

**Short Form
Return of Organization Exempt From Income Tax**

2008

**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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C AMERICAN LEGION POST #16 IRVIN BLIX PO BOX 159 BAGLEY, MN 56621	D Employer identification number 41-0643326
		E Telephone number 218-694-6125	
		F Group Exemption Number ▶ 0925	
		(Empty)	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

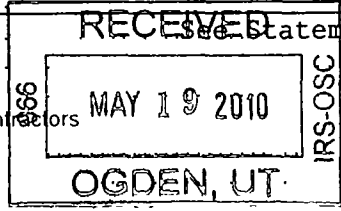
J Organization type (check only one) — 501(c) (19) (insert no) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 687,275.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	3,252.
	2	Program service revenue including government fees and contracts	2	240,018.
	3	Membership dues and assessments	3	9,070.
	4	Investment income	4	1,372.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	431,457.
	6b	Less direct expenses other than fundraising expenses	6b	405,501.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	25,956.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 1)	8	2,106.	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	281,774.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	6,552.
	11	Benefits paid to or for members	11	9,883.
	12	Salaries, other compensation, and employee benefits	12	82,296.
	13	Professional fees and other payments to independent contractors	13	4,730.
	14	Occupancy, rent, utilities, and maintenance	14	26,512.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	166,453.
	17	Total expenses (add lines 10 through 16)	17	296,426.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,652.
	NET ASSETS OR FUND BALANCES	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
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year Combine lines 18 through 20	21	261,159.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	76,863.	68,975.
23 Land and buildings	157,619.	144,024.
24 Other assets (describe ▶ See Statement 4)	45,549.	51,395.
25 Total assets	280,031.	264,394.
26 Total liabilities (describe ▶ See Statement 5)	4,220.	3,235.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,811.	261,159.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 07 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? SERVE THE AREA'S VETERANS		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	See Statement 6 ----- ----- (Grants \$ 2,802.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	See Statement 7 ----- ----- (Grants \$ 3,750.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
PAUL NEILL 112 MAIN AVE N BAGLEY, MN 56621	GAMB. MGR. 20.00	8,043.	0.	0.
RICHARD OLSON 112 MAIN AVE N BAGLEY, MN 56621	CLUB MGR 40.00	38,329.	0.	0.
NONA HANSON 112 MAIN AVE N BAGLEY, MN 56621	COMMANDER 5.00	900.	0.	0.
BILL BRUMMETT 112 MAIN AVE N BAGLEY, MN 56621	1ST VICE COMM. 1.00	0.	0.	0.
LOWELL PHILP 112 MAIN AVE N BAGLEY, MN 56621	2ND VICE COMM. 1.00	0.	0.	0.
DENNIS HENKEMEYER 112 MAIN AVE N BAGLEY, MN 56621	ADJUTANT 1.00	0.	0.	0.
DENISE MILTON 112 MAIN AVE N BAGLEY, MN 56621	FINANCE OFFICER 1.00	600.	0.	0.
HARVEY MILLER 112 MAIN AVE N BAGLEY, MN 56621	CHAPLAIN 1.00	0.	0.	0.
JIM MICHEL 112 MAIN AVE N BAGLEY, MN 56621	JUDGE ADVOCATE 1.00	0.	0.	0.
LES HINRICHS 112 MAIN AVE N BAGLEY, MN 56621	HISTORIAN 1.00	0.	0.	0.
ARLAN DAHLKE 112 MAIN AVE N BAGLEY, MN 56621	SGT. AT ARMS 1.00	0.	0.	0.
LLOYD RANISATE 112 MAIN AVE N BAGLEY, MN 56621	ASST SGT AT ARM 1.00	0.	0.	0.

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Form 990-EZ (2008)

Total compensation above that is reported in direct expenses
line 6b = \$9645

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the 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

Total number of other independent contractors receiving over \$100,000		

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

Sign Here

Signature of officer: Billy J. Brunner Date: 10 May 2010
 Type or print name and title: COMMANDER BILLY J. BRUNNER ETY

Paid Preparer's Use Only

Preparer's signature: Dilro Cage Date: 5/05/10 Check if self-employed: Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Lindahl & Cage, Ltd
P.O. Box 358 EIN: N/A
Bagley, MN 56621-0358 Phone no: (218) 694-6568

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses			
	8	Direct expense summary Add lines 4- through 7 in column (d)			
9	Net income summary Combine lines 3 and 8 in column (d)				

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))	
		1	Gross revenue	89,187.		331,830.
DIRECT EXPENSES	2	Cash prizes	63,763.	273,947.		337,710.
	3	Non-cash prizes			5,220.	5,220.
	4	Rent/facility costs				
	5	Other direct expenses	24,286.	35,916.	2,369.	62,571.
6	Volunteer labor	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No		
7	Direct expense summary Add lines 2 through 5 in column (d)				405,501.	
8	Net gaming income summary Combine lines 1 and 7 in column (d)				25,956.	

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

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11	X	
12		X

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	100.0 %
13b	%

b An outside facility

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

Name ▶ LINDAHL & CAGE, LTD.

Address ▶ 224 MAIN AVE N, BAGLEY, MN 56621

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a	YES	NO
		X

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ PAUL NEILL

Gaming manager compensation ▶ \$ 8,043.

Description of services provided ▶ MANAGING ALL ASPECTS OF GAMBLING OP.

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?

17a	YES	NO
	X	

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 4,677. See Supplemental

Client AME016

AMERICAN LEGION POST #16 IRVIN BLIX

41-0643326

5/05/10

03 44PM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

MISCELLANEOUS INCOME	\$	586.
AUDITORIUM RENT		<u>1,520.</u>
Total	\$	<u>2,106.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	PURCHASE OF FLAGS		
Cash Amount Given:		\$	743.
Donee's Name:	SCHOLARSHIPS		
Cash Amount Given:		\$	3,000.
Donee's Name:	VETERAN'S SUPPER		
Cash Amount Given:		\$	934.
Donee's Name:	VETERAN'S CHRISTMAS BASKETS		
Cash Amount Given:		\$	100.
Donee's Name:	VETERAN'S GRAVE MARKERS		
Cash Amount Given:		\$	900.
Donee's Name:	BAGLEY COMMUNITY EDUCATION SUMMER REC		
Cash Amount Given:		\$	500.
Donee's Name:	VETERAN'S PHEASANT DINNER		
Cash Amount Given:		\$	50.
Donee's Name:	CLEARWATER COUNTY HISTORICAL SOCIETY		
Cash Amount Given:		\$	25.
Donee's Name:	CLEAWATER COUNTY KID'S CHRISTMAS PROJEC		
Cash Amount Given:		\$	25.
Donee's Name:	THE AMERICAN LEGION FOUNDATION		
Cash Amount Given:		\$	25.
Donee's Name:	9TH DISTRICT AMERICAN LEGION BAND		
Cash Amount Given:		\$	50.
Donee's Name:	BAGLEY SENIOR CITIZEN'S CENTER		
Cash Amount Given:		\$	200.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	6,368.
BAD CHECKS NOT COLLECTED		<u>1,200.</u>
CASH SHORT		627.

Client AME016

AMERICAN LEGION POST #16 IRVIN BLIX

41-0643326

5/05/10

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Statement 3 (continued)
Form 990-EZ, Part I, Line 16
Other Expenses

COLOR GUARD & MEMORIAL DAY EXP	\$	1,392.
Conferences, Conventions, and Meetings		6,433.
COST OF SALES		96,116.
CREDIT & COLLECTION FEES		60.
DANCE BANDS/ENTERTAINMENT		7,060.
Depreciation		19,224.
DUES & SUBSCRIPTIONS		120.
EQUIPMENT RENT		2,066.
FEDERAL UBI TAX		478.
FREIGHT		289.
Insurance		9,752.
Interest		2.
LAUNDRY & CLEANING		2,375.
LEGION AUXILLARY		750.
LEGION POST SUPPLIES		584.
LICENSES & BONDS		1,440.
MISCELLANEOUS		3,394.
Office Expenses		555.
OTHER SUPPLIES-CLUB		2,795.
STATE REGISTRATION FEES		25.
STATE UBI TAX		100.
TELEPHONE		840.
Travel		1,383.
UNIFORMS		1,025.
Total	\$	<u>166,453.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 3,186.	\$ 1,230.
Inventories	13,867.	21,555.
Machinery and Equipment	23,223.	20,774.
OVERPAYMENT RECEIVABLE	0.	41.
Prepaid Expenses and Deferred Charges	5,228.	5,064.
PRIZE INVENTORY	45.	15.
UNSOLD PULLTAB REFUND REC.	0.	2,716.
Total	\$ <u>45,549.</u>	\$ <u>51,395.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 3,830.	\$ 3,235.
FIRST NAT'L BANK-IMP. LOAN	390.	0.
Total	\$ <u>4,220.</u>	\$ <u>3,235.</u>

Client AME016

AMERICAN LEGION POST #16 IRVIN BLIX

41-0643326

5/05/10

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Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

THE LEGION IS A VETERAN'S ORGANIZATION THAT SERVES PAST AND PRESENT MEMBERS OF THE ARMED FORCES. CURRENTLY THERE 352 MEMBERS, BUT OTHER VETERANS IN THE AREA ARE ALSO SERVED BY THIS ORGANIZATION THROUGH VETERAN'S DAY, MEMORIAL DAY AND OTHER EVENTS HONORING/SERVING THE AREA'S VETERANS.

Statement 7
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

THE ORGANIZATION'S CHARITABLE GAMBLING FUND SUPPORTS VARIOUS LOCAL COMMUNITY ORGANIZATIONS WHICH SUPPORT THE AREA'S YOUTH AND RESIDENTS AND FUNDS SCHOLARSHIPS TO THE AREA'S COLLEGE STUDENT'S. SOME SCHOLARSHIPS ARE FUNDED BY THE GENERAL FUND OF THE ORGANIZATION ALSO.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization AMERICAN LEGION POST #16 IRVIN BLIX	Employer identification number 41-0643326
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions PO BOX 159	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BAGLEY, MN 56621	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● The books are in the care of ▶ RICHARD OLSON, PAUL NEILL

Telephone No ▶ 218-694-6125 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, 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 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year 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	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, 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).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICAN LEGION POST #16 IRVIN BLIX
	Number, street, and room or suite number. If a P.O. box, see instructions Lindhahl & Cage, Ltd. P.O. Box 358
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Bagley, MN 56621-0358
	Employer identification number 41-0643326
	For IRS use only

Check type of return to be filed (File a separate application for each return)

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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 care of **RICHARD OLSON, PAUL NEILL**
Telephone No **218-694-6125** 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

- I request an additional 3-month extension of time until 5/15, 20 10
- For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension The Organization is waiting for the receipt of the lawful gambling fund audit in order to have the information to file a complete and accurate return.

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 \$
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 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

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

Signature Debra Cage Title C.P.A. Date 2/5/10