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Short Form Return of Organization Exempt From Income Tax

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

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 \$50,000 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

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Check					
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					
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifs, grants, and similar amounts received 2 Programs service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Secial events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here □ 5 a Gross revenue (not including \$ of contributions reported on line 1) 5 b Less: direct expenses other than fundraising expenses 6 c Net income or (loss) from sale of assets other than fundraising expenses 6 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c Gross profit or (loss) from sales of inventory, (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 7 a House of the sale of the sale of the sale of inventory (Subtract line 7b from line 7a) 7 b Less: cost of goods sold 7 a Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					¢
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Part	Statement of Program Service Accomp	plishments (See the instru		H.)		Expenses
	is the organization's primary exempt purpose? R				(Regu	ired for section
Descr	be what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise	501(c)(3) and 501(c)(4)
manne	er, describe the services provided, the number o	f persons benefited, and o	ther relevant info	rmation for		izations and section
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,	Grants \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign grants, che	ack horo	▶ □	30a	
-			eck nere		Sua	
	Other program services (attach schedule)			. ▶ □	24-	
	Grants \$) If this amount Fotal program service expenses (add lines 28a t	includes foreign grants, che			31a	
Part			en if not compens		32	tions for Part IV \
rait	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	
Reic	Trautz			deterred comper	isation	,
2200	1 Boody Dr. Anna Lab 1/4 22003	Resident-10 hrs	Ø	Ø		Ø
201	Reedy Dr. Annandale, VA 22003 g Slocum Ararat Ct. Annandale, VA 22003	2	· · · · · ·	 		
Jou Jou	1 STOCKING 1 10 1/4 27003	1/- Procident-inho	Ø	d		Ø
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Part	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	33		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		/
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 9			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		İ	
b	Gross receipts, included on line 9, for public use of club facilities	ļ		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		ļ	
	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		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	7	.* .	
е	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	· ·	レ
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Perry May Located at ► 9009 Linda Maria Ct. Fairfax, VA Telephone no. ► 705	3-9 031	09-	96
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r .
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	No
	account)?	42b		V
	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.			
		42c		17
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	420	<u></u>	_ <u></u>
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	• •		▶ ∟
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
44	Form 990-EZ	44	1	V
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		V
			0-EZ	/200

rait	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt cha	aritable trusts m	nust answer question	MI sec ons 46	tion 5–491	o
	Did the organization engage in direct or indirect			• •		Yes	No
	candidates for public office? If "Yes," complete				46		1
	Did the organization engage in lobbying activitie				47		V
	Is the organization a school as described in section		•		48		L
	Did the organization make any transfers to an ex	' -	_		49a		
	If "Yes," was the related organization a section of Complete this table for the organization's five his				49b	00.00	d kov
	employees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e)	Expension allows	nse and
_ n_	o employees						
51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated in		actors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b	Type of service	(c) Co	npens	ation
1	none		.				
						··-	
d	Total number of other independent contractors	each receiving over \$100),000 ▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration						
Sign Here	Luny M. May Signature of officer	asurer		2 5 11 Date			
	Type or print name and title			Dropassela ulantifan	mbor /C		ntions\
Paid Prepare	Preparer's signature Firm's name (or	Date	Check if self- employed			e instru	,uons)
Use On	i rimi sitame tor			Phone no			
May th	e IRS discuss this return with the preparer show	n above? See instruction	s	▶ [Yes		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

q

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

Open to Public Inspection

Name of the organization Employer identification number Athletic Booster Club Falls Church High Jaauar 54-1972335 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.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33\% % 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 331/3 % 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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

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

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, eith	er alone or	together	with	persons	described	ın (ıı)
	and (iii) below,	the governing body	of the suppor	ted organiz	ation?				

(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?

11g(i) 11g(ii) ltta(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o in col (i) lis governing o	ted in your	(v) Did you the organ col (i) supp	ization in of your	(vi) Is organizati (i) organiz U.S	on in col ed in the	(vii) Amount o support
			Yes	No	Yes	No	Yes	No	
						!			
						,			
			-				<u> </u>		
ntal		i de la companya di	ŀ		, ,				

Yes

No

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) ▶ **(b)** 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) 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 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the **▶** □ organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

	ule A (Form 990 or 990-EZ) 2009 till Support Schedule for Organ	nizations De	scribed in 9	ection 509	2)(2)		Page 3
_	(Complete only if you checke	d the box or	n line 9 of Pa	rt I.)			
	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	lendar year tor nacar year beginning in	(a) 2005	(b) 2000	(0) 2007	(4) 2000	(e) 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				19.504	17,697	37,201
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				79,420	90.043	169,463
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				98,924	107,740	206,66
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				98,924	107.740	206,664
	tion B. Total Support		41000		(1) 0000	1	
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008 98,924	(e) 2009	(f) Total 206,664
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				10,427	101,740	200,064
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	.					
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)				98,924	107.740	206,66
14	First five years. If the Form 990 is for torganization, check this box and stop tion C. Computation of Public Su	here		nd, third, foui	th, or fifth tax y	ear as a section	on 501(c)(3) ▶ □

Se	ction C. Computation of Public Support Percentage			
5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100	%
6		16	100	%
Se	ction D. Computation of Investment Income Percentage			
7	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	Ø	%
8	Investment income percentage from 2008 Schedule A, Part III, line 17	18	/	%
	and the second personal second		When 021/0/	

19a 331/4 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/4 %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and

line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌

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.

Please See attachment.

<u>. </u>			
Falls Church High School (FCHS) Jagua	ar Athletic I	Booster Club,	lnc.
Fed ID No.: 54-1972335			
Tax Year Beginning 7/1/09 and Ending	g 6/30/10		
Form 990-EZ, Part 1 - Line 6			
	Gross	Direct	Net
	Receipts	Expenses	Income
Snack Bar	\$45,444	\$ 18,660	\$ 26,784
Krispy Kreme & Other Fundraisers	19,490	4,183	15,307
Football Programs & Ads	10,499	988	9,511
Jaguar Spirit Merchandise	9,006	8,057	949
Golf Tournament	5,604	3,156	2,448
	\$90,043	\$ 35,044	\$ 54,999
Form 990-EZ, Part 2 - Line 10	<u> </u>		
Donations to Falls Church High			
School Athletic Department to			
support athletic program	\$60,000		
Student Athletic Scholarships	3,000		
Donation to Boys Scout Troop 1532	223		
Donation to FCHS Honor Society	200		
	\$63,423		

₩... •

Falls Church High School Jaguar Athletic Booster Club Federal ID #: 54-1972335

Attachment to: Schedule A to Form 990-EZ For Tax Year Ending June 30, 2010

Part IV Supplemental Information

Falls Church High School Jaguar Athletic Booster Club ("Boosters") is a non-profit 501(c)(3) organization. Boosters has no employees, as all activities, including duties of officers, are performed by volunteers (primarily parents and students of Falls Church High School) who receive no compensation for their services. Boosters raise funds for Falls Church High School sports activities from parents, students and the general public in the form of memberships and fund-raising activities. Accordingly, 100% of its support comes from the general public.

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous 		
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 to Part I only	oox an	d complete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 t time to file income tax returns.	o requ	lest an extension of
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatione of the returns noted below (6 months for a corporation required to file Form 990-T). However, you electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and sign 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for China.	ou car BL, 60 ed pag	nnot file Form 8868 069, or 8870, group ge 2 (Part II) of Form
print Falls Church High School (FCHS) Jaguar Athletic Boosler 54		lentification number 1972335
due date for 1757. No assess Tros 1		
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions Falls Church, VA 22042 - 0162		
Check type of return to be filed (file a separate application for each return)		
☐ Form 990 ☐ Form 990-T (corporation)		Form 4720
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
Form 990-EZ	=	Form 6069
☐ Form 990-PF ☐ Form 1041-A		Form 8870
• The books are in the care of ▶ Perry M May		
Telephone No. ► (703) 909-965c 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) for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box a list with the names and EINs of all members the extension will cover. 		If this is
1 I request an automatic 3-month (6 months for a corporation required to file Form 9 until 150 15 , 2011, to file the exempt organization return for the organization name		
for the organization's return for:		
► ☐ calendar year 20 or ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	3	<u>C</u> , 20.10
2 If this tax year is for less than 12 months, check reason: Initial return Final return Ch	ange i	In accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC		
for payment instructions.		

/ U IV	8868 (Rev 4-2009)	r an Additional (No	ot Automatic) 3-Monti	Extension, com	inlete only Part I	and check th		Page 2
Note:	. Only complete	Part II if you have a	dready been granted an	automatic 3-month	n extension on a p			L.
Par			Month Extension, con atic) 3-Month Exten			al /na canic	noodod)	
Type		of Exempt Organization		Sion of Time. O	my me me ongi		dentification nu	mber
print								
File by extend due da	ied	er, street, and room o	or suite no. If a P.O. box,	see instructions		For IRS use	only	-
filing ti return instruc	See Oily, to	wn or post office, state,	, and ZIP code. For a foreign	n address, see instruct	tions.			
			a separate application	for each return):				
	orm 990	Form 9		20(-) 4	☐ Form 1041-A		Form 6069	
==	orm 990-BL orm 990-EZ	_	990-T (sec. 401(a) or 40 990-T (trust other than		☐ Form 4720 ☐ Form 5227	U	Form 8870	
			vere not already grante			on a previous	sly filed Form	8868.
Tel	ephone No. ►	()	F	AX No. ▶ ()			
• If t	he organization	does not have an	office or place of busin	ness in the United	States, check th	is box		
• If t	his is for a Gro	up Return, enter the	e organization's four d	igit Group Exemp	tion Number (GEI	V)	If this is	3
	he whole aroun	o, check this box	▶ 🔲 . If it is fo	4	up, check this bo		and attach a	3
lict w			mham tha avtancian ic					
	vith the names	and EINs of all mer	mbers the extension is		· 			
4	vith the names I request an ac	and EINs of all mer dditional 3-month e	extension of time until			, 20	. 2	
	vith the names I request an acceptance for calendar years.	and EINs of all mer dditional 3-month e ear, or other	extension of time until- tax year beginning		, 20 , and end	, 20 ling	, 2	0
4 5	vith the names I request an acceptance for calendar year If this tax year	and EINs of all mer dditional 3-month e ear, or other is for less than 12	extension of time until	n: Initial return	, 20, and end	, 20 ling n	in accounting	 0 period
4 5 6	vith the names I request an according to the start year State in detail	and EINs of all mer dditional 3-month e ear, or other is for less than 12 why you need the	extension of time until tax year beginning months, check reasor	n: 🗌 Initial return	, 20, and end n ☐ Final return	ing Change	in accounting	0 period
4 5 6	I request an action for calendar your state in detail	and EINs of all mer dditional 3-month e ear, or other is for less than 12 why you need the	extension of time until- tax year beginning months, check reasor extension	n:	, 20, and end	, 20 ling n ☐ Change	in accounting	0 period
4 5 6 7	vith the names I request an action for calendar your state in detail	and EINs of all mer dditional 3-month e ear, or other is for less than 12 why you need the	extension of time until- tax year beginning months, check reasor extension	n: Initial return	, 20, and end	, 20 ling n ☐ Change	in accounting	0 period
4 5 6 7	I request an action for calendar year State in detail	and EINs of all mer dditional 3-month e ear, or other is for less than 12 why you need the	extension of time until- tax year beginning months, check reasor extension	n: Initial return	, 20, and end	, 20 ling n ☐ Change	in accounting	0 period
4 5 6 7	I request an action for calendar years of this tax year state in detail of this applications any nonresident of the same of th	and EINs of all mer dditional 3-month e ear , or other is for less than 12 why you need the tion is for Form 990 efundable credits. S	extension of time until- tax year beginning months, check reasor extension	n:	, 20, and end	tax, 8a	in accounting	0 period
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