

#### 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

Open to Public Inspection

			alendar year, or tax year beginning $JUL~1$ , $2009$ and ending $JUN$	<u> 30, 2</u>	2010
В	Check applica	ble: Please	,	iployer ld	lentification number
	Addr	tss use (RS ge label or	or I		
	Nam chan	ge print or	AEG FOUNDATION		168991
	] initi: inetu	type m See	· · · · · · · · · · · · · · · · · · ·	elephone	
	Terr atec	nin- Specifi Instruc	© 3773 CHERRY CREEK DRIVE, SUITE 575 575	<u> 303–7</u>	757-2926
		ended Hone		roup Exen	nption
	Appl	cation ing	DENVER, CO 80209 N	umber 🕨	•
			c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting	method	Cash X Accrual
			Schedule A (Form 990 or 990-EZ). Other (speci	fy) ▶	
ī	Webs	ite: > W	WW.AEGFOUNDATION.ORG H Check ▶	X ıf tr	ne organization is not
J	Tax-e	xempt statu	us (check only one) — X 501(c) ( 3 ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527 required to atta	ch Schedi	ule B (Form 990, 990-EZ, or 990-PF)
K	Check	: ▶ □ i	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not mor		
			Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		
L	Add li	nes 5b, 6b,	and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	102,318.
	art l		enue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	is for Par	tl)
	1		tions, gifts, grants, and similar amounts received	1	61,687.
	2	Program	service revenue including government fees and contracts	2	
	3	Members	ship dues and assessments	3	
	4	Investme	nt income	4	37,434.
	5a	Gross am	nount from sale of assets other than inventory 5a		
	b	Less cos	st or other basis and sales expenses 5b	7 1	
	C	Gain or (1	loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ē	6	Special er	vents and activities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here 🕨 🗔		
ē	a	Gross rev	venue (not including \$of contributions		
Revenue			on line 1) DECENTED 6a		
	l b	Less dire	ect expenses other than fundraising expenses 10 6b	1 1	
			me or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	78		et of goods sold		
	l t		st of goods sold Till Tb	7	
	0		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		venue (describe ►   UGUEN, UI   SEE STATEMENT 4	8	3,197.
	9	Total rev	venue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	102,318.
	10	Grants an	nd similar amounts paid (attach schedule) STMT 7 STMT 5	10	23,996.
	11	Benefits p	paid to or for members	11	
χ	12	Salaries,	other compensation, and employee benefits	12	
enses	13	Professio	onal fees and other payments to independent contractors	13	14,656.
Expe	14	Occupano	cy, rent, utilities, and maintenance	14	
Ш	15	Printing,	publications, postage, and shipping	15	263.
	16	Other exp	penses (describe ► SEE STATEMENT 1	16	7,329.
	17	Total exp	penses. Add lines 10 through 16	17	46,244.
	18	Excess o	or (deficit) for the year (Subtract line 17 from line 9)	18	<u>56,074.</u>
Net Assets	19	Net asset	ts or fund balances at beginning of year (from line 27, column (A))		. —
Ass	İ	(must ag	ree with end-of-year figure reported on prior year's return)	19	489,099.
5	20	Other cha	anges in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	81,545.
_	21	Net asset	ts or fund balances at end of year Combine lines 18 through 20	21	626,718.
F	art	Bala	Ince Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 9	90-EZ	
			(See the instructions for Part II )  (A) Beginning of year		(B) End of year
2	<b>2</b> C	ash, savings	s, and investments 23, 18		12,409.
2		and and buil		23	
2			(describe SEE STATEMENT 2) 469,28		616,031.
2		otal assets	492,47		628,440.
2			les (describe SEE STATEMENT 3 ) 3,37		$\frac{1,722}{606,712}$
2			r fund balances (line 27 of column (B) must agree with line 21) 489, 09	9 . <u>27</u>	626,718.
93	2171	I HA	For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		→ Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) AEG FOUNDATION			94-	31688	91 Page 2
Part # Statement of Program Service Accomplishr	nents (See the instructions for	Part III )		Ex	rpenses
What is the organization's primary exempt purpose? SEE STATEME	NT 10			1	or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt		se manner descri	iha		) organizations and
the services provided, the number of persons benefited, and other rele				section 4947 for others)	7(a)(1) trusts, optional
28 SEE STATEMENT 9	Tak in to the same prog	i di i i i i i i i i i i i i i i i i i		lor outers ;	
	<del></del>	<u> </u>			
		<del></del>			
2 726 \\				_	22 006
(Grants \$ 3,726 • ) If this amount includes foreign	gn grants, cneck nere	<u> </u>		28a	23,996.
29					
<del></del>					
(Grants \$ ) If this amount includes foreign	gn grants, check here			29a	
30					
(Grants \$ ) If this amount includes foreign	gn grants, check here			30a	
31 Other program services (attach schedule)	-				
(Grants \$ ) If this amount includes forei	gn grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)			<b> </b>	32	23,996.
Part Ⅳ List of Officers, Directors, Trustees, and Ke	y Employees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)
			T	ntributions	T
(a) Name and address	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans &	account and other allowances
	position	-0,	l .	eferred pensation	other allowances
PATRICIA M. BRYAN	PRESIDENT			70110441011	
PO BOX 460518, DENVER, CO 80246	10.00	0.		0.	0.
JESSICA HUMBLE	TREASURER				
PO BOX 460518, DENVER, CO 80246	2.00	0.		0.	
DAVID F. FENSTER	SECRETARY	<del></del>	<del></del>	<u> </u>	0.
				^	
PO BOX 460518, DENVER, CO 80246 EDWARD O. CHURCH	2.00	· 0.		0.	0.
	DIRECTOR			^	
PO BOX 460518, DENVER, CO 80246	2.00	0.		0.	0.
SCOTT F. BURNS	DIRECTOR			_	
PO BOX 460518, DENVER, CO 80246	2.00	0.		<u> </u>	0.
GREGORY L. HEMPEN	DIRECTOR	_			
PO BOX 460518, DENVER, CO 80246	2.00	0.		0.	0.
JAMES MAY	DIRECTOR				
PO BOX 460518, DENVER, CO 80246	2.00	0.		0.	0.
WILLIAM K. SMITH	DIRECTOR				
PO BOX 460518, DENVER, CO 80246	2.00	0.		0.	0.
ROBERT E. TEPEL	DIRECTOR				
PO BOX 460518, DENVER, CO 80246	2.00	0.	İ	0.	0.
BECKY ROLAND	EXECUTIVE DIR	ECTOR			
PO BOX 460518, DENVER, CO 80246	10.00	0.		0.	0.
					<del>-</del>
			†		
					1
			<del> </del>		<del></del>
	<del></del>				<del>                                     </del>
	_				
					<del> </del>
<del> </del>					1
					<del> </del>
					1
932172 02-08-10					<u> </u>
02.08.10				Form	990-E7 (2000)

33			Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
4	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
15	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	,	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	_N/	Α_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	Ì		
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
þ	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	ın a prior year and still outstanding at the end of the period covered by this return?	38a		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			
а	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	]		
40 a	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			
				1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization    O •			
	organization   • 0.			
	organization  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	408		x
8	organization  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	408		х
8 41	organization  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  List the states with which a copy of this return is filed   CA		926	
8 41	organization  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  List the states with which a copy of this return is filed   CA  The organization's books are in care of  BECKY ROLAND  Telephone no.  303-75	7-2		
8 41 42 a	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ► 8			
8 41 42 a	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  At any time during the calendar year, did the organization have an interest in or a signature or other authority	7-2	9	
8 41 42 a	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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	57-2 3020	9	No
8 41 42 a	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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)?	7-2	9	
8 41 42 a	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ► 8  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 ►	57-2 3020	9	No
8 41 42 a b	organization  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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ► 8  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 ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	67-2 3020	9	No X
8 41 42 a b	organization  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  List the states with which a copy of this return is filed ▶ CA  The organization's books are in care of ▶ BECKY ROLAND  Telephone no. ▶ 303-75  Located at ▶ 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ▶ 8  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 ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?	57-2 3020	9	No
e 41 42a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  ■	67-2 3020	9	No X
e 41 42a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	9 Yes	No X
e 41 42a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  ■	67-2 3020	9 Yes	No X
e 41 42a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	9 Yes	No X
e 41 42 a b c	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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  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	42b	9 Yes	No X
e 11 12 a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ► 6  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 ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country ►  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  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/A	9 Yes	No X
e 41 42a b c 43	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  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND  Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER  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  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  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  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	42b	9 Yes	No X
e 11 12 a b	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► BECKY ROLAND Telephone no. ► 303-75  Located at ► 3773 CHERRY CREEK DRIVE NORTH, SUITE 575, DENVER ZIP+4 ► 6  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 ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country ►  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  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	42b 42c N/A	9 Yes	No X

Form 990-E				94 <u>-3</u> 1689	
Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charital and 51.				
	he organization engage in direct or indirect political campaign activities? If "Yes," complete Schedule C, Part I	ies on behalf of or in opposition to o	candidates for public		Yes No
<b>47</b> Did th	he organization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II			47 X
	e organization a school as described in section 170(b)(1)(A)(ii)? If "	•		-	48 X
	he organization make any transfers to an exempt non-charitable relat	ted organization?			49a X
	is," was the related organization a section 527 organization? plete this table for the organization's five highest compensated empl	avece (other than officers, director	tructoos and kay a	] oo aduu (oooyalaan	49b
	\$100,000 of compensation from the organization. If there is none, e		s, trustees and key er	iipioyees) wiio ea	ich received more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense
					-
• Total	Laumber of other ampleyance paid over \$100,000		L	·	
<b>51</b> Comp	I number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indep	pendent contractors who each rece	ved more than \$100	,000 of compensa	ation from the
<b>51</b> Comp	plete this table for the organization's five highest compensated indep		ved more than \$100	· ·	ation from the
<b>51</b> Comp	plete this table for the organization's five highest compensated indep nization if there is none, enter "None " NONE		·	· ·	<del></del>
<b>51</b> Comp	plete this table for the organization's five highest compensated indep nization if there is none, enter "None " NONE		·	· ·	<del></del>
<b>51</b> Comp	plete this table for the organization's five highest compensated indep nization if there is none, enter "None " NONE		·	· ·	<del></del>
<b>51</b> Comp	plete this table for the organization's five highest compensated indep nization if there is none, enter "None " NONE		·	· ·	<del></del>
51 Comporgar	plete this table for the organization's five highest compensated indep nization if there is none, enter "None " NONE	nore than \$100,000	·	· ·	<del></del>
51 Comporgar	plete this table for the organization's five highest compensated indefinization. If there is none, enter "None"  NONE  (a) Name and address of each independent contractor paid m  I number of other independent contractors each receiving over \$100  Under penalties of beginn, headers that I have examined this return, including correct, and complete. Designating of prepare (other than officer) is based or the correct and contractors.	nore than \$100,000	(b) Type of se	rvice (c	e) Compensation
d Total	plete this table for the organization's five highest compensated indefinization. If there is none, enter "None "  NONE  (a) Name and address of each independent contractor paid m  I number of other independent contractors each receiving over \$100  Under principles of perjury. I sectors that I have examined this return, including correct land complete. Deciprated of prepare (other than officer) is based or	0,000 ng accompanying schedules and statemen all information of which preparer has any	(b) Type of se	rvice (a	e) Compensation
d Total Sign Here	I number of other independent contractors each receiving over \$100  Under penalties of perjury, I sectare that I have examined this return, includir correct land or printing of prepared (other than officer)  PATRICIA M. BRYAN, PRESIDED Type or print name and title  Preparer's signature of prepared to the prepared of the property of the prepared of	0,000  Ing accompanying schedules and statement all information of which preparer has any or statement and the statement of t	(b) Type of se	rvice (c	c) Compensation
d Total Sign	I number of other independent contractors each receiving over \$100  Under pinalties of certury, reschere that I have examined this return, including correct and complete, Decistration of preparer (other than officer) is based or Signature of officer  PATRICIA M. BRYAN, PRESIDED Type or print name and title  Preparer's signature  ANTON COLLINS MITCHE: If self-employed), 303 EAST 17TH AVENUE	nore than \$100,000  0,000  Ing accompanying schedules and statement all information of which preparer has any or the companying schedules.  NT  Date // / / / / Cheem of the companying schedules and statement all information of which preparer has any or the companying schedules.	(b) Type of set  the set of many set of ma	ny knowledge and be Date  Date	ilef, it is true,
d Total Sign Here Paid Preparer's Use Only	I number of other independent contractors each receiving over \$100  Under censities of perjury, receive that I have examined this return, including correct and prophers (other than officer).  PATRICIA M. BRYAN, PRESIDED Type or print name and title  Preparer's signature.  ANTON COLLINS MITCHE:	nore than \$100,000  0,000  Ing accompanying schedules and statement all information of which preparer has any or the second statement of the second st	(b) Type of set  this, and to the best of my knowledge  eck if self-ployed   EIN	ny knowledge and be Date  Date  303-8	c) Compensation

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

ARC FOINDATION

**Employer identification number** 

		AEG FOU							<u>94</u>	<u>-3168</u>	<u>991</u>	
Part I	Reason	for Public Chari	ty Status (All organiz	zations mus	st complet	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation t	pecause it is: (For lines	1 through 1	11, check d	only one b	ox.)					
1 🔲	A church, cor	ention of churches	, or association of chur	ches desci	ribed ın <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(	(A)(iii).					
4	A medical res	earch organization o	perated in conjunction	with a hos	pital descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital'	s nam	e,
	city, and state	e:										
5	An organizate	on operated for the I	penefit of a college or u	niversity ov	vned or op	erated by	a governi	nental uni	t describe	ed in		
	section 170(	<b>(b)(1)(A)(iv).</b> (Comple	te Part II.)									
6 🗀	A federal, sta	te, or local governme	ent or governmental unr	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 X	An organization	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	ublic desci	nbed ii	n
	section 170(l	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organization	on that normally rec	erves: (1) more than 33	1/3% of its	support fi	rom contri	butions, n	nembershi	p fees, an	d gross red	eipts t	from
	activities relat	ted to its exempt fur	ctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support f	from gross	ınvestı	ment
	income and u	inrelated business ta	exable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızation a	fter June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10 🖳	An organizati	on organized and op	erated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11 🔲	An organizati	on organized and op	erated exclusively for the	he benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes o	f one d	or
	more publicly	supported organiza	tions described in secti	on 509(a)(°	1) or sectio	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Che	ck the box	that	
			organization and compl	lete lines 1	1e through	11h.						
	a Type I	<b>.</b>	J Type II	с 💹 Тур	e III - Func	tionally int	tegrated		d 📖	Type III - C	Other	
e 📖	By checking t	this box, I certify tha	t the organization is not	t controlled	I directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicl	y supporte	d organiza	ations des	onbed in s	ection 509	9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganızation, check th	is box									
8	Since August	t 17, 2006, has the c	rganization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A persor	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (	(iii) below,		Yes	No
	the gove	erning body of the st	upported organization?							11g(i)		ļ
	(ii) A famıly	member of a persor	described in (i) above?	?						11g(ii)		L
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		l
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
		r	/III) # f									
(I) Name	of supported	(ii) EIN	(III) Type of organization	(iv) is the c	rganization	(v) Did yo		(vi) is organizati	s the	(vii) Am	ount o	f
org	anization		(described on lines 1-9		sted in your document?		ion in col	(i) organiz	zed in the l	sup	port	
			above or IRC section		_			บร				
	-		(see instructions))	Yes	No	Yes	No	Yes	No		_	
				-					<b>-</b>			
							ļ					
					<del> </del>	ļ		ļ	1			
							İ					
			<del></del>	-	<del> </del>				┼			
		<del>  -</del>	_		<del> </del>	<del> </del>	<del> </del>	<del> </del>	+			
		ļ					ļ	ļ	ļl			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 AEG FOUNDATION 94-31689

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.)

Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						1,7
	membership fees received. (Do not						
	include any "unusual grants.")	59,437.	105,471.	173,743.	101,094.	61,687.	501,432.
2	Tax revenues levied for the organ-						•
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	59,437.	105,471.	173,743.	101,094.	61,687.	501,432.
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)						
	Public support. Subtract line 5 from line 4						501,432.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	59,437.	105,471.	173,743.	101,094.	61,687.	501,432.
8	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,578.	15,698.	28,954.	31,455.		88,685.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital			1 146			
	assets (Explain in Part IV.)			1,146.	500.		1,646. 591,763.
	Total support. Add lines 7 through 10		<u></u>				591,763.
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	centage			<del>_</del>	
	Public support percentage for 2009 (I					44	01 71
	Public support percentage from 2008			Olumni (1))		15	84.74 % 82.97 %
	33 1/3% support test - 2009. If the or			line 13 and line 1	4 is 33 1/3% or ~		
	stop here. The organization qualifies				5 55 1/6/0 01 111	o.o, onder this bo.	► X
b	33 1/3% support test - 2008. If the or				line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali						<b>▶</b> □
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test					7a. and line 15 is 1	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio						s F
						dule A (Form 990	
						. , , , , ,	

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2005	(6) 2000	(6) 2007	(d) 2000	(e) 2009	LIJ TOTAL
membership fees received. (Do not					1	
include any "unusual grants.")						
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					1	
or expended on its behalf						
5 The value of services or facilities		1	1		1	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<u> </u>	<u> </u>	
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						:
c Add lines 7a and 7b		Ī				
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				·		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				<del>-</del>		
11 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)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publ	ic Support Po	ercentage				
15 Public support percentage for 2009 (	ine 8, column (f)	divided by line 13,	column (f))	<del></del>	15	
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	stment Incon	ne Percentage				
17 Investment income percentage for 20	<b>09</b> (line 10c, colu	ımn (f) divided by li	ne 13, column (f))	<del>-</del>	17	
18 Investment income percentage from	2008 Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the	organization did	not check the box	on line 14, and lin	e 15 is more thar	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd <b>stop here.</b> Th	e organization qual	ifies as a publicly :	supported organi	zation	►□
<b>b 33 1/3% support tests - 2008.</b> If the						and
line 18 is not more than 33 1/3%, che	ck this box and	<b>stop here.</b> The orga	anization qualifies	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization						

FORM 990-EZ	OTHER EXPENSES	- · · · · · · · · · · · · · · · · · · ·	STATEMENT	1
DESCRIPTION			AMOUNT	
OFFICE EXPENSE			21	14.
BANK & CREDIT CARD FEES				92.
BOARD EXPENSES			2,72	
INSURANCE & LICENSES				80.
FUNDRAISING			1,15	
ANNUAL REPORT			1,76	64. ——
TOTAL TO FORM 990-EZ, LINE 16			7,32	29.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS RECEIVABLE		347.	1,64	47
PREPAID EXPENSES		725.		25.
INVESTMENTS		468,216.	613,65	
TOTAL TO FORM 990-EZ, LINE 24		469,288.	616,03	31.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE PREPAID INCOME		3,377.	1,2	72. 50.
TOTAL TO FORM 990-EZ, LINE 26		3,377.	1,7	22.
FORM 990-EZ	OTHER REVENUE		STATEMENT	4
DESCRIPTION			AMOUNT	
SPONSORSHIP			7:	50.
BOARD EXPENSE ACKNOWLEDGEMENT			2,4	

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT 5
AFFILIATE'S NAME	AFFILIATES ADDRESS	
AEG	PO BOX 460518 DENVER, CO 80246	
PURPOSE OF PAYMENT		AMOUNT
SHLEMON CONFERENCE		3,000.
TOTAL INCLUDED ON FORM 990-	EZ, LINE 10	3,000.
FORM 990-EZ OTHER CHANGE	S IN NET ASSETS OR FUND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTME	NTS	81,545.

FORM '990-EZ CASH GRANTS AND ALLOCA'	TIONS	STATEMENT 7
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
RESEARCH & FIELD STUDY SCHOLARSHIPS	NONE	20,996.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		20,996

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S!	13TA1 	тизм	8
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	1	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT

9

THE AEG FOUNDATION WAS ESTABLISHED BY THE ASSOCIATION OF ENVIRONMENTAL & ENGINEERING GEOLOGISTS (AEG) IN 1992. THE AEG FOUNDATION'S VISION IS TO: DEVELOP PROGRAMS THAT AID OUR PROFESSION; ENCOURAGE THOSE THAT RECEIVE DIRECT AID; AND, INSTILL DONORS' CONFIDENCE THAT THEIR FUNDS BOTH SUPPORT FINE PROGRAMS AND ARE WELL-INVESTED. OUR CORE PROGRAMS EMPHASIZE SCHOLARSHIP, RESEARCH AND PROFESSIONAL DEVELOPMENT TO IMPROVE PROFESSIONAL PRACTICE IN THE SHORT AND LONG TERMS. WE SUPPORT OUTREACH TO INCREASE THE PUBLIC'S APPRECIATION OF ENVIRONMENTAL AND ENGINEERING GEOLOGY IN GEOHAZARD EVALUATION, RISK REDUCTION, OUR SUSTAINABLE USE OF RESOURCES AND PROPER DISPOSAL OF WASTES.

990-EZ PG 2

STATEMENT 10

THE FOUNDATION IS DEDICATED TO ADVANCING RESEARCH, EDUCATION, PUBLIC AWARENESS AND TECHNOLOGY TRANSFER IN THE FIELD OF ENGINEERING GEOLOGY AND RELATED FIELDS OF ENVIRONMENTAL GEOLOGY, AND HYDROGEOLOGY THROUGH SUPPORT OF PUBLICATIONS, SPEAKERS, PROGRAMS, RESEARCH GRANTS, SCHOLARSHIPS, AND MAINTENANCE OF ARCHIVAL DATA. THE PROGRAMS OF THE FOUNDATION ARE SUPPORTED BY CONTRIBUTIONS AND INVESTMENT INCOME.

#### 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	
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.
Pan	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
	oration required to file Form 990-T and requesting an automatic 6-month extension · check this box and corr	plete
Part I o	nty	▶ └
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	extension of time
noted b (not aut you mus	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cost submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filegov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Type or		Employer identification number
print	ATG TOVERNMENTON	04 21 60001
ile by the	AEG FOUNDATION	94-3168991
ue date fo ling your sturn See	or   Number, street, and room or suite no. If a P.O. box, see instructions.   3773 CHERRY CREEK DRIVE, SUITE 575, NO. 575	
nstruction:		
heck t	ype of return to be filed (file a separate application for each return):	
☐ Fo	orm 990 Form 990-T (corporation) Form 47	20
	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
X Fo	orm 990-EZ Form 990-T (trust other than above) Form 60	69
	orm 990-PF	70
Telep If the If this	BECKY ROLAND — 3773 CHERRY CREEK DRIVE cooks are in the care of ▶ — DENVER, CO 80209  hone No. ▶ 303-757-2926 FAX No. ▶  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this
Telep If the If this OX If this If this If this	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this members the extension will cover.
Telep If the If this ox  If the If this If the If this	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this members the extension will cover.
Telep If the If this ox   I re is 1	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this members the extension will cover.
Telep If the If this ox	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box	s is for the whole group, check this members the extension will cover.
Telep If the If this ox   I I re is 1  I ft  I ft  I ft  I ft  I ft  I ft  I ft  I ft	hone No. ▶ 303-757-2926 FAX No. ▶  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a for the organization's return for:  calendar year or X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010  his tax year is for less than 12 months, check reason:	s is for the whole group, check this members the extension will cover.  bove. The extension  Change in accounting period
Telepo If the If this pox If the Ist I I re Ist I I I re Ist I I I I I I I I I I I I I I I I I I	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi is for part of the group, check this box ► and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a for the organization's return for:    calendar year or	s is for the whole group, check this members the extension will cover.  bove. The extension  Change in accounting period
Telep If the If this oox  1 I re is 1  2 If t  3a If t  no b If t  Example 1	hone No. ▶ 303-757-2926 FAX No. ▶  organization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi  I if it is for part of the group, check this box ▶ and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a for the organization's return for:    calendar year	s is for the whole group, check this members the extension will cover.  bove. The extension  Change in accounting period
Telepo If the If this pox If to If the If th	hone No. ► 303-757-2926 FAX No. ►  organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi is for part of the group, check this box ► and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a for the organization's return for:    calendar year or	s is for the whole group, check this members the extension will cover.  bove. The extension  Change in accounting period