



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 ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning OCTOBER 01, 2009, and ending SEPTEMBER 30, 2010

|                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                      |  |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | C Name of organization<br>RIVERSIDE LEAGUE LITTLE MISS KICKBALL                                      |  | D Employer identification number<br>74-2267716 |
|                                                                                                                                                                                                                                                                                        |                                                                  | Number & street (or P.O. box, if mail is not delivered to street address) Room/suite<br>P O BOX 8046 |  | E Telephone number<br>(956) 206-1908           |
|                                                                                                                                                                                                                                                                                        |                                                                  | City or town, state or country, and ZIP + 4<br>CORPUS CHRISTI TX 78469                               |  | F Group Exemption Number... ▶ 7041             |
|                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                      |  |                                                |

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

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527G Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ▶H Check ☒ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ... ▶ \$ 60,868

## 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                                                                                       | 15,837    |
| 2  | Program service revenue including government fees and contracts                                                                                  | 720       |
| 3  | Membership dues and assessments                                                                                                                  | 9,650     |
| 4  | Investment income                                                                                                                                |           |
| 5a | Gross amount from sale of assets other than inventory                                                                                            | 5a        |
| b  | Less: cost or other basis and sales expenses                                                                                                     | 5b        |
| c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | 5c        |
| 6  | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |           |
| a  | Gross revenue (not including \$ of contributions reported on line 1)                                                                             | 6a 1,679  |
| b  | Less direct expenses other than fundraising expenses                                                                                             | 6b 736    |
| c  | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)                                                          | 6c 943    |
| 7a | Gross sales of inventory, less returns and allowances                                                                                            | 7a 32,982 |
| b  | Less cost of goods sold                                                                                                                          | 7b 14,078 |
| c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                   | 7c 18,904 |
| 8  | Other revenue (describe ▶ )                                                                                                                      | 8         |
| 9  | Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                                                                           | 9 46,054  |
| 10 | Grants and similar amounts paid (attach schedule)                                                                                                | 10 760    |
| 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        |
| 14 | Occupancy, rent, utilities, and maintenance                                                                                                      | 14 5,151  |
| 15 | Printing, publications, postage, and shipping                                                                                                    | 15        |
| 16 | Other expenses (describe ▶ See attachment #3)                                                                                                    | 16 25,183 |
| 17 | Total expenses. Add lines 10 through 16                                                                                                          | 17 31,094 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | 18 14,960 |
| 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 1,375  |
| 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 16,335 |

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 368                   | 22 4,019        |
| 23 Land and buildings                                                          |                       | 23              |
| 24 Other assets (describe ▶ See attachment #4)                                 | 1,007                 | 24 12,316       |
| 25 Total assets                                                                | 1,375                 | 25 16,335       |
| 26 Total liabilities (describe ▶ )                                             | 0                     | 26 0            |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,375                 | 27 16,335       |

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

Form 990-EZ (2009)

## Expenses

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

28 See attachment #6

28a

29

29a

30

**30a**

**31 Other program services (attach schedule)**

31a

|           |                                                                   |           |          |
|-----------|-------------------------------------------------------------------|-----------|----------|
| <b>32</b> | <b>Total program service expenses</b> (add lines 28a through 31a) | <b>32</b> | <b>0</b> |
|-----------|-------------------------------------------------------------------|-----------|----------|

[illegible]

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

|                                                                                                                                                                                                                                                                                                                                                                                                              | Yes               | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity                                                                                                                                                                                                                                                           |                   | X   |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes                                                                                                                                                                                                                                                                                   |                   | X   |
| <b>35</b> 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.                                                                                                                                                 |                   |     |
| <b>a</b> 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>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                                                                             |                   | X   |
| <b>36</b> 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   |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                      | 37a               | 0.  |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                       | 37b               | X   |
| <b>38a</b> 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               | X   |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                          | 38b               | N/A |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                            |                   |     |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                        | 39a               | N/A |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                               | 39b               | N/A |
| <b>40a</b> 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>b</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   |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                     |                   | 0.  |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                       |                   | 0.  |
| <b>e</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                                                                                                                                                                                                                                            | 40e               | X   |
| <b>41</b> List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                          | NONE              |     |
| <b>42a</b> The organization's books are in care of                                                                                                                                                                                                                                                                                                                                                           | See attachment #8 |     |
| Located at                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone no      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                              | ZIP + 4           |     |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                            | 42b               | X   |
| If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                                                                                                              |                   |     |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                                                                                                                                                                    |                   |     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                                                                                                                                                                                                                                                                                  | 42c               | X   |
| If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                                                                                                             |                   |     |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                    | 43                | N/A |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                 | 44                | X   |
| <b>45</b> 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                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>46</b> 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49b</b> If "Yes," was the related organization a section 527 organization?                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**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"

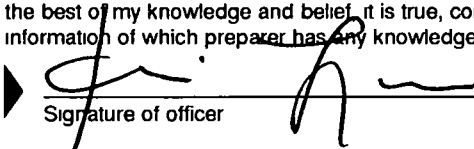
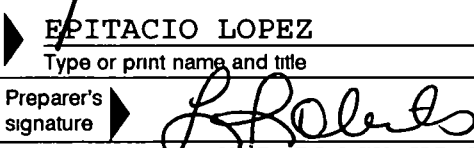
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------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

|                                 |                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                             |  |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Sign Here</b>                | 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. |  |                                                                                                                                                             |  |
|                                 | <br>Signature of officer                                                                                                                                                                                                           |  | Date <u>4/2/11</u>                                                                                                                                          |  |
| <b>Paid Preparer's Use Only</b> | <br>Signature of preparer                                                                                                                                                                                                          |  | Date <u>4/2/11</u>                                                                                                                                          |  |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br><u>H&amp;R BLOCK US TAX SERVICES</u><br><u>2921 POCACHICA BLVD STE 127</u>                                                                                                                                                                           |  | Check if self-employed <input type="checkbox"/>                                                                                                             |  |
|                                 | Preparer's identifying no. (See instr.)<br><u>900017077</u>                                                                                                                                                                                                                                                           |  | EIN <u>43-1871840</u>                                                                                                                                       |  |
|                                 | Phone no.<br><u>956 350 8262</u>                                                                                                                                                                                                                                                                                      |  | May the IRS discuss this return with the preparer shown above? See instructions . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                       | 16871    | 16148    | 15860    | 23144    | 25487    | 97510     |
| <b>2</b> 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 . . . . . |          |          |          | 418      | 720      | 1138      |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             | 16265    | 15793    | 21521    | 16895    | 34661    | 105135    |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 33136    | 31941    | 37381    | 40457    | 60868    | 203783    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                | 80       | 80       | 60       | 140      |          | 360       |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      | 80       | 80       | 60       | 140      |          | 360       |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                          |          |          |          |          |          | 203423    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                       | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                              | 33136    | 31941    | 37381    | 40457    | 60868    | 203783    |
| <b>10a</b> 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 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                  | 33136    | 31941    | 37381    | 40457    | 60868    | 203783    |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                            |    |         |
|------------------------------------------------------------------------------------------------------------|----|---------|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 99.82 % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | 16 | 99.74 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                 |    |     |
|-----------------------------------------------------------------------------------------------------------------|----|-----|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0 % |
| <b>18</b> 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 line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

RIVERSIDE LEAGUE LITTLE MISS KFOR FORM 990-EZ LINE 14

74-2267716

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                                   |                          |                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|
| 1  | Maximum amount. See the instructions for a higher limit for certain businesses . . . . .                                                          | 1                        | \$250,000        |
| 2  | Total cost of section 179 property placed in service (see instructions) . . . . .                                                                 | 2                        |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .                                                | 3                        | \$800,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .                                                        | 4                        |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . | 5                        | 250,000          |
| 6  | (a) Description of property                                                                                                                       | (b) Cost (busn use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29 . . . . .                                                                                          | 7                        |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .                                                    | 8                        |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .                                                                              | 9                        |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .                                                                   | 10                       |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .                      | 11                       | 250,000          |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .                                                   | 12                       |                  |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12. ▶                                                                    | 13                       |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|    |                                                                                                                                                       |    |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . | 14 |  |
| 15 | Property subject to section 168(f)(1) election . . . . .                                                                                              | 15 |  |
| 16 | Other depreciation (including ACRS) . . . . .                                                                                                         | 16 |  |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

|    |                                                                                                                                             |    |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .                                                  | 17 | 294 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . |    |     |

**Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                        |                     |                |            |                            |
| b 5-year property              |                                      |                                                                        |                     |                |            |                            |
| c 7-year property              | See Statement                        |                                                                        |                     |                |            | 1,874                      |
| d 10-year property             |                                      |                                                                        |                     |                |            |                            |
| e 15-year property             |                                      |                                                                        |                     |                |            |                            |
| f 20-year property             |                                      |                                                                        |                     |                |            |                            |
| g 25-year property             |                                      |                                                                        | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                        | 27.5 yrs            | MM             | S/L        |                            |
|                                |                                      |                                                                        | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                        | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                        |                     | MM             | S/L        |                            |

**Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                         |    |       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28 . . . . .                                                                                                                                                                    | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . . | 22 | 2,168 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .                                                                       | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

**2009 ADDITIONAL DETAIL STATEMENTS**

RIVERSIDE LEAGUE LITTLE MISS KICKBALL  
74-2267716

---

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

---

FORM 4562

2,168

## 2009 Federal Depreciation Schedule

RIVERSIDE LEAGUE LITTLE MISS KICKBALL  
74-2267716

04-01-2011

| Description                | Date     | Method  | Year          | Cost   | Land/<br>Other | \$179 | Spec<br>Allow | Basis  | Prior | Current |
|----------------------------|----------|---------|---------------|--------|----------------|-------|---------------|--------|-------|---------|
| <b>Form 990-EZ Line 14</b> |          |         |               |        |                |       |               |        |       |         |
| DELL COMPUTER              | 06-10-02 | 200DBHY | 5             | 405    | 0              | 0     | 0             | 405    | 405   | 0       |
| ICE MACHINE                | 06-05-06 | 200DBHY | 5             | 500    | 0              | 0     | 0             | 500    | 350   | 58      |
| P A SYSTEM                 | 05-16-06 | 200DBHY | 5             | 202    | 0              | 0     | 0             | 202    | 140   | 23      |
| PRINTER                    | 04-15-05 | 200DBHY | 5             | 420    | 0              | 0     | 0             | 420    | 378   | 24      |
| PRINTER                    | 05-15-07 | 200DBHY | 5             | 193    | 0              | 0     | 0             | 193    | 97    | 22      |
| SCORE BOARD                | 05-22-10 | 200DBHY | 7             | 5,431  | 0              | 0     | 0             | 5,431  | 0     | 776     |
| SCORE BOARD                | 05-07-10 | 200DBHY | 7             | 5,427  | 0              | 0     | 0             | 5,427  | 0     | 776     |
| SCORE BOARD                | 07-08-10 | 200DBHY | 7             | 2,250  | 0              | 0     | 0             | 2,250  | 0     | 322     |
| SEARS TILLER               | 03-26-02 | 200DBHY | 7             | 398    | 0              | 0     | 0             | 398    | 398   | 0       |
| SMALL COPIER               | 05-10-05 | 200DBHY | 7             | 110    | 0              | 0     | 0             | 110    | 81    | 10      |
| TRAILER &<br>TAILGATE      | 04-08-08 | 200DBHY | 7             | 690    | 0              | 0     | 0             | 690    | 148   | 121     |
| USED TRACTOR               | 10-16-03 | 200DBHY | 7             | 400    | 0              | 0     | 0             | 400    | 314   | 36      |
| 12 Assets                  |          |         | Totals:       | 16,426 | 0              | 0     | 0             | 16,426 | 2,311 | 2,168   |
| 12 Assets                  |          |         | Grand Totals: | 16,426 | 0              | 0     | 0             | 16,426 | 2,311 | 2,168   |

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2009 AMT Depreciation Schedule

RIVERSIDE LEAGUE LITTLE MISS KICKBALL  
74-2267716

04-01-2011

| Description                | Date     | Method        | Year | Basis  | Prior | AMT   | Regular | Adjust |
|----------------------------|----------|---------------|------|--------|-------|-------|---------|--------|
| <b>Form 990-EZ Line 14</b> |          |               |      |        |       |       |         |        |
| DELL COMPUTER              | 06-10-02 | 150DBHY       | 5    | 405    | 0     | 0     | 0       | 0      |
| ICE MACHINE                | 06-05-06 | 150DBHY       | 5    | 500    | 0     | 83    | 58      | -25    |
| P A SYSTEM                 | 05-16-06 | 150DBHY       | 5    | 202    | 0     | 34    | 23      | -11    |
| PRINTER                    | 04-15-05 | 150DBHY       | 5    | 420    | 0     | 35    | 24      | -11    |
| PRINTER                    | 05-15-07 | 150DBHY       | 5    | 193    | 0     | 32    | 22      | -10    |
| SCORE BOARD                | 05-22-10 | 150DBHY       | 7    | 5,431  | 0     | 582   | 776     | 194    |
| SCORE BOARD                | 05-07-10 | 150DBHY       | 7    | 5,427  | 0     | 581   | 776     | 195    |
| SCORE BOARD                | 07-08-10 | 150DBHY       | 7    | 2,250  | 0     | 241   | 322     | 81     |
| SEARS TILLER               | 03-26-02 | 150DBHY       | 7    | 398    | 0     | 0     | 0       | 0      |
| SMALL COPIER               | 05-10-05 | 150DBHY       | 7    | 110    | 0     | 13    | 10      | -3     |
| TRAILER & TAILGATE         | 04-08-08 | 150DBHY       | 7    | 690    | 0     | 104   | 121     | 17     |
| USED TRACTOR               | 10-16-03 | 150DBHY       | 7    | 400    | 0     | 49    | 36      | -13    |
| 12 Assets                  |          | Totals:       |      | 16,426 | 0     | 1,754 | 2,168   | 414    |
| 12 Assets                  |          | Grand Totals: |      | 16,426 | 0     | 1,754 | 2,168   | 414    |

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

## Inspection

**For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.**

RIVERSIDE LEAGUE LITTLE MISS KICKBALL

74-2267716

|       |        |
|-------|--------|
| Total | 25,183 |
|-------|--------|

2009 DETAIL STATEMENTS

RIVERSIDE LEAGUE LITTLE MISS K

74-2267716

Page 1

STATEMENT #1 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

|                        |       |
|------------------------|-------|
| Field Maintenance..... | 1,408 |
| Rent.....              | 1,575 |

|                                           |       |
|-------------------------------------------|-------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 14..... | 2,983 |
|-------------------------------------------|-------|

# SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7

Keep for Your Records

Keep For  
Your Records

For calendar year 2009 or tax period beginning 10-01-2009 , and ending 09-30-2010.

Name of Organization

RIVERSIDE LEAGUE LITTLE MISS KICKBALL

Employer Identification Number

74-2267716

| Type of Inventory sold | Gross Sales | Cost of Goods | Gross Profit or (Loss) |
|------------------------|-------------|---------------|------------------------|
| CONCESSION STAND       | 32,982      | 14,078        | 18,904                 |
| Total                  | 32,982      | 14,078        | 18,904                 |

# SCHEDULE OF OTHER ASSETS

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Open to Public Inspection                                     | For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010. |
| Name of Organization<br>RIVERSIDE LEAGUE LITTLE MISS KICKBALL | Employer Identification Number<br>74-2267716                                      |

| Description of Other Assets | Beginning of Year | End of Year | EOY-FMV (990-PF Only) |
|-----------------------------|-------------------|-------------|-----------------------|
| OTHER DEPRECIABLE ASSETS    | 1,007             | 12,316      |                       |
| Totals                      | 1,007             | 12,316      |                       |

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public  
Inspection

For Calendar year 2009, or tax year period beginning 10-01-2009

and ending 09-30-2010

Name of Organization

RIVERSIDE LEAGUE LITTLE MISS KICKBALL

Employer Identification Number

74-2267716

Class of Activity

Recipient's Name and Address

Purpose of Payment to Affiliate

Amount (FMV)

**ANNUAL CHARTER FEES**

, , ,

760

\$

760

Relationship

Description of Property

Book Value

How Book Value is Determined

How FMV is Determined

Date of Gift

760

Total

760

## PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

|                                                               |                                                                              |
|---------------------------------------------------------------|------------------------------------------------------------------------------|
| Open to Public<br>Inspection                                  | For calendar year 2009 or tax period beginning 10-01, and ending 09-30-2010. |
| Name of Organization<br>RIVERSIDE LEAGUE LITTLE MISS KICKBALL | Employer Identification Number<br>74-2267716                                 |

Primary Purpose

ORGANIZED LITTLE LEAGUE SPORT FOR YOUNG KIDS

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Open to Public Inspection                                     | For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010. |
| Name of Organization<br>RIVERSIDE LEAGUE LITTLE MISS KICKBALL | Employer Identification Number<br>74-2267716                                      |

Part III - Statement of Program Service Accomplishments

|                             |     |                                |                          |
|-----------------------------|-----|--------------------------------|--------------------------|
| Grants and allocations      | 760 | Amount includes foreign grants | Program service expenses |
| Exempt Purpose Achievements |     |                                |                          |

EACH LEAGUE IS AN ORGANIZED SPORT FOR YOUNG GIRLS AGES 8 TO 18 TO PARTICIPATE IN AND TO PROMOTE AND DEVELOP FITNESS, TEAMWORK AND COOPERATION SKILLS.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Open to Public Inspection                                            | For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010. |
| Name of Organization<br><b>RIVERSIDE LEAGUE LITTLE MISS KICKBALL</b> | Employer Identification Number<br><b>74-2267716</b>                               |

| (A) Name and Address                                           | (B) Title and Average<br>Hrs. per Week | (C) Compensation (If<br>not paid, enter 0) | (D) Cont. to Employee<br>Ben Plans & Def. Comp | (E) Expense Account<br>& Other Allowances |
|----------------------------------------------------------------|----------------------------------------|--------------------------------------------|------------------------------------------------|-------------------------------------------|
| EPITACIO LOPEZ<br>1344 RINGGOLD<br>BROWNSVILLE, TX 78520       | PRESIDENT<br>10.00                     | 0                                          | 0                                              | 0                                         |
| ELIZABETH LOPEZ<br>1344 RINGGOLD<br>BROWNSVILLE, TX 78520      | VICE<br>PRESIDENT<br>10.00             | 0                                          | 0                                              | 0                                         |
| LILLY PEREZ<br>502 LEGION TRAIL<br>LOS FRESNOS, TX 78566       | SECRETARY<br>10.00                     | 0                                          | 0                                              | 0                                         |
| MELISSA SHEARS<br>1683 DALEIDON DR.,<br>BROWNSVILLE, TX 78526  | TREASURER<br>10.00                     | 0                                          | 0                                              | 0                                         |
| SERGIO VIDRIO<br>3215 WELLINGTON CT.,<br>BROWNSVILLE, TX 78520 | 2ND SECRETARY<br>5.00                  | 0                                          | 0                                              | 0                                         |
| LEROY SHEARS<br>502 LEGION TRAIL<br>LOS FRESNOS, TX 78566      | RULES<br>DIRECTOR<br>5.00              | 0                                          | 0                                              | 0                                         |
| GLORIA ROSAS<br>2199 JOHNSON ST.,<br>BROWNSVILLE, TX 78521     | PLAYER AGENT<br>5.00                   | 0                                          | 0                                              | 0                                         |
| MIRTA CASTILLO<br>2199 JOHNSON ST.,<br>JOHNSON ST.,, TX 78521  | PLAYER AGENT<br>5.00                   | 0                                          | 0                                              | 0                                         |
| HENDRY DE LA CRUZ<br>2044 E 21ST.,<br>BROWNSVILLE, TX 78520    | PUBLIC<br>RELATIONS<br>5.00            | 0                                          | 0                                              | 0                                         |

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

|                                                               |                                                                              |
|---------------------------------------------------------------|------------------------------------------------------------------------------|
| Open to Public Inspection                                     | For calendar year 2009 or tax period beginning 10-01, and ending 09-30-2010. |
| Name of Organization<br>RIVERSIDE LEAGUE LITTLE MISS KICKBALL | Employer Identification Number<br>74-2267716                                 |
| Part V - Line 42a                                             |                                                                              |

Individual Name ..... EPITACIO LOPEZ  
or  
Business Name

Street Address ..... 1344 RINGGOLD,

U.S. Address

Zip code 78520 City BROWNSVILLE State TX  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (956) 639-1649

Fax Number .....

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 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 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|                                                                |                                                                                          |                                |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization                                                              | Employer identification number |
|                                                                | RIVERSIDE LEAGUE LITTLE MISS KICKBALL                                                    | 74-2267716                     |
|                                                                | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                |
|                                                                | P O BOX 8046                                                                             |                                |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |
|                                                                | CORPUS CHRISTI, TEXAS 78469                                                              |                                |

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-T (corporation) | 07          |
| 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          |

- The books are in the care of ► **EPITACIO LOPEZ**

Telephone No. ► **956-266-1908**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year 20 \_\_\_\_ or  
► ☒ tax year beginning **10/01/09**, 20 \_\_\_\_, and ending **09/30/10**, 20 \_\_\_\_.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                              |           |    |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-------------|
| <b>3a</b> 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.                                   | <b>3a</b> | \$ | <b>0.00</b> |
| <b>b</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. | <b>3b</b> | \$ | <b>0.00</b> |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | <b>3c</b> | \$ | <b>0.00</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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).

|                                                                                                     |                                                                                          |                                |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| <b>Type or print</b><br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization                                                              | Employer identification number |
|                                                                                                     | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                |
|                                                                                                     | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |

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

| 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 ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- State in detail why you need the extension \_\_\_\_\_

|                                                                                                                                                                                                                                            |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>8a</b> 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.                                                                                 | <b>8a</b> | \$ |
| <b>b</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. | <b>8b</b> | \$ |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                           | <b>8c</b> | \$ |

**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 ☐ **PRESIDENT**Date ☐