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**Short Form
Return of Organization Exempt From Income Tax**

2009

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

Department of the Treasury
Internal Revenue Service

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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Kappa Delta Sorority, Delta Delta Chapter</u>		D Employer identification number <u>63-6061759</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>TU Box 821004</u>		E Telephone number <u>(334) 607-4905</u>
		City or town, state or country, and ZIP + 4 <u>Troy AL 36082</u>		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: ▶ http://www.troykd.com/home

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) (7) (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. ▶ \$ 140,458.

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	50.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	64,347.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost of other basis and sales expenses	5b	
5c	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"/>		
6a	Gross revenue (not including \$ <u>2011</u> of contributions reported on line 1)	6a	12,827.
6b	Less direct expenses other than fundraising expenses	6b	5,009.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,818.
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 ▶ <u>Member reimbursements</u>)	8	63,234.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	135,449.
10	Grants and similar amounts paid (attach schedule) <u>See ATTCHMT X1</u>	10	11,528.
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	2,524.
14	Occupancy, rent, utilities, and maintenance	14	5,752.
15	Printing, publications, postage, and shipping	15	864.
16	Other expenses (describe ▶ <u>See Other Expenses Statement</u>)	16	87,038.
17	Total expenses. Add lines 10 through 16	17	107,706.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,743.
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	-2,170.
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	25,573.

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	4,986.	46,171.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ _____)	0.	0.
25 Total assets	4,986.	46,171.
26 Total liabilities (describe ▶ _____)	7,156.	20,598.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-2,170.	25,573.

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

SCANNED JUN 29 2011 10:29 AM

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Part II	Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? PLEASE SEE ATTACHMENT X1 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)
28	Membership recruitment and retention ----- ----- -----	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	Charitable and educational activities ----- ----- -----	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	----- ----- -----	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Candice Nichols TU Box 821004 Troy AL 36082	Treasurer 8.00	0.	0.	0.
Pam Wiggins Ray TU Box 821004 Troy AL 36082	Chapter Advisor 6.00	0.	0.	0.
Elizabeth Stallworth TU Box 821004 Troy AL 36082	Fin Advisor 4.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs 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 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		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a 14,507.		
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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		
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 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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>Alabama</u>		

42a The organization's books are in care of ▶ Candice Nichols Telephone no ▶ (334) 437-0910
 Located at ▶ TU BOX 821004 Troy AL ZIP + 4 ▶ 36082

	Yes	No
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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
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.? If 'Yes,' enter the name of the foreign country ▶ _____		X

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** _____

	Yes	No
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

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.

	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?		X

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

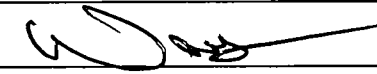
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(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

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.

Sign Here
 Signature of officer: 
 Date: 06/09/11
 Type or print name and title: Elizabeth Stallworth, Financial Advisor

Paid Preparer's Use Only
 Preparer's signature: 
 Date: 06/07/11
 Check if self-employed:
 Preparer's identifying number (See instructions): 200513666
 Firm's name (or yours if self-employed), address, and ZIP + 4: W. J. Cotton, Jr., Inc., PO Box 284, Troy, AL 36081
 EIN: 20-2156893
 Phone no: (334) 268-1317

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>PLEASE SEE ATTACHMENT X1 - TABLE 3</u>	<u>87,036.</u>
<u>ROUNDING</u>	<u>2.</u>
Total	<u><u>87,038.</u></u>

Supporting Statement of:

Form 990-EZ/Line 6a

Description	Amount
PLEASE SEE ATTACHMENT X1 - TABLE 1	12,827.
Total	<u>12,827.</u>

Supporting Statement of:

Form 990-EZ/Line 6b

Description	Amount
PLEASE SEE ATTACHMENT X1 - TABLE 1	5,009.
Total	<u>5,009.</u>

ATTACHMENT - X1

Taxpayer Name: KAPPA DELTA SORORITY: DELTA DELTA CHAPTER
 FEIN: 63-6061759
 Period Ending: 06/30/2010
 Form: 990 EZ

PART I, PAGE 1, LINES 6a, 6b & 6c

SPECIAL EVENTS AND ACTIVITIES

	Revenue	Expenses	Table 1 Net
Shamrock Project	4,560	3,209	1,351
Magazines, Cookbooks, Other	8,267	1,800	6,467
Net	\$ 12,827	\$ 5,009	\$ 7,818

PART I, PAGE 1, LINE 10

GRANTS AND ALLOCATIONS

	Location	Cash Gifts	Non-Cash Gifts	Total
Alpha Delta Pi - Pike County Chapter	Troy, AL	50	-	50
Alpha Gamma Delta - Pike County Chapter	Troy, AL	50	-	50
American Cancer Society	Troy, AL	1,400	-	1,400
Chi Omega - Pike County Chapter	Troy, AL	30	-	30
Farm House Fraternity - Pike County Chapter	Troy, AL	50	-	50
Kappa Delta Foundation	Memphis, TN	2,236	-	2,236
Phi Mu Sorority - Pike County Chapter	Troy, AL	30	-	30
Pi Kappa Phi Fraternity - Pike County Chapter	Troy, AL	100	-	100
Pike Regional Child Advocacy Center	Troy, AL	7,024	-	7,024
Troy Health and Rehabilitation	Troy, AL	-	57	57
Troy Pike Cultural Arts Center	Troy, AL	500	-	500
		\$ 11,471	\$ 57	\$ 11,528

PART I, PAGE 1, LINE 16

OTHER EXPENSES

Bank Fees	167
Conferences & Conventions	4,827
Member Activity Expenses	29,094
Membership Fees	16,282
Program Services Expenses	25,448
Social & Recruitment	11,218
	\$ 87,036

PART III, PAGE 2, PRIMARY PURPOSE - To promote education, charitable, and social purposes with no net earnings inuring to an individual or member/stakeholder.

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Power of Attorney and Declaration of Representative

For IRS Use Only

Type or print See the separate instructions

Part I Power of Attorney

Caution: Use only for the purpose stated on the separate instructions

1 Taxpayer information		Social security number(s)	Employer identification number
Kappa Delta Sorority Delta Delta Chapter TSU Box 821004 Troy, AL 36081		(334) 807-4905	43-5061759

2 Representative(s)		Social security number(s)	Employer identification number
Walter J Cotton Jr PO Box 284 Troy, AL 36061		5095-82103R 334-268-1317 505-505-4575	

3 Tax matters		Specific use not recorded on CAF
Income, Information, Civil, Pen	990-EZ, 990, other	1997-2010

4 Specific use not recorded on Centralized Authorization File (CAF)
Line 4 Specific Uses Not Recorded on CAF

5 Acts authorized

Exceptions

Unenrolled Return Preparer

6 Receipt of refund checks - BUT NOT TO ENDORSE OR CASH

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box

b If you do not want any notices or communications sent to your representative(s), check this box

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document if you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return both husband and wife must sign if joint representation is requested otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator or trustee on behalf of the taxpayer, certify that I have the authority to execute this form on behalf of the taxpayer

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Alaina Odom _____ 9/10/10 _____ Treasurer _____
 Signature Date Title (if applicable)

Alaina Odom _____ Kappa Delta Sorority, Delta Delta Chapter _____
 Print Name Pin Number Print name of taxpayer from line 7 if other than individual

 Signature Date Title (if applicable)

 Print Name Pin Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service
- I am aware of regulations contained in Circular 230 (31 CFR Part 10), as amended concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries and others.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent — enrolled as an agent under the requirements of Circular 230
 - d Officer — a bona fide officer of the taxpayer's organization
 - e Full-Time Employee — a full-time employee of the taxpayer
 - f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
 - h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions.
 - k Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
 - l Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230
 - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**
 See the Part II instructions

Designation — Insert above letter (a - r)	Jurisdiction (state) or identification	Signature	Date
a	AL		9/10/10

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II of this form.
- Do not complete Part II unless you have already been granted an automatic 3-month extension for a previously filed Form 990-B.**

Electronic (e-file) You can electronically file Form 8868. If you are filing for an automatic extension of time to file, you must file Form 990-B or Form 990-T for an additional month to obtain a 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 990-B. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file. Chapter 34 of the Instructions for Form 990-B and Form 990-T apply to the electronic filing of this form.

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

A corporation required to file Form 990-B and request to file a 3-month extension (check this box and complete Part I.)

All other corporations (including S corporations), partnerships (REITs), and trusts must use Form 7004 to request an extension of time to file federal tax returns.

Type or print	KAPPA DELTA SORORITY DELTA DELTA CHAPTER	Employer identification number	63-6061739
Address	150 BOX 821001		
City or town	TROY AL 36082		

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

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-B (corporation)	03
Form 990-B	02	Form 990-T	04
Form 990-EZ	03	Form 990	05
Form 990-PF	04	Form 990	06
Form 990-T (less than 100,000)	05	Form 990	07
Form 990-T (100,000 or more)	06	Form 990	08

- If you are in the care of a doctor

Telephone No. 301-224-1317 Fax No. 800-829-4455

If the grantor (person, estate, or trustee) is a partner in a partnership, enter the partnership's EIN in the space for a group return on the appropriate page of the Form 990-B or Form 990-T.

For the whole group, check this box If you are part of the group, check this box Attach

1. I request an automatic 3-month extension to file my Form 990-B for the calendar year Feb 15 2004 to file the exempt organization return for the organization's return to 0701 (01) and ending 0630 (06) for the tax year entered in the tax return for less than 12 months unless reason 03 is the reason for the extension.

2. The tax year entered in the tax return for less than 12 months unless reason 03 is the reason for the extension.

3a. This application is for Form 990-B, 990-EZ, 990-T, 990-PF, or 990-T (100,000 or more) enter the tentative tax less any nonrefundable credits. See instructions. **3a S**

b. This application is for Form 990-PF, 990-T (100,000 or more), or any refundable credits and estimated tax payments. See instructions. **3b S**

c. Balance due. Subtract the amount in 3a, include your payment with this form, and the required amount. **3c S**

Caution: If you are filing for an automatic 3-month extension, you must file Form 990-B or Form 990-T for an additional month to obtain a 3-month extension of time to file federal tax returns.

- 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 File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	KAPPA DELTA SORORITY, DELTA DELTA CHAPTER	63 6061759
	Number, street, and room or suite no. If a P.O. box, see instructions	
	TSU BOX 821004	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	TROY, AL 36082	

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

0 3

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 **JEFF COTTON**
Telephone No **334 268 1317** FAX No **866 573 4575**
- 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 _____ 20 _____ and ending _____ 20 _____

5 For calendar year _____ or other tax year beginning _____ JULY 1 _____ 20 09 and ending _____ JUNE 30 _____ 20 10

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: **THERE HAS BEEN A CHANGE FROM ONE ACCOUNTANT TO ANOTHER DURING THIS TRANSITION THERE WAS ALSO A CHANGE IN THE TREASURER OF THE ORGANIZATION THE COMBINED EFFECT OF THE TWO CHANGES HAS LED TO DIFFICULTY IN BRINGING THE BOOKS UP TO DATE. THUS ADDITIONAL TIME IS NEEDED TO BE ABLE TO ASSIMILATE THE INFORMATION SO WE CAN FILE AN ACCURATE 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 \$**

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 \$**

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 \$**

Signature and Verification

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

Signature 

Title **CPA**

Date **02/14/11**