



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 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 PI BETA PHI FRATERNITY NEBRASKA BETA CHAPTER Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 426 NORTH 16TH STREET City or town, state or country, and ZIP + 4 LINCOLN, NE 68508	D Employer identification number 47-0270630
		E Telephone number (402) 436-6188
		F Group Exemption Number ▶ 0544
		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ **WWW.PIBETAPHI.ORG/UNL****J** Tax-exempt status (check only one) — ☒ 501(c) (**7**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 ▶ \$ **475,773.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	611.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	469,560.
	4 Investment income	4	1,013.
	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 \$ of contributions reported on line 1)	6a	4,589.
	b Less: direct expenses other than fundraising expenses	6b	912.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,677.	
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	474,861.	
Expenses	10 Grants and similar amounts paid (attach schedule) STMT 3	10	4,678.
	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	15,946.
	14 Occupancy, rent, utilities, and maintenance	14	239,993.
	15 Printing, publications, postage, and shipping	15	1,108.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	184,147.
	17 Total expenses. Add lines 10 through 16	17	445,872.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,989.
	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	237,315.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<42,492.>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	223,812.

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	232,315.	223,812.
23 Land and buildings		
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)	7,187.	0.
25 Total assets	239,502.	223,812.
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	2,187.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	237,315.	223,812.

SCANNED MAR 21 2011

95
20

Expenses

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

28a

29a

30a

31a

32

932172
02-08-10

PI BETA PHI FRATERNITY
NEBRASKA BETA CHAPTER

47-0270630

Page 3

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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?	X	
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		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 0.		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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 N/A		
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 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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. ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>VP FINANCE</u> Telephone no. ▶ <u>(402) 436-6188</u> Located at ▶ <u>426 NORTH 16TH STREET, LINCOLN, NE</u> ZIP + 4 ▶ <u>68508</u>		
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 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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		

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		
47		
48		
49a		
49b		

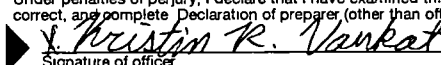
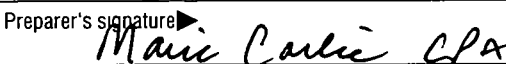
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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
N/A		

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 11-02-28-11
	Type or print name and title Kristin R. Vankat, Vice President of Finance		
Paid Preparer's Use Only	Preparer's signature 	Date 2/15/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 STONE CARLIE AND COMPANY, LLC 101 S HANLEY ROAD, SUITE 800 ST LOUIS, MO 63105		Preparer's identifying number (See instr.) EIN 15-02-28-11 Phone no. 314-889-1100
	May the IRS discuss this return with the preparer shown above? See instructions		

☒ **Yes** ☐ **No**

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BAD DEBT EXPENSE		8,191.	
BANK CHARGES		25.	
CAMPUS OBLIGATIONS		6,721.	
CHAPTER PROGRAMMING		15,492.	
COMPOSITE		3,239.	
CONVENTIONS & SEMINARS		90.	
ENTERTAINMENT & SOCIAL		8,535.	
FOOD EXPENSE		79,839.	
FRATERNITY OFFICER VISITS		780.	
GIFTS		1,688.	
MEMBERSHIP DUES		26,650.	
RECRUITMENT		9,058.	
SPECIAL ASSESSMENTS		9,568.	
SUPPLIES		5,585.	
TECHNOLOGY EXPENSE		4,986.	
TELEPHONE		3,700.	
TOTAL TO FORM 990-EZ, LINE 16		184,147.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENT		<42,492.>	
TOTAL TO FORM 990-EZ, LINE 20		<42,492.>	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CONTRIBUTIONS TO CHARITABLE ORGANIZATION LESS THAN \$5,000	NONE	4,678.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,678.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- 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

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 5
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KRISTEN CHRISTENSEN (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	CHAPTER PRESIDENT 5.00	0.	0.	0.
KATIE NUNNENKAMP (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP MEMBER DEVELOPMENT 8.00	0.	0.	0.
MELISSA HUFFMAN (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP FRATERNITY DEVELOPMENT 3.00	0.	0.	0.
ASHLEY MCALPINE (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP FINANCE 10.00	0.	0.	0.
CORTNEY LEHMS (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP MEMBERSHIP 3.00	0.	0.	0.
KATHERINE DECKER (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP ADMINISTRATION 10.00	0.	0.	0.
WHITNEY BILLMAN (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP PHILANTHROPY 5.00	0.	0.	0.
MORGAN KRAFT (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP COMMUNICATIONS 3.00	0.	0.	0.
ELIZABETH WESTERING (2009), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP EVENT PLANNING 15.00	0.	0.	0.
ROXANNE HASLAM (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	CHAPTER PRESIDENT 5.00	0.	0.	0.
TRACY WORSTER (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP MEMBER DEVELOPMENT 8.00	0.	0.	0.
JAMIE MICHELSEN (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP FRATERNITY DEVELOPMENT 3.00	0.	0.	0.
CHRISTINE PISTILLO (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP FINANCE 10.00	0.	0.	0.
JORDAN MILLS (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP MEMBERSHIP 3.00	0.	0.	0.

ABBIE GREENE (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP ADMINISTRATION	10.00	0.	0.	0.
TORI THIELE (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP PHILANTHROPY	5.00	0.	0.	0.
TIFFANY GROTELUSCHEN (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP COMMUNICATIONS	3.00	0.	0.	0.
ANNA LOACH (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP EVENT PLANNING	15.00	0.	0.	0.
EMILY MCNAUGHTON (2010), 426 NORTH 16TH STREET, LINCOLN, NE 68508	VP HOUSING	6.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV			0.	0.	0.

990-EZ PG 2

STATEMENT 6

THE NEBRASKA BETA CHAPTER OF PI BETA PHI FRATERNITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID BY ITS MEMBERS THAT PROVIDES GOODS, FACILITIES, AND SERVICES TO MEMBERS WHILE ASSISTING STUDENTS IN IMPROVING VARIOUS EDUCATIONAL AND LEADERSHIP SKILLS BY SUPPORTING PHILANTHROPIC AND COMMUNITY SERVICE PROJECTS. DURING THE CURRENT FISCAL YEAR, THE CHAPTER SERVED APPROXIMATELY 128 MEMBERS.

990-EZ PG 2

STATEMENT 7

TO MUTUALLY ENCOURAGE AND ASSIST MEMBERS IN SOCIAL, MENTAL, AND MORAL
ADVANCEMENT.

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 ☒ **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 PI BETA PHI FRATERNITY NEBRASKA BETA CHAPTER	Employer identification number 47-0270630
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. 426 NORTH 16TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN, NE 68508	

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 |

VP FINANCE

- The books are in the care of ► **426 NORTH 16TH STREET - LINCOLN, NE 68508**

Telephone No. ► **(402) 436-6188**

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 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.

NOV 12 2010

Form 8868 (Rev. 4-2009)

RECEIVED
34503

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

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	Name of exempt organization	Employer identification number
	PI BETA PHI FRATERNITY NEBRASKA BETA CHAPTER	47-0270630
File by the extended due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	426 NORTH 16TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LINCOLN, NE 68508	

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 **426 NORTH 16TH STREET - LINCOLN, NE 68508**

Telephone No. **(402) 436-6188**

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.

- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED FOR TAXPAYER TO COLLECT NECESSARY INFORMATION TO PREPARE AN ACCURATE TAX RETURN.**

8a 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.	8a	\$	0.
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.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	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 **[Signature]** Title **Attorney** Date **2-14-11**

Form 8868 (Rev. 1-2011)