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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds, 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

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

, 2011, 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 Room/suite

## F Telephone number

320-762-0204

## F Group Exemption

Number ►

G Accounting Method.  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 167,155.09

## 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	215.00
2	Program service revenue including government fees and contracts . . . . .	2	31,793.66
3	Membership dues and assessments . . . . .	3	5,335.00
4	Investment income . . . . .	4	128.43
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	129,683.00
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	00
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	118,371.31
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	11,311.69
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	48,783.78
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	26,972.61
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	1,430.21
13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	3,746.65
15	Printing, publications, postage, and shipping . . . . .	15	8,819.25
16	Other expenses (describe in Schedule O) . . . . .	16	18,079.89
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	59,048.61
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(10,264.83)
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	36,374.85
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	26,110.02

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**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 Cash, savings, and investments</b>	<b>35,517.46</b>	<b>25,790.02</b>
<b>23 Land and buildings</b>	<b>22</b>	<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>	<b>909.37</b>	<b>624.99</b>
<b>25 Total assets</b>	<b>36,426.83</b>	<b>26,415.01</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>51.98</b>	<b>304.99</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>36,374.85</b>	<b>26,110.02</b>

**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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 <b>THE MEMBERS PROVIDE VOLUNTEER HOURS TO RAISE FUNDS TO PROMOTE AND GENERATE PROJECTS FOR COUNCIL ACTIVITIES AND CONTRIBUTIONS</b>			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	45,537.72
29 <b>THESE FUNDS ARE GENERATED THROUGH CHARITABLE GAMBLING BINGO AND ARE USED FOR PROJECTS FOR YOUTH, COMMUNITY AND CHURCH ACTIVITIES</b>			
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	13,510.89
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 <b>Total program service expenses (add lines 28a through 31a)</b> . . . . .		32	59,048.61

**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 Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	✓
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	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:	39	
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)? If "Yes," enter the name of the foreign country: ► _____	42b	✓
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 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 ► 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
45b 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) . . . . .	45b	✓

	Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>NONE</b>				

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
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ► **NONE**

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

<b>Sign Here</b>	<i>Conrad Knight</i>		<b>Date</b>
	► Signature of officer		
<b>Paid Preparer Use Only</b>	<i>Lee B. Hockert</i>		<i>7/2/2012</i>
	► Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>Lee B. Hockert</i>	Preparer's signature <i>Lee B. Hockert</i>	Date <i>5/23/12</i>
	Firm's name ► LEE B. HOCKERT, CPA		Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ► 1124 THIRD AVE EAST ALEXANDRIA, MN 56308	Firm's EIN ► 41-6157091	PTIN P01068281
		Phone no ► 320-762-0204	

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

**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

**2011**

Open to Public  
Inspection

Name of the organization

**KNIGHTS OF COLUMBUS COUNCIL #4718**

Employer identification number

**23-7193177**

**KNIGHTS OF COLUMBUS COUNCIL #4718**

**2011**

**EIN # 23-7193177**

**LINE 10 GRANTS AND SIMILAR AMOUNT PAID**

Building Fund	\$10,170.00
Catholic Defense League	\$50.00
Crosier Fathers	\$100.00
DeAnn Runge	\$100.00
End Child Abuse	\$100.00
Father Jeff Ethan	\$100.00
Fort St Charles	\$136.00
Jefferson Carolers	\$150.00
Jefferson Senior Party	\$300.00
Jim Campbell Fund	\$300.00
K of C Student Loan	\$300.00
Kids	\$40.00
Mission Field	\$625.00
MN Knights Foundation	\$455.00
Office of Marriage & Family	\$100.00
Office of Vocations	\$300.00
Pennies for Seminarians	\$300.00
Pro Life	\$1,000.00
Red Cross	\$100.00
Scholorship	\$725.00
St Mary Church	\$9,414.31
St Mary's School	\$300.00
St Nichols Church	\$346.72
Stop Abortion	\$290.00
Titus House	\$100.00
VC Ann Youth	\$150.00
Vikingland Bank Festival	\$300.00
Wings Family Services	\$100.00
Youth Dance	\$300.00
Youth Picnic	<u>\$220.58</u>

**\$26,972.61**

**LINE 16 OTHER EXPENSES**

Advertising	\$404.65
Attorney General Annual Fee	\$25.00
Bank Charges & Deposit Box	\$104.00
Baseball for Alter Servers	\$300.00
Convention Expense	\$701.54
Culture of Life Fund Assessment	\$443.00
District Deputy Pay	\$100.00
Dues	\$2,527.70
Food	\$7,123.80
Insurance	\$1,162.00
Mass	\$300.00
Office Expenses	\$1,456.46
Place Mats	\$605.98
Plaques	\$16.95
Priest Gift and Golf	\$150.00
Raffle Tickets	\$200.00
Reimburse Gam for loss Fds	\$1,450.00
Road Clean Up	\$79.05
Shirts	\$197.36
Team	<u>\$732.40</u>

**\$18,079.89**

**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

2011

**Open to Public  
Inspection**

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**Name of the organization**

KNIGHTS OF COLUMBUS #4718

**Employer identification number**

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 . . . . .	129,683.00			129,683.00
Direct Expenses				
2 Cash prizes . . . . .	82,188.25			82,188.25
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .	36,183.06			36,183.06
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) . . . . . ►				( 118,371.31 )
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ►				11,311.69

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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in:	
a	The organization's facility . . . . .	13a 100 %
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 ► LEE B. HOCKERT, CPA

Address ► 1124 THIRD AVE EAST ALEXANDIA, MN 56308

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 ► RON GORACKE

Gaming manager compensation ► \$ 4,800/PER/YEAR

## **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/GROSS/PROFIT

**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).



- 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).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or <input type="checkbox"/>
	Number, street, and room or suite no. If a P O. box, see instructions.	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

 

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	01	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 . . . . .  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signature and Verification must be completed for Part II only.**

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 ►

4/16/12