE FMV: COST

CLASS OF ACTIVITY: BATH ROOM
DONEE'S NAME: BIRCH FAMILY
STATEN ISLAND, NY
DESCRIPTION OF PROPERTY: SPECIAL SHOWER DOOR
DATE OF GIFT: 8/06/2009
BOOK VALUE: 1,500.
METHOD USED TO DETERMINE BV: COST
FAIR MARKET VALUE: 1,500.
METHOD USED TO DETERMINE FMV: COST

CLASS OF ACTIVITY: RECREATIONAL EQUIPMENT
DONEE'S NAME: THOMAS MATHIS
STATEN ISLAND, NY
DESCRIPTION OF PROPERTY: BICYCLE
DATE OF GIFT: 8/06/2009
BOOK VALUE: 450.
METHOD USED TO DETERMINE BV: COST
FAIR MARKET VALUE: 450.
METHOD USED TO DETERMINE FMV: COST

CLASS OF ACTIVITY: EDUCATIONAL EQUIPMENT
DONEE'S NAME: KYLLIOS FAAYED
STATEN ISLAND, NY
DESCRIPTION OF PROPERTY: COMPUTER
DATE OF GIFT: 8/13/2009
BOOK VALUE: 435.
METHOD USED TO DETERMINE BV: COST
FAIR MARKET VALUE: 435.
METHOD USED TO DETERMINE FMV: COST

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	MICHAEL PRESTGIAM	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	8/17/2009	
BOOK VALUE:	613.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		\$ 613.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	JOSEPH GAVINELLI	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	9/10/2009	
BOOK VALUE:	793.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		793.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	MATTHEW VINGA	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	SPECIAL PUSH CHAIR	
DATE OF GIFT:	9/16/2009	
BOOK VALUE:	4,599.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		4,599.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	FRANCESCO GIOFFE	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	LIFT CHAIR	
DATE OF GIFT:	10/09/2009	
BOOK VALUE:	5,059.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		5,059.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	TRINITY FLORES	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	TRANSIT CHAIR	
DATE OF GIFT:	10/20/2009	
BOOK VALUE:	3,700.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		3,700.
METHOD USED TO DETERMINE FMV:	COST	

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	DOHERTY CHILD	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	11/09/2009	
BOOK VALUE:	2,200.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		\$ 2,200.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	JOHN BENEDETTO	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	WHEELCHAIR	
DATE OF GIFT:	11/30/2009	
BOOK VALUE:	7,316.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		7,316.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	ATLA RIZKALHA	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	12/11/2009	
BOOK VALUE:	2,040.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		2,040.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	LEILA TAOPVAL	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	ADAPTIVE CHAIR	
DATE OF GIFT:	12/28/2009	
BOOK VALUE:	4,928.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		4,928.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	CLOTHING	
DONEE'S NAME:	ANWAR ELSAYER	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	CLOTHING	
DATE OF GIFT:	1/14/2010	
BOOK VALUE:	174.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		174.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL PURPOSE	
DONEE'S NAME:	NEW YORK CITY COLLEGE OF TECHNOLOGY	
CASH AMOUNT GIVEN:		\$ 1,000.
DATE OF GIFT:	1/20/2010	

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	TUITION		
DONEE'S NAME:	MICHAEL BELL		
	STATEN ISLAND, NY		
DESCRIPTION OF PROPERTY:	SUMMER CAMP		
DATE OF GIFT:	2/04/2010		
BOOK VALUE:	4,195.		
METHOD USED TO DETERMINE BV:	COST		
FAIR MARKET VALUE:		\$	4,195.
METHOD USED TO DETERMINE FMV:	COST		
CLASS OF ACTIVITY:	TUITION		
DONEE'S NAME:	JOSEPH FIRITO		
	STATEN ISLAND, NY		
DESCRIPTION OF PROPERTY:	SUMMER CAMP		
DATE OF GIFT:	2/04/2010		
BOOK VALUE:	4,196.		
METHOD USED TO DETERMINE BV:	COST		
FAIR MARKET VALUE:			4,196.
METHOD USED TO DETERMINE FMV:	COST		
CLASS OF ACTIVITY:	EDUCATIONAL PURPOSE		
DONEE'S NAME:	DANIEL JIOIA		
	STATEN ISLAND, NY		
CASH AMOUNT GIVEN:		\$	150.
DATE OF GIFT:	2/16/2010		
CLASS OF ACTIVITY:	BEDDING		
DONEE'S NAME:	JOHN RIZKALHA		
	STATEN ISLAND, NY		
DESCRIPTION OF PROPERTY:	BED AND MATTRESS		
DATE OF GIFT:	6/05/2010		
BOOK VALUE:	1,000.		
METHOD USED TO DETERMINE BV:	COST		
FAIR MARKET VALUE:			1,000.
METHOD USED TO DETERMINE FMV:	COST		
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT		
DONEE'S NAME:	CHELSEA VASQUEZ		
	STATEN ISLAND, NY		
DESCRIPTION OF PROPERTY:	COMPUTER		
DATE OF GIFT:	3/12/2010		
BOOK VALUE:	530.		
METHOD USED TO DETERMINE BV:	COST		
FAIR MARKET VALUE:			530.
METHOD USED TO DETERMINE FMV:	COST		

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	MEDICAL EQUIP & SUPPLY	
DONEE'S NAME:	CHRISTINA ALKIA	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	MOBILITY EQUIPMENT	
BOOK VALUE:	4/26/2010	
METHOD USED TO DETERMINE BV:	3,447.	
FAIR MARKET VALUE:	COST	\$ 3,447.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	HUNGERFORD SCHOOL	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	WALKER	
BOOK VALUE:	3/23/2010	
METHOD USED TO DETERMINE BV:	6,048.	
FAIR MARKET VALUE:	COST	6,048.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	LACERT RONELI	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	COMPUTER & MEDICAL EQUIP	
BOOK VALUE:	3/23/2010	
METHOD USED TO DETERMINE BV:	3,827.	
FAIR MARKET VALUE:	COST	3,827.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	CAMP TUITION	
DONEE'S NAME:	ANTHONY DEMASSI	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	SUMMER CAMP	
BOOK VALUE:	3/15/2010	
METHOD USED TO DETERMINE BV:	2,376.	
FAIR MARKET VALUE:	COST	2,376.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	SUSAN LAForge	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	COMPUTER	
BOOK VALUE:	4/26/2010	
METHOD USED TO DETERMINE BV:	1,962.	
FAIR MARKET VALUE:	COST	1,962.
METHOD USED TO DETERMINE FMV:	COST	

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	TOUCH TONE	
DONEE'S NAME:	JOSEPH VOTTO	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	KEYSTONE	
DATE OF GIFT:	3/31/2010	
BOOK VALUE:	196.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		\$ 196.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	ANNA MARIE INCANTALUPO	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	4/26/2010	
BOOK VALUE:	2,705.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		2,705.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	CHRISTINA ALKIA	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	EASY STAND	
DATE OF GIFT:	4/26/2010	
BOOK VALUE:	3,447.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		3,447.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	RECREATIONAL EQUIPMENT	
DONEE'S NAME:	RICHARD WHITE	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	SPECIAL BICYCLE	
DATE OF GIFT:	4/26/2010	
BOOK VALUE:	1,552.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		1,552.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	THOMAS SEAMIC	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	STROLLER	
DATE OF GIFT:	4/26/2010	
BOOK VALUE:	872.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		872.
METHOD USED TO DETERMINE FMV:	COST	

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	RECREATIONAL EQUIPMENT	
DONEE'S NAME:	AUTISM	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	CARNIVAL CART	
BOOK VALUE:	5/17/2010	
METHOD USED TO DETERMINE BV:	675.	
FAIR MARKET VALUE:	COST	\$ 675.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	CAMP TUITION	
DONEE'S NAME:	NICOLE MAROLLA	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	SUMMER CAMP	
BOOK VALUE:	5/17/2010	
METHOD USED TO DETERMINE BV:	850.	
FAIR MARKET VALUE:	COST	850.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	CAMP TUITION	
DONEE'S NAME:	RYAN KIRCHNER	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	SUMMER CAMP	
BOOK VALUE:	5/17/2010	
METHOD USED TO DETERMINE BV:	2,270.	
FAIR MARKET VALUE:	COST	2,270.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	CAMP TUITION	
DONEE'S NAME:	TYLER MILONE	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	SUMMER CAMP	
BOOK VALUE:	5/17/2010	
METHOD USED TO DETERMINE BV:	2,270.	
FAIR MARKET VALUE:	COST	2,270.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	DENTISTRY	
DONEE'S NAME:	VARIOUS RCPIENTS	
DESCRIPTION OF PROPERTY:	STATEN ISLAND, NY	
DATE OF GIFT:	DENTAL SERVICES	
BOOK VALUE:	5/20/2010	
METHOD USED TO DETERMINE BV:	4,900.	
FAIR MARKET VALUE:	COST	4,900.
METHOD USED TO DETERMINE FMV:	COST	

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	CHRISTINE SEMINI	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	CAR SEAT	
DATE OF GIFT:	5/28/2010	
BOOK VALUE:	97.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		\$ 97.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	EDUCATIONAL EQUIPMENT	
DONEE'S NAME:	JAKE PIZZO	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	COMPUTER	
DATE OF GIFT:	5/28/2010	
BOOK VALUE:	2,107.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		2,107.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	TUITION	
DONEE'S NAME:	TROY WILD	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	SUNY CANTON	
DATE OF GIFT:	6/15/2010	
BOOK VALUE:	2,000.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		2,000.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	KAYLA CALLEYN	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	STROLLER	
DATE OF GIFT:	6/15/2010	
BOOK VALUE:	210.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		210.
METHOD USED TO DETERMINE FMV:	COST	
CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	MOASIA FRELT	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	TRICYCLE	
DATE OF GIFT:	6/15/2010	
BOOK VALUE:	2,397.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		2,397.
METHOD USED TO DETERMINE FMV:	COST	

2009

FEDERAL STATEMENTS

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CLIENT 28265

CARMINE & ROBERT DESANTIS CHARITABLE
FOUNDATION, INC.

33-1022505

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	MOBILITY EQUIPMENT	
DONEE'S NAME:	GIOVANNI SCHMELLI	
	STATEN ISLAND, NY	
DESCRIPTION OF PROPERTY:	CAR SEAT	
DATE OF GIFT:	6/15/2010	
BOOK VALUE:	630.	
METHOD USED TO DETERMINE BV:	COST	
FAIR MARKET VALUE:		\$ 630.
METHOD USED TO DETERMINE FMV:	COST	

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ASSOCIATION DUES	\$ 50.
BANK CHARGES	60.
NYS FILING FEES	110.
OFFICE EXPENSES	46.
TOTAL	\$ 266.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID GOLF OUTING DEPOSITS	\$ 11,000.	\$ 11,000.
TOTAL	\$ 11,000.	\$ 11,000.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FINANCIAL SUPPORT AND RECOGNITION TO CHILDREN WITH DISABILITIES AND/OR SPECIAL NEEDS AND TO OTHER ORGANIZATIONS THAT PROVIDE FINANCIAL SUPPORT AND RECOGNITION TO CHILDREN WITH DISABILITIES AND/OR SPECIAL NEEDS.

STATEMENT 5
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
DOCTOR AND DENTIST FEES		4,900.
INCLUDES FOREIGN GRANTS: NO		
FURNITURE AND IMPROVEMENTS		2,500.
INCLUDES FOREIGN GRANTS: NO		
NUTRITION		1,985.
INCLUDES FOREIGN GRANTS: NO		
AUTISM PROGRAM		675.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 10,060.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **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 and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	CARMINE & ROBERT DESANTIS CHARITABLE FOUNDATION, INC.	33-1022505
	Number, street, and room or suite number. If a P.O. box, see instructions	
	2645 FOREST AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	STATEN ISLAND, NY 10303	

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

• The books are in the care of ► LUCILLE CHAZANOFFTelephone No ► 718-447-5076 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 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

-
- ☐
- calendar year 20 ____ or
-
-
- ☒
- tax year beginning
- 7/01
- , 20
- 09
- , and ending
- 6/30
- , 20
- 10
- .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
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	\$	0.

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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)