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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	7/1/2010	, and ending	6/30/2011
B	Check if applicable			
<input type="checkbox"/>	Address change			
<input type="checkbox"/>	Name change	C Name of organization		
<input type="checkbox"/>	Initial return	The Exchange Club of Wythe		
<input type="checkbox"/>	Terminated	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/>	Amended return	Room/suite		
<input type="checkbox"/>	Application pending	P O Box 8127	City or town	ZIP + 4
		Hampton	VA	23666-8127
G	Accounting Method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►
I	Website:	► www.wytheexchange.com		
J	Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

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 ► \$ 76,459

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	3,000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	16,352
4	Investment income	4	
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	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	57,107
c	Less direct expenses from gaming and fundraising events.	6c	31,456
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	25,651
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	0
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1,2,3,4,5c,6d,7c, and 8	9	45,003
10	Grants and similar amounts paid (list in Schedule O)	10	29,263
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	
15	Printing, publications, postage, and shipping	15	228
16	Other expenses (describe in Schedule O)	16	17,660
17	Total expenses. Add lines 10 through 16	17	47,151
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,148
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	69,206
20	Other changes in net assets or fund balances (explain in Schedule O)	20	15,344
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	82,402

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
22 Cash, savings, and investments		69,206	22 82,402
23 Land and buildings			23
24 Other assets (describe in Schedule O)			24
25 Total assets		69,206	25 82,402
26 Total liabilities (describe in Schedule O)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		69,206	27 82,402

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 What is the organization's primary exempt purpose? Local Community Service

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			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		
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			0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richard Dietz 3605 Spottswood Place Hampton VA 23661	Title President Hr/WK 20.00	0		
Jose Inchausti 716 Milton Drive Hampton VA 23666	Title President Elect Hr/WK 10.00	0		
Alma Dietz 3605 Spottswood Place Hampton VA 23661	Title Secretary Hr/WK 20.00	0		
Nicholas Fedorchak 32 Peters Lane Newport News VA 23606	Title Treasurer Hr/WK 15.00	0		
Charles Elinsky 431 Bridge Street Hampton VA 23669	Title Past President Hr/WK 3.00	0		
Barry Hodges 609 Lee Street Hampton VA 23669	Title Director Hr/WK 1.00	0		
Lonnie Servais 140 Garrett Drive Hampton VA 23669	Title Director Hr/WK 1.00	0		
Joyce Peacock 7298 Merrimac Trail Williamsburg VA 23185	Title Director Hr/WK 1.00	0		
Tom O'Bryan 342 Wickham Court Hampton VA 23669	Title Director Hr/WK 1.00	0		
Charles Taylor 29 Teresa Drive Hampton VA 23666	Title Director Hr/WK 1.00	0		
Robert Tweedy 211 Watkins Drive Hampton VA 23669	Title Director Hr/WK 1.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		

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 X

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 X

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

a Did the organization have unrelated business gross income of \$1,000 or more or was it 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 X

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

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

37 a 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 X

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

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

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

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

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

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

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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 X

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

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

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

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

42 a The organization's books are in care of ► Nicholas Fedorchak Telephone no ► 757 595-9950

Located at ► 32 Peters Lane City Newport News ST VA ZIP + 4 ► 23606

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. ► 42c X

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

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

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

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

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 X

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

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
 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

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. Yes No

	Yes	No
45		X
46	X	
47		

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

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" Yes No

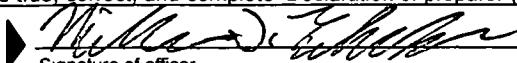
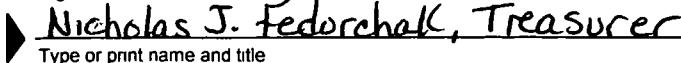
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
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" Yes No

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes 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			1/26/2012
	Signature of officer	Date	
			01/26/12
Type or print name and title			

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no

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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

The Exchange Club of Wythe

54-0898902

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b 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					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

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 Christmas Tree Sale: (event type)	(b) Event #2 Pancake Breakfast (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
		1 Gross receipts 40,193	13,794	3,120	57,107
Revenue	2 Less. Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	40,193	13,794	3,120	57,107
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	700	0	0	700
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	27,993	2,422	341	30,756
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (31,456)
	11 Net income summary. Combine line 3, column (d), and line 10				► 25,651

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))
					0
Revenue	1 Gross revenue				0
	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes % <input 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)				► (0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				► 0

9 Enter the state(s) in which the organization operates gaming activities

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:

a The organization's facility 13a %

b An outside facility 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 ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

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 ► \$ 0

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).

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

The Exchange Club of Wythe

Employer identification number

54-0898902

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Service to Youth, Grantee, Scholarships

and Awards, Cash Grant, 14,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Service to Youth, Grantee: Youth of the

Month & Year Awards, Cash Grant, 750, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Service to Youth, Grantee, After Prom

Support, Cash Grant, 2,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Service to Youth, Grantee, Youth

Athletics, Cash Grant, 750, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Americanism, Grantee, Flag Distribution

Freedom Shrine, Cash Grant, 1,354, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Service to Community, Grantee, Special

Projects, Cash Grant, 2,271, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Service to Community, Grantee, Book or

Golden Deeds & Welfare, Cash Grant, 2,535, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Service to Community, Grantee, Crime &

Fire Prevention, Cash Grant, 2,252, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Service to Community, Grantee, Senior

Citizen Activities, Cash Grant, 301, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Service to Community, Grantee, Cancer

Research, Cash Grant, 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Service to Community, Grantee, Misc

Activities, Cash Grant, 2,050, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings, 12,043

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies, 698

Form 990-EZ, Part I, Line 16, Other Expenses: National & District Dues, 4,556

Form 990-EZ, Part I, Line 16, Other Expenses: Surety Bond Fee, 25

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
(HTA)

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

The Exchange Club of Wythe

Employer identification number

54-0898902

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous 338

Form 990-EZ, Part I, Line 20, Net Assets, To correct Vanguard Account balance understated in
prior years 15,344

Form 990-EZ

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box X
- 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 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 The Exchange Club of Wythe	Employer identification number 54-0898902
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 P O Box 8127	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Hampton	VA 23666-8127

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

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-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 ► Nicholas Fedorchak

Telephone No ► 757.595.9950

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) 1097 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 2/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 calendar year _____ or
 tax year beginning 7/1/2010, and ending 6/30/2011

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	\$ 0

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.

For Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form 8868 (Rev. 1-2011)