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# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

2010

Open to Public  
Inspection**A For the 2010 calendar year, or tax year beginning**

, 2010, and ending

, 20

**B** Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**

KNIGHTS OF COLUMBUS COUNCIL #4718

Number and street (or P O box, if mail is not delivered to street address)

1124 THIRD AVE EAST

**D Employer identification number**

23-7193177

City or town, state or country, and ZIP + 4

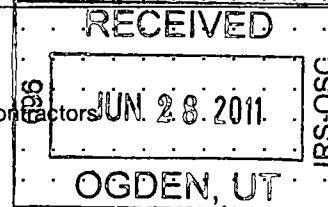
ALEXANDRIA, MN 56308

**E Telephone number**

320-762-0204

**F Group Exemption  
Number ►****G Accounting Method.**  Cash  Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( 8 ) ◀ (insert no.)  4947(a)(1) or  527**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 70,758 77****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. 

1 Contributions, gifts, grants, and similar amounts received . . . . .	1
2 Program service revenue including government fees and contracts . . . . .	2 31,419.97
3 Membership dues and assessments . . . . .	3 6,417.50
4 Investment income . . . . .	4 211.84
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 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 143,302.00
b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 126,947.27
c Less: direct expenses from gaming and fundraising events . . . . .	6c 16,354.73
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 16,354.73
7a Gross sales of inventory, less returns and allowances . . . . .	7a
b Less: cost of goods sold . . . . .	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
8 Other revenue (describe in Schedule O) . . . . .	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 54,404.04
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 24,761.55
11 Benefits paid to or for members . . . . .	11
12 Salaries, other compensation, and employee benefits . . . . .	12 1,384.68
13 Professional fees and other payments to independent contractors . . . . .	13
14 Occupancy, rent, utilities, and maintenance . . . . .	14 3,426.04
15 Printing, publications, postage, and shipping . . . . .	15 3,036.29
16 Other expenses (describe in Schedule O) . . . . .	16 22,304.57
17 Total expenses. Add lines 10 through 16 ►	17 54,913.13
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -509.09
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 36,883.94
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 36,374.85



**Part II      Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	40,744 61	<b>22</b> 35,517 46
<b>23</b>	Land and buildings . . . . .	23	
<b>24</b>	Other assets (describe in Schedule O) . . . . .	851. 03	<b>24</b> 909 37
<b>25</b>	<b>Total assets</b> . . . . .	41,595 64	<b>25</b> 36,426 83
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	4,711 70	<b>26</b> 51 98
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	36,883 94	<b>27</b> 36,374 85

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

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### What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

### Expenses

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

28 MEMBERS PROVIDE VOLUNTEER HOURS TO RAISE FUNDS TO PROMOTE AND GENERATE PROJECTS FOR YOUTH, COMMUNITY, CHURCH, AND COUNCIL ACTIVITIES			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	54,404 04
29			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . .			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	54,404 04

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.)  
Check if the organization used Schedule O to respond to any question in this Part IV

**Part V****Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► 40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► **MINNESOTA**

42a The organization's books are in care of ► **JOE SHIMOTA & RON GORACKE** Telephone no. ► **320-763-5772**  
Located at ► **ALEXANDRIA, MN** ZIP + 4 ► **56308**

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

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42c 

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c   
If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

**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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

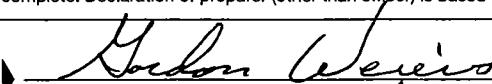
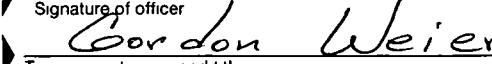
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

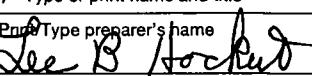
f	Total number of other employees paid over \$100,000	►	NONE
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(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	►	NONE
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer  Gordon Weiers		Date 6-20-11
	Type or print name and title Grand Knight		

Paid Preparer Use Only	Preparer's name  Lee B. Hockert	Preparer's signature  Lee B. Hockert	Date 6/10/11	Check <input checked="" type="checkbox"/> if self-employed PTIN P01068281
	Firm's name LEE B. HOCKERT, CPA		Firm's EIN 41-6157091	
	Firm's address 1124 THIRD AVE EAST ALEXANDRIA, MN 56308		Phone no 320-762-0204	

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

KIGHTS OF COLUMBUS COUNCIL #4718

23-7193177

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .				
	2 Less: Charitable contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				( )
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ►				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .	143,302 00			143,302 00
Direct Expenses	2 Cash prizes . . . . .	85,745 50			85,745 50
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .	41,201 77			41,201 77
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►				( 126,947 27 )
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ►				16,354 73

9 Enter the state(s) in which the organization operates gaming activities: MINNESOTA  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

13a	100 %
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► RONALD GORACKE

Gaming manager compensation ► \$ 4,800 PER YEAR

Description of services provided ► MANAGEMENT OF THE LAWFUL GAMBLING OPERATION

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 30% OF THE GROSS PROFITS

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

**KNIGHTS OF COLUMBUS COUNCIL #4718**

Employer Identification number

**23-7193177**

**Line 10 Grants and Similar Amounts Paid**

Alex Booster Club  
Alex Literacy Project  
American Red Cross  
Band Festival  
Boy Scouts  
Catholic Defense League  
Community Impact Coalition  
Crosier Fathers  
Cub Scouts  
Disallowed Donation  
Father Jack Davis  
Food Shelf  
Ft St Charles  
Girl Scouts  
Go Fishing  
Its My Heart  
Jefferson Carolers  
Jefferson High Senior Dance  
Jefferson Senior Party  
Jingle Bells  
Knights of Columbus Rosary  
Mary Knoll Sisters  
Mission Field Donation  
Missions  
MN Knights Foundation  
Office of Marriage & Family  
Office of Vocations  
Passion Play  
Pro Life  
Radioathon to end child abuse  
Scholorship  
Seminaries for Priests  
St Marys School  
Student Loan Fund  
Titus Program  
Widows  
Wings Family Support  
Youth Picinic  
Building Fund

\$100.00  
\$50.00  
\$100.00  
\$300.00  
\$300.00  
\$50.00  
\$200.00  
\$100.00  
\$445.00  
(\$700.00)  
\$250.00  
\$300.00  
\$124.00  
\$105.00  
\$100.00  
\$75.00  
\$150.00  
\$100.00  
\$300.00  
\$300.00  
\$1,312.75  
\$250.00  
\$750.00  
\$600.00  
\$1,200.00  
\$100.00  
\$900.00  
\$231.48  
\$1,529.39  
\$300.00  
\$700.00  
\$700.00  
\$12,395.73  
\$300.00  
\$100.00  
\$16.00  
\$100.00  
\$232.20  
\$295.00

**Line 16 Other Expenses**

Advertising  
Assessment  
Bank Charge  
Bulliten  
Christmas Party  
Convention Expense  
D.J  
District Deputy  
Floral  
Food  
Golf  
Insurance  
Mass  
Mass Servers Baseball  
Mn Knights Foundation  
Napkins  
Office Expense  
Payroll Tax  
Per Capita Tax  
Plaque  
Reimburse Gambling  
Road Clean Up  
School  
Shirts  
Ticket Printing  
Trust Registration

**\$22,304.57**

**\$24,761.55**

**PART II Line 24 Other Assets**

**Inventory**

**8868**

Form 8868  
(Rev. January 2011)  
Department of the Treasury  
Internal Revenue Service

# 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.*

Type or print	Name of exempt organization <b>KNIGHTS OF COLUMBUS COUNCIL #4718</b>	Employer identification number <b>23-7193177</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1124 THIRD AVE EAST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALEXANDRIA, MN 56308</b>	

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

**0 1**

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 ► \_\_\_\_\_

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 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 10 or
- tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-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>  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) . . . . .

<b>Application Is For</b>	<b>Return Code</b>	<b>Application Is For</b>	<b>Return Code</b>
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

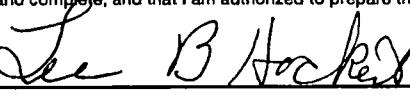
- The books are in the care of ► Telephone No. ► FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the 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.

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

<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</b> <b>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 ► CPA Date ► 4/14/11