

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds, 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

Α	For the	2010 calenda	ar year, or tax year beginning	September 1 ,	2010, and ending	Au	igust 3	1 , 20 11
В	Check if ap	opticable.	C Name of organization			D Emple	oyer ide	ntification number
	Address c	hange	Paoli 1 Inc.			•	23	-2500863
	Name cha	inge	Number and street (or P.O. box, if mail is r	not delivered to street address)	Room/suite	E Telep	hone nu	mber
ℤ	Initial retu	m	1038 Radnor Road			ì	215	850 4131
┝	Terminate		City or town, state or country, and ZIP + 4			F Grou	p Exen	notion
누	Amended Applicatio		Wayne, PA 19087				ber 🕨	•
<u>_</u>		ting Method:	✓ Cash	ocifu)	l u		<u> </u>	the organization is not
	Websit	•	,,		''			ch Schedule B
			eck only one) — 🗸 501(c)(3) 🔲 501(c)	(insert no.)	a)(1) or 527	•		-EZ, or 990-PF).
_			 			<u> </u>		
ĸ	Check ▶		e organization is not a section 509(a)(3) n 990 return is not required though Foi					
			re to file a complete return.	m 990-iv (e-postcard) may be	s required (see instru	Chorisj. L	or ii uii	c organization oncoses
_		-	b, to line 9 to determine gross receipts.	f gross receipts are \$200,000 or	more or if total accet	e (Part II		
) are \$500,000 or more, file Form 990 ins	-		5 (i ai i ii,	•	
_							\$	for Dort IX
	Part I		e, Expenses, and Changes in					
_			the organization used Schedule					
	1		ons, gifts, grants, and similar amou]	1	3,500
	2	Program s	ervice revenue including governme	ent fees and contracts .			2	0
	3	Membersh	ip dues and assessments				3	0
	4	Investmen					4	30,997
	5a	Gross amo	ount from sale of assets other than	inventory	5a		l	
	b		or other basis and sales expenses		5b			
	С	Gain or (lo	ss) from sale of assets other than i	inventory (Subtract line 5b	from line 5a)		5c	0
	6	Gaming ar	nd fundraising events				, `	
	а	Gross inc	ome from gaming (attach Sche	edule G if greater than			1	
Rovenie	3	\$15,000)			6a		-	
Q,	Ь	Gross inco	ome from fundraising events (not in	ncluding \$	of contribution	ns		
á	<u> </u>	from fundr	raising events reported on line 1)	(attach Schedule G if the				
_	•	sum of suc	ch gross income and contributions	exceeds \$15,000)	6b			
	c	Less: direc	ct expenses from gaming and fund	raising events	6c			
	d		e or (loss) from gaming and fund		6a and 6b and su	btract		
		line 6c)					6d	0
	7a	Gross sale	s of inventory, less returns and all	owances	7a			· , ,
	b				7b			
	C		fit or (loss) from sales of inventory		7a)		7c	0
	8		nue (describe in Schedule O) .54				8	11,200
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7	1 [] [] []	EIVED [9	45,697
_	10		d similar amounts paid (list in Sche				10	19,900
	11		aid to or for members	· 1 _ 1	6 2012		11	0
u	I	•	ther compensation, and employee		וגטן		12	0
ğ	13		al fees and other payments to ind			• •	13	9541
Fynanses	14		y, rent, utilities, and maintenance		EN IIT I		14	0
>	1 45	Occupanc Drinting p	y, rent, utilities, and maintenance ublications, postage, and shipping	CTICUO PREMILIA	THISTELLE	<u>.</u> ا	15	0
_	· · · ·				11 DECEMBER		····	8480
	16	•	enses (describe in Schedule O) .	<i>7</i> .			16	
_	17		enses. Add lines 10 through 16 .		<u> </u>	. >	17	37,921
ų.	18		(deficit) for the year (Subtract line	•		 	18	7,776
g	19		s or fund balances at beginning o			e with		488.554
Not Accete	<u>.</u> .	•	ar figure reported on prior year's re	•			19	468,964
ġ	20		nges in net assets or fund balance				20	0
-	. 21	Net accets	or fund halances at end of year (Combine lines 18 through ?	20		21	476.740

SCANNED MAY @ 3 2012

(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 6 deferred compensation	(e) Expense account and other allowance
Jeff Simmons, 107 Attee Circle, Berwyn, PA 19312	Chairman	0	O	
Craig Hadden 367 Sugartown Road, Wayne, PA 19087	····Vice Chairman	0	0	
John R. Embick Box 5234, West Chester, Pa 19380	Recording Secretary	0	0	
Terry Ives 601 Croton Road, King of Prussia, PA 19406	Treasurer	0		
Kenneth Dewey 672 Jefferson Road, Bryn Mawr, PA 19010	Director	0	0	
Jack Fitzgerald 514 Midland Circle, St. Davids, PA 19087	Director	0	0	
John Lisle, 4 Tower Bridge, Ste. 222 200 Barr Harbor Drive, West Conshohocken, PA 19428	Director	0	0	
William Kiniry, DLA Piper US, LLP 1650 Market Street, Ste. 400, Philadelphia, PA 19103	Director	0	0	
Michael Magnotta 2048 Buttonwood Road, Berwyn, PA 19312	Director	0	0	

Part	Check if the organization used Schedule O to respond to any question in this Part V			_
-	CiteCk if the organization used Schedule O to respond to any question in this Fait V		Yes	No
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	162	√
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.		- 7	
а	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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			 -
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a	-	√
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	30a		
а	Initiation fees and capital contributions included on line 9	.		ĺ
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	7	✓
41	List the states with which a copy of this return is filed. ▶ Pennsylvania			
42a	The organization's books are in care of ▶ Terry Ives Located at ▶ 601 Croton Road, King of Prussia, PA ZIP + 4 ▶	(610) 7 194		00
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	Yes	No.
	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.			ļ
С	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		✓
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	• •	.	▶ □
		!	Voc	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	,
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	44a		1
_	·	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		Y
		Tru		1

`	•							
Form 990-E	EZ (2010)							age 4
a D	any related organization a controlled enti	rom or engage in any transacti	on with	a controlled	entity within the	45	Yes	No
F	neaning of section 512(b)(13)? If "Yes," Form 990-EZ (see instructions)					45a		1
to	nd the organization engage, directly or ind candidates for public office? If "Yes," co	omplete Schedule C, Part I.	<u></u>		· · · · · ·	46		-
Part VI	Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used School	n 4947(a)(1) nonexempt cha for lines 50 and 51.	ritable	trusts must	t answer questio	II sec ns 4	tion 7–49	b
48 Is 49a D b If 50 C	id the organization engage in lobbying actified the organization a school as described in a lid the organization make any transfers to "Yes," was the related organization a section to see the organization of the organization o	section 170(b)(1)(A)(ii)? If "Yes," an exempt non-charitable rela- tion 527 organization? five highest compensated emp	completed organical completes completes completes completes completes (te Schedule anization? . other than o	fficers, directors,			
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e ac	Expercount a	nse and
51 C	otal number of other employees paid over complete this table for the organization's 100,000 of compensation from the organ	five highest compensated inc		ent contracto	ors who each rec	eived	more	than
None	(a) Name and address of each independent con			(b) Typ	e of service	(c) Co	mpens	ation
52 D	otal number of other independent contraction the organization complete Schedule A' onexempt charitable trusts must attach a altes of penury, I declare that I have examined this rest, and complete. Declaration of preparer (other than of Signature of officer	? Note: All section 501(c)(3) org completed Schedule A sturn, including accompanying schedule officer) is based on all information of whether the second section is second information of which is second second second section in the second secon	ganization of the sand state o	tements, and to wer has any kno	the best of my knowled	Yes		No f, it is
Paid Prepar	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN		
Prepai	CI	•		· · · · · · · · · · · · · · · · · · ·				

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Flrm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number Paoli 1 Inc. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (I) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (f) listed in your the organization in organization in col. support governing document? col (i) of your (i) organized in the above or IRC section support? US.? (see Instructions)) Yes Yes Yes No (A) Boy Scouts of 75004296T1 19,900 America, Chester Chester County Council, Paoli Troces LET No.1 (D) (E) 19,900 **Total**

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0000				T	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			,	, ,	,	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	() 5000			1		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Secti	organization, check this box and stop he on C. Computation of Public Suppor	t Percentag		• • • • •	· · · · ·	• • • •	
14	Public support percentage for 2010 (line 6			1 column (ft)	····	14	%
15	Public support percentage from 2009 Sch		-	, , , ,		15	%
16a	331/3% support test—2010. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33		heck this
b	331/3% support test—2009. If the organ check this box and stop here. The organ				•	9 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiz	eck this box a ation qualifies	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the leets the "fact:	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check to The organization	nis box and st on qualifies as	op here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

Part III	Support Schedule	or Organizations Des	cribed in Section	509(a)(2)
----------	------------------	----------------------	-------------------	-----------

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization rails to quality	undor the te	JOIG HOLEGI DEI	OTT, PICAGE C	ompicio i air	11./	
	on A. Public Support	T	T 63		T 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
_	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
2	received. (Do not include any "unusual grants.")			ļ <u>.</u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					[
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>	<u> </u>			
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		ļ				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					Ι Τ	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		i				
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year				1		· · · - · · · · · · · · · · · · · · · ·
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	1000年		1	11/13/1	100 142 55	
	line 6.)	STOR REW	P. (2) 1087	· · · · · · · · · · · · · · · · · · ·	· 基础设置的		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6			<u> </u>			
10a	,						
	payments received on securities loans, rents,			1	1		
	royalties and income from similar sources .					<u> </u>	
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>				
C	Add lines 10a and 10b						
11	Net income from unrelated business					- 	
	activities not included in line 10b, whether						
	or not the business is regularly carried on		<u></u>				
12	Other income. Do not include gain or						
	loss from the sale of capital assets					}	
	(Explain in Part IV.)		<u></u>				
13	Total support. (Add lines 9, 10c, 11,					Î	
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2010 (line			3, column (f))		15	%
16	Public support percentage from 2009 Sci					16	%
Secti	on D. Computation of Investment In					 	
17	Investment income percentage for 2010 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2009					18	
19a	331/3% support tests-2010. If the organ						
-	17 is not more than 331/3%, check this box						
b	331/3% support tests-2009. If the organiz						
_	line 18 is not more than 331/3%, check this						
	•			19a or 19h	F		

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		
· 		

Form 8868

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Internal Rev	venue Servi	ce							
• If you	are filing	for a	Automatic 3-Month Extension, c	omplete o	only Part I and check th	is box			▶ ☑
• If you	are filing	for a	n Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only Pa	art II (on page 2 of	this 1	rom).	2020
Do not e	complet	te Pai	t II unless you have already been g	ranted an a	automatic 3-month exte	nsion on a previol	usty ti	ied Fon	m 8868.
a corpor 8868 to Return	ration rei request for Tran	quirect an e esters	(e). You can electronically file Form it to file Form 990-T), or an additional attension of time to file any of the form Associated With Certain Personal addition to the electronic filing of the second of the electronic filing of the second of the electronic filing of th	al (not auto orms listed Benefit C	omatic) 3-month extensi I in Part I or Part II with Contracts, which must	on of time. You can the exception of be sent to the IF	an ele f Forr RS in	ctronic n 8870 paper	ially file Form i, Information if format (see
Part I	Aut	toma	tic 3-Month Extension of Time	Only sub	omit original (no copie	s needed).			
-		require	ed to file Form 990-T and reques				s box	x and	
Part I or							• •	• •	• •
	-		(including 1120-C filers), partnershi	ps, REMIC	s, and trusts must use	Form 7004 to req	uest a	an exte	nsion of time
to file in	come ta	x retu	ms.						
					En	ter filer's identifyin			
Type or	Na	me of	exempt organization or other filer, see in	structions		Employer identif	ficatio	n numbe	∍r (EIN) or
print	Pac	olı 1 In	c.		•		23 25	00863	
•	Nu	ımber,	street, and room or suite no If a P.O. bo	x, see instr	ictions.	Social security r	numbe	r (SSN)	
File by the due date for		88 Rad	nor Road						
filing your		ty, tow	n or post office, state, and ZIP code For	a foreign ac	ddress, see instructions.				
return Sec		yne, P	A 19087						
Enter the	e Heturn	n code	for the return that this application is	s for (file a	separate application for	each return) .			. 0 1
Applica	ation			Return	Application	<u></u>			Return
Is For				Code	Is For				Code
Form 9	90			01	Form 990-T (corporation	on)			07
Form 9				02	Form 1041-A				08
Form 9				01	Form 4720				09
Form 9				04	Form 5227				10
		c 40	1(a) or 408(a) trust)	05	Form 6069				11
			ner than above)	06	Form 8870				12
1 01111 0	00 1 100	231 011	iei tilait above)		1 0111 0070				
Teleph	none No.	. >	care of Terry Ives, 601 Croton R (610) 768-1600 Does not have an office or place of but	F.	AX No. ►	this box			. ▶□
	_		Return, enter the organization's four					. If t	this is
			heck this box ▶ 🔲 . If it	-	•	·	▶ 「	and a	attach
	-		and EINs of all members the extension	•	3 1,7		_	_	
			tomatic 3-month (6 months for a co		equired to file Form 990)-T) extension of ti	me		
и	ıntıl	Apı	il 15 , 20 12 , to file the exemation's return for:					The ex	tension is
		-	year 20 or						
_									
					10 , and ending			, 20) 11 .
	_	•	entered in line 1 is for less than 12 m	ionths, che	eck reason: Linitial ref	turn 🗌 Fınal ret	um		
			ccounting period	T 4700		 	,	,	
			on is for Form 990-BL, 990-PF, 990 credits. See instructions.	-1, 4/20, 0	or 6069, enter the tenta	tive tax, less any	3a	\$	
			tion is for Form 990-PF, 990-T, 4						
_			payments made. Include any prior ye				3b	\$	
			Subtract line 3b from line 3a Include			quired, by using			
			nic Federal Tax Payment System). S			· 		\$	
Caution.	If you are	going	to make an electronic fund withdrawal v	vith this For	m 8868, see Form 8453-E	O and Form 8879-E0	O for p	ayment	instructions

. 0000 /0	ny 1 2012\					Page 2
•	ev 1-2012) filing for an Additional (Not Automatic) 3-N	fonth Exten	sion, complete only Par	t II and check this t	box	
	complete Part II if you have already been gra					
	filing for an Automatic 3-Month Extension,			TOTT & PROVIDUSTY III	04 (011)	
rt II	Additional (Not Automatic) 3-Month I			riginal (no copies	neede	d)
	Additional (Not Adtomatic) o-month	LXterision		er filer's identifying n		
	Name of exempt organization or other filer, see	instructions		Employer identifica		
e or	Traine of exempt organization of other mer, see		1	¬		` '
nt	Number, street, and room or suite no. If a P.O.	hoy see instr	uctions	Social security num	nber (SSI	N)
by the	realiser, street, and room or sake no in a rice.	500, 5005	i.			,
date for your	City, town or post office, state, and ZIP code F	or a foreign a		<u> </u>		
n See	Only, town or post office, state, and 211 code i	or a loreign a	duress, see mondenons.			
uctions.	<u> </u>					
er the R	eturn code for the return that this application	is for (file a	separate application for e	each return)	•	[
plication	on	Return	Application			Return
For		Code	Is For			Code
rm 990		01	<u>, </u>			
rm 990-		02	Form 1041-A	····		08
rm 990-		01	Form 4720			09
m 990-		04	Form 5227			10
	···	_ 1				1 .0
TO MAID	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	05 06	Form 6069 Form 8870			11
rm 990-		06	Form 8870	on on a previously	filed Fo	12
rm 990- OP! Do n	T (trust other than above) not complete Part II if you were not already g	06 ranted an au	Form 8870 utomatic 3-month extensi		filed Fo	12
rm 990- OP! Do n	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶	06 ranted an au	Form 8870		filed Fo	12
rm 990- DP! Do n ne book elephon	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶	06 ranted an au	Form 8870 utomatic 3-month extensi			12 rm 8868.
rm 990- DP! Do n ne book elephon the orga	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of	06 ranted an au FAX business in	Form 8870 utomatic 3-month extensions No. the United States, check	this box		12 rm 8868.
rm 990- OP! Do note book elephon the orga	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for	FAX business in our digit Gro	Form 8870 utomatic 3-month extension No. the United States, check on the United States in	this box EN)	 1	12 mm 8868.
ne book elephon the orga this is for	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's folle group, check this box ▶ □ . I	FAX business in four digit Grouf fit is for par	Form 8870 utomatic 3-month extension No. the United States, check on the United States in	this box EN)	 1	12 mm 8868.
ne book elephon the orga this is for	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for	FAX business in four digit Grouf fit is for par	Form 8870 utomatic 3-month extension No. the United States, check on the United States in	this box EN)	 1	12 mm 8868.
rm 990- P! Do n ne book elephon the orga this is fo the who with the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's folle group, check this box ▶ □ . I enames and EINs of all members the extension	FAX business in four digit Grounding for particular	Form 8870 utomatic 3-month extension No. ► the United States, check the Exemption Number (Git of the group, check this	this box EN)	 	12 mm 8868.
m 990- P! Do n le book lephon the orga this is fo he who with the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I e names and EINs of all members the extension upon the properties of the extension of times.	FAX business in four digit Groof it is for parton is for.	Form 8870 utomatic 3-month extension No. ► the United States, check the Exemption Number (Git tof the group, check this	this box	 and	12 rm 8868. ▶ □ f this is d attach a
m 990- P! Do n e book lephon the orga this is fo the who with the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I e names and EINs of all members the extension guest an additional 3-month extension of time calendar year . , or other tax year beginn	FAX business in the fit is for particular son is for.	Form 8870 utomatic 3-month extension No. the United States, check up Exemption Number (Gut of the group, check this , 20 , a	this box	 	12 rm 8868. ▶ □ f this is d attach a
m 990- P! Do n e book lephon he orga his is fo he who vith the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12	FAX business in the fit is for particular son is for.	Form 8870 utomatic 3-month extension No. the United States, check up Exemption Number (Gut of the group, check this , 20 , a	this box	 	12 rm 8868. ▶ □ f this is d attach a
m 990- P! Do n e book lephon he orga his is fo he who vith the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension uses the additional 3-month extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period	FAX business in four digit Group on is for, a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check the up Exemption Number (Git of the group, check this	this box . EN) box . , 20 nd ending turn	and	12 mm 8868. f this is d attach a
m 990- P! Do n e book lephon the orga this is for he who vith the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12	FAX business in four digit Group on is for, a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check up Exemption Number (Gut of the group, check this , 20 , a	this box . EN) box . , 20 nd ending turn	and	12 mm 8868. I b □ f this is d attach a
rm 990- re book re boo	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension uses the additional 3-month extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period	FAX business in four digit Group on is for, a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check the up Exemption Number (Git of the group, check this	this box . EN) box . , 20 nd ending turn	and	12 mm 8868. I b □ f this is d attach a
op! Do not be book blephon the orgathis is for the who lift the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension uses the additional 3-month extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period	FAX business in four digit Group on is for, a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check the up Exemption Number (Git of the group, check this	this box . EN) box . , 20 nd ending turn	and	12 mm 8868. f this is d attach a
P! Do n e book lephon the orga this is fo he who vith the	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for alle group, check this box ▶ □ . I enames and EINs of all members the extension usest an additional 3-month extension of time calendar year, or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period e in detail why you need the extension	FAX business in four digit Group on is for. a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check the up Exemption Number (Got tof the group, check this	this box	and	12 mm 8868. f this is d attach a
rm 990- PP! Do note book elephon the orgaths is for the who with the Control of t	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension uses the additional 3-month extension of time calendar year . , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period	FAX business in four digit Group on is for. a until ming months, che	Form 8870 utomatic 3-month extension No. the United States, check the up Exemption Number (Got tof the group, check this	this box		12 mm 8868. f this is d attach a
op! Do not be book elephon the orgaths is for the who with the Control of the con	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box . ▶ □ . I e names and EINs of all members the extension guest an additional 3-month extension of time calendar year , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period the in detail why you need the extension s application is for Form 990-BL, 990-PF, 98 refundable credits. See instructions.	FAX business in the fit is for particular for it is for particular for its	Form 8870 utomatic 3-month extension No. ▶ the United States, check the up Exemption Number (Got tof the group, check this	this box	and	12 mm 8868. f this is d attach a
op! Do not be book elephon the orgathis is for the who with the Control of the co	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension of time calendar year , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period e in detail why you need the extension . Is application is for Form 990-BL, 990-PF, 990-FF, 990	FAX business in bur digit Groof it is for par on is for. e until bing months, che	Form 8870 Itomatic 3-month extension No. the United States, check up Exemption Number (Got of the group, check this	this box		12 mm 8868. I b □ f this is d attach a
op! Do not be book elephon the orgathis is for the who with the Control of the co	anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □	FAX business in bur digit Groof it is for par on is for. e until bing months, che	Form 8870 Itomatic 3-month extension No. the United States, check up Exemption Number (Got of the group, check this	this box	a \$	12 mm 8868. I this is diattach a
op! Do not be book elephon the orgathis is for the who with the C State a If this non is the stirr amo	T (trust other than above) not complete Part II if you were not already g s are in the care of ▶ e No. ▶ anization does not have an office or place of or a Group Return, enter the organization's for le group, check this box ▶ □ . I enames and EINs of all members the extension of time calendar year , or other tax year beginner tax year entered in line 5 is for less than 12 thange in accounting period e in detail why you need the extension . Is application is for Form 990-BL, 990-PF, 990-FF, 990	FAX business in the part on is for. e until months, check of the part on is for. 90-T, 4720, or 6 for year over	Form 8870 utomatic 3-month extension No. Indicates, check to the United States, check to the group, check this to the group, check this group, check this indicate the group in the tentation of 6069, enter any refundable payment allowed as a second content of the group in the tentation of the group in the gr	, 20	a \$	12 mm 8868. f this is d attach a

Signature and Verification must be completed for Part II only.

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

Title ► Secretary

Form **8868** (Rev 1-2012)

Date ►