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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

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. 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.

**A** For the 2011 calendar year, or tax year beginning **APR 1, 2011** and ending **MAR 31, 2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **SHAKLEE CARES**

**D** Employer identification number: **94-3169989**

Number and street (or P.O. box, if mail is not delivered to street address): **4747 WILLOW ROAD** Room/suite: \_\_\_\_\_

**E** Telephone number: **925-924-2150**

City or town, state or country, and ZIP + 4: **PLEASANTON, CA 94588**

**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: **WWW.SHAKLEECARES.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

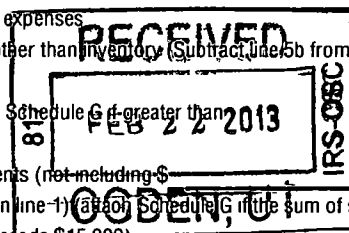
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the 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 ▶ \$ **168,562.**

**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

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	168,473.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	69.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>6a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>6b</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)	<b>6b</b>	
<b>6c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b> Less: cost of goods sold	<b>7b</b>		
<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	20.	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	168,562.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	162,746.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	40.
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	162,786.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	5,776.
	<b>19</b> 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)	<b>19</b>	294,277.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	300,053.



SCANNED MAR 15 2013

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

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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

X

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

X

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.)

Table with 2 columns: Description of program service, Expenses. Rows include TORNADO RECOVERY ASSISTANCE, NORTH DAKOTA RECOVERY ASSISTANCE, TEXAS FIRES RECOVERY ASSISTANCE, and Other program services.

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include Roger Barnett, Marjorie L. Fine, and Michael Batesole.

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 Sch. O to respond to any question in this Part V [X]

- 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
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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

Table with columns Yes and No. Rows 33-40e with 'X' marks in the No column.

41 List the states with which a copy of this return is filed. CA
42a The organization's books are in care of MIKE BATESOLE Telephone no. 925-924-2150
Located at 4747 WILLOW ROAD, PLEASANTON, CA ZIP + 4 94588

- 42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes and No. Rows 42b and 42c with 'X' marks in the No column.

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 N/A

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

Table with columns Yes and No. Rows 44a-45b with 'X' marks in the No column.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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  
 49a 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."

(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
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_


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

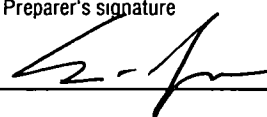
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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** Date  
 Signature of officer:  2/4/13  
 Type or print name and title: Michael Batesole Director/Treasurer

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SCOTT JACONETTY		2/13/13		P00977578
	Firm's name ▶ BDO USA, LLP	Firm's address ▶ 50 WEST SAN FERNANDO ST., SUITE 200 SAN JOSE, CA 95113		Firm's EIN ▶ 13-5381590	Phone no. (408) 278-0220

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

**2011**

Open to Public Inspection

<b>Name of the organization</b> SHAKLEE CARES	<b>Employer identification number</b> 94-3169989
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**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.)
  - 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4  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: \_\_\_\_\_
  - 5  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.)
  - 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  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.)
  - 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
  - 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).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g 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 (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,953.	280,947.	134,576.	160,178.	168,473.	791,127.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	46,953.	280,947.	134,576.	160,178.	168,473.	791,127.
<b>5</b> 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)						105,858.
<b>6 Public support.</b> Subtract line 5 from line 4						685,269.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	46,953.	280,947.	134,576.	160,178.	168,473.	791,127.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	681.	542.	81.	83.	69.	1,456.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			6.		20.	26.
<b>11 Total support.</b> Add lines 7 through 10						792,609.

**12** Gross receipts from related activities, etc. (see instructions) 12

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

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.46 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	88.62 %

**16a 33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**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

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

69.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

REFUND OF FILING FEES

20.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: TORNADOES

GRANTEE NAME: MAYOR'S OFFICE

GRANTEE ADDRESS: 60279 HATLEY RD. AMROY, MS 38821

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: NUTRITIONAL, HOME AND GERMICIDE PACKS, ETC.

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 05/12/11

AMOUNT GIVEN:

25,570.

ACTIVITY CLASSIFICATION: TORNADOES

GRANTEE NAME: FEED THE CHILDREN

GRANTEE ADDRESS: PO BOX 36 OKLAHOMA CITY, OK 73101

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 05/24/11

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

**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

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

AMOUNT GIVEN:

17,125.

ACTIVITY CLASSIFICATION: TORNADOES

GRANTEE NAME: CHILDREN'S HUNGER FUND

GRANTEE ADDRESS: 100 LEXINGTON ST. BIRMINGHAM, AL 35224

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 05/23/11

AMOUNT GIVEN:

25,687.

ACTIVITY CLASSIFICATION: TORNADOES

GRANTEE NAME: GRANSBY FIRST BAPTIST CHURCH

GRANTEE ADDRESS: 205 S. MAIN ST. GRANBY, MO 64844

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 05/23/11

AMOUNT GIVEN:

25,687.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN:

225.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN: 297.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN: 148.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN: 148.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME AND GLOBAL RELEIF PACKS

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

DATE OF GIFT: 07/01/11

AMOUNT GIVEN:

257.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME AND GERMICIDE PACKS

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN:

4,094.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 07/01/11

AMOUNT GIVEN:

7,418.

ACTIVITY CLASSIFICATION: NORTH DAKOTA FLOODS

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME AND GERMICIDE PACKS, ETC.

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

15,524.

ACTIVITY CLASSIFICATION: HURRICANE IRENE

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

Department of the Treasury  
Internal Revenue Service

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

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 09/12/11

AMOUNT GIVEN: 4,281.

ACTIVITY CLASSIFICATION: HURRICANE IRENE

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME AND GERMICIDE PACKS

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 09/12/11

AMOUNT GIVEN: 2,852.

ACTIVITY CLASSIFICATION: HURRICANE IRENE

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 10/13/11

AMOUNT GIVEN: 685.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 09/15/11

AMOUNT GIVEN: 6,422.

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

Department of the Treasury  
Internal Revenue Service

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

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 10/03/11

AMOUNT GIVEN: 7,418.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN: 74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN: 74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
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Schedule O (Form 990 or 990-EZ) (2011)

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

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

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Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: TEXAS FIRES

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Schedule O (Form 990 or 990-EZ) (2011)

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**SCHEDULE O**  
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Internal Revenue Service

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OMB No 1545-0047

**2011**  
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Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: GLOBAL RELEIF PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN:

74.

ACTIVITY CLASSIFICATION: MICHIGAN DISASTER

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: NUTRITIONAL PACK

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 12/14/11

AMOUNT GIVEN:

86.

ACTIVITY CLASSIFICATION: MISSOURI DISASTER

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME, GERMICIDE, AND NUTRITION PACKS

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 01/03/12

AMOUNT GIVEN:

4,757.

ACTIVITY CLASSIFICATION: INDIANA TORNADO

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: HOME AND GERMICIDE PACKS

METHOD USED TO DETERMINE FMV: VALUE OF PACKAGE

DATE OF GIFT: 03/08/12

AMOUNT GIVEN:

2,551.

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

Schedule O (Form 990 or 990-EZ) (2011)

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/06/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/06/11

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/06/11

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/05/11

AMOUNT GIVEN: 1,200.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

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

Schedule O (Form 990 or 990-EZ) (2011)

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**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2011**

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Inspection

Name of the organization

SHAKLEE CARES

Employer identification number

94-3169989

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/06/11

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: DISASTER RELIEF

GRANTEE RELATIONSHIP: LOCAL SHAKLEE BUSINESS LEADER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/06/11

AMOUNT GIVEN: 3,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 162,746.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

FILING FEES 40.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

INVENTORIES 148,736. 160,949.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PURPOSE OF THE

CORPORATION IS TO RAISE AND DISTRIBUTE FUNDS EXCLUSIVELY FOR THE

CHARITABLE PURPOSE OF HELPING INDEPENDENT DISTRIBUTORS OF SHAKLEE

CORPORATION, ITS AFFILIATES AND SUBSIDIARIES ("SHAKLEE"), SHAKLEE

EMPLOYEES AND THEIR COMMUNITIES IN TIMES OF HARDSHIP AND NEED, AND TO

HELP ERADICATE OR REDUCE MALNUTRITION, PARTICULARLY IN DEVELOPING

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

Schedule O (Form 990 or 990-EZ) (2011)

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Department of the Treasury  
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Name of the organization

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Employer identification number

94-3169989

COUNTRIES.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

HURRICANE IRENE RECOVERY ASSISTANCE

GRANTS \$ 7,818. EXPENSES \$ 7,818.

MISSOURI RECOVERY ASSISTANCE

GRANTS \$ 4,757. EXPENSES \$ 4,757.

MICHIGAN RECOVERY ASSISTANCE

GRANTS \$ 86. EXPENSES \$ 86.

OTHER RECOVERY ASSISTANCE

GRANTS \$ 10,700. EXPENSES \$ 10,700.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>SHAKLEE CARES</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>94-3169989</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>4747 WILLOW ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PLEASANTON, CA 94588</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 ▶ MIKE BATESOLE

Telephone No. ▶ 925 924-2150 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) N/A. 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 11/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 04/01, 20 11, and ending 03/31, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**. Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	SHAKLEE CARES		<input checked="" type="checkbox"/> X	Employer identification number (EIN) or 94-3169989
	Number, street, and room or suite no. If a P O box, see instructions.		<input type="checkbox"/>	Social security number (SSN)
4747 WILLOW ROAD				
City, town or post office, state, and ZIP code For a foreign address, see instructions				
PLEASANTON, CA 94588				

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .  0  1

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

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

- The books are in the care of  MIKE BATESOLE  
Telephone No  925 924-2150 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) N/A. 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 02/15, 20 13.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 04/01, 20 11, and ending 03/31, 20 12
- 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 INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE

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 \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c 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 \$	0

**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 \_\_\_\_\_ Date \_\_\_\_\_