

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1160

2008

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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.

A For the 2008 calendar year, or tax year beginning 4/01/08, and ending 3/31/09

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 Name of organization ACLU OF ARIZONA	D Employer identification number 86-0205157
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 17148	E Telephone number 602-650-1854
		City or town, state or country, and ZIP + 4 PHOENIX AZ 85011	F Group Exemption Number ▶

• 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: ▶ WWW.ACLUAZ.ORG

J Organization type (check only one) — 501(c) (4) ◀ (insert no.) | 4947(a)(1) or | 527

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

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 ▶ \$ **239,819**

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	233,514
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	6,305
	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) (attach sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	239,819	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	130,877
	13 Professional fees and other payments to independent contractors	13	3,800
	14 Occupancy, rent, utilities, and maintenance	14	15,614
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	68,889
17 Total expenses. Add lines 10 through 16	17	219,180	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,639
	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	387,775
	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	408,414

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	347,171	446,064
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	41,121	21,410
25 Total assets	388,292	467,474
26 Total liabilities (describe ▶ SEE STATEMENT 3)	517	59,060
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	387,775	408,414

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ AZ		
42a	The books are in care of ▶ THE CORPORATION Telephone no. ▶ 602-650-1854 P.O. BOX 17148 Located at ▶ PHOENIX, AZ ZIP + 4 ▶ 85011		
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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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.

- 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
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.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Includes a total row for 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. Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Includes a total row for other independent contractors each receiving over \$100,000.

Sign Here 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. Signature of officer, Date, Type or print name and title.

Paid Preparer's Use Only Preparer's signature: Randall Hawley, CPA; Date: 10-29-09; Check if self-employed; Preparer's identifying number: P00187891; Firm's name: WALKER & ARMSTRONG, LLP; address: 4000 N CENTRAL AVE STE 1100 PHOENIX, AZ 85012-1989; EIN: 86-0257194; Phone no.: 602-230-1040.

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

Name of the organization

Employer identification number

ACLU OF ARIZONA

86-0205157

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ACLU OF ARIZONA

Employer identification number

86-0205157

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED] P.O. BOX 17148 PHOENIX AZ 85011	\$ 53,958	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TRAVEL	4,937
INTEREST	763
PROFESSIONAL EDUCATION	186
RECRUITMENT	133
BOARD AND VOLUNTEER	2,455
PUBLIC EDUCATION FORUMS	3,118
MEMBERSHIP DEVELOPMENT	2,772
NEWSLETTER	21,204
LOBBYING AND LEGISLATIVE	10,075
OFFICE EXPENSE	4,615
TELEPHONE	4,988
INSURANCE	1,088
POSTAGE	2,593
MAINTENANCE AND REPAIRS	2,692
DUES AND SUBSCRIPTIONS	377
CONTRACT LABOR	5,893
EVENT EXPENSE	1,000
TOTAL	<u>\$ 68,889</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 2,612	\$ 546
DUE FROM FOUNDATION	20,442	
DUE FROM NATIONAL	12,155	14,650
COD - TED MOTE FUND	5,912	6,214
	<u>41,121</u>	<u>21,410</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 517	\$ 59,060
PAYABLE TO FOUNDATION	517	59,060
	<u>517</u>	<u>59,060</u>

Federal Statements**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

PUBLIC EDUCATION: THE ACLU OF ARIZONA CONDUCTS PUBLIC EDUCATION EVENTS ON PUBLIC POLICIES AND GOVERNMENT ACTIONS THAT THREATEN CIVIL LIBERTIES AND MOBILIZES MEMBERS AND SUPPORTERS TO TAKE ACTION ON CIVIL LIBERTIES ISSUES AFFECTING ARIZONANS. THE ORGANIZATION RECRUITED 122 NEW MEMBERS AS A RESULT OF TARGETED MEMBERSHIP OUTREACH ACTIVITIES. IN ADDITION, THE ACLU OF ARIZONA PRINTED 4 QUARTERLY NEWSLETTERS AND MAINTAINED A WEB SITE THAT ATTRACTED 306,787 HITS. ACLU OF ARIZONA STAFF MEMBERS PARTICIPATED IN 20 SPEAKING ENGAGEMENTS THROUGHOUT THE STATE TO RECRUIT NEW MEMBERS AND INFORM THE PUBLIC ABOUT GOVERNMENT POLICIES THAT VIOLATE CIVIL LIBERTIES.

Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description**

LEGISLATIVE ADVOCACY: THE ACLU OF ARIZONA LOBBIES ARIZONA LEGISLATORS AND MEMBERS OF LOCAL GOVERNMENT BODIES, INCLUDING CITY COUNCILS AND SCHOOL BOARDS, TO TAKE ACTION ON PUBLIC POLICIES THAT IMPACT CIVIL LIBERTIES. IT ALSO TAKES POSITIONS AND ACTIONS ON BALLOT MEASURES THAT IMPACT CIVIL LIBERTIES. LOBBYING ACTIVITIES INCLUDE REVIEWING AND ANALYZING PROPOSED LAWS, TESTIFYING AT PUBLIC HEARINGS, MEETING WITH LEGISLATORS OR LOCAL GOVERNMENT REPRESENTATIVES AND GRASSROOTS LOBBYING OF ITS MEMBERS AND OTHERS. DURING THE 2008 FISCAL YEAR, THE ACLU OF ARIZONA'S LOBBYING-RELATED ACTIVITIES INCLUDED APPEARING BEFORE 3 POLICY-MAKING BODIES AND SUBMITTING 5 WRITTEN RECOMMENDATIONS TO POLICYMAKING BODIES. DURING THE 2008 SESSION OF THE ARIZONA LEGISLATURE, THE ACLU OF ARIZONA TRACKED 39 BILLS, HELPED DRAFT TWO PRO-CIVIL LIBERTIES BILLS AND ASSISTED IN DEFEATING 5 BILLS THAT WOULD HAVE THREATENED CIVIL LIBERTIES.

86-0205157

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALBERTA TIPPECONNIC PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
ALESSANDRA SOLER MEETZE PO BOX 17148 PHOENIX, AZ 85011	EXEC DIR	40	69,204	25,789	0
ALICE BENDHEIM PO BOX 17148 PHOENIX, AZ 85011	VICE-PRESID.		0	0	0
BARBARA BUEDEL PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
BROOKE BOWMAN PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
CAROLE EDELSKY PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
CAROLYN SUGIYAMA CLASSEN PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
CAROLYN TROWBRIDGE PO BOX 17148 PHOENIX, AZ 85011	AT-LARGE		0	0	0
DAWN WYLAND PO BOX 17148 PHOENIX, AZ 85011	AT-LARGE		0	0	0
DR. MAQBOOL HALEPOTA PO BOX 17148	BOARD MEMBER		0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PHOENIX, AZ 85011					
ELIZABETH ENRIGHT PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
JERE HUMPHREYS PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
JUDITH MCDANIEL PO BOX 17148 PHOENIX, AZ 85011	SECRETARY		0	0	0
KEN JACUZZI PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
M. MUJAHID SALIM PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
MATT KORBECK PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
MICHAEL ELSNER PO BOX 17148 PHOENIX, AZ 85011	NATIONAL REP		0	0	0
MICHELLE STEINBERG PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
PATRICK CUNNINGHAM PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RAE RANDLEMAN PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
RIVKO KNOX PO BOX 17148 PHOENIX, AZ 85011	SECRETARY		0	0	0
RJ SHANNON PO BOX 17148 PHOENIX, AZ 85011	AA OFFICER		0	0	0
ROBERT MEITZ PO BOX 17148 PHOENIX, AZ 85011	PRESIDENT		0	0	0
ROBERT TINDALL PO BOX 17148 PHOENIX, AZ 85011	TREASURER		0	0	0
ROBERTO REVELES PO BOX 17148 PHOENIX, AZ 85011	VICE-PRESID.		0	0	0
SAM DAUGHERTY PO BOX 17148 PHOENIX, AZ 85011	VICE-PRESID.		0	0	0
SANDY SLATON PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
SETH APFEL PO BOX 17148 PHOENIX, AZ 85011	AT-LARGE		0	0	0
SONJA STUPEL PO BOX 17148	BOARD MEMBER		0	0	0

86-0205157

Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
PHOENIX, AZ 85011 STEVE LEE PO BOX 17148 PHOENIX, AZ 85011	GEN COUNSEL		0	0	0
TED DOWNING PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0
VICTOR PAWLAK PO BOX 17148 PHOENIX, AZ 85011	BOARD MEMBER		0	0	0

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 File by the due date for filing your return. See instructions.	Name of Exempt Organization AMERICAN CIVIL LIBERTIES UNION ACLU OF ARIZONA	Employer identification number 86-0205157
	Number, street, and room or suite no. If a P.O. box, see instructions. 77 EAST COLUMBUS AVENUE 205	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX AZ 85012	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶

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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **11/16/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year or
- ▶ tax year beginning **4/01/08**, and ending **3/31/09**.

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	\$
3b 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	\$
3c 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	\$

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.