

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2009

Department of the Treasury
Internal Revenue Service

For calendar year 2009 or other tax year beginning July 1st, 2009, and ending June 30th, 20 10 See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 3,861,363,138</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) American Nat'l Red Cross & Its Constituent Chapters & Branches</p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 2025 E Street, NW</p> <p>City or town, state, and ZIP code Washington, DC 20006-5009</p> <p>F Group exemption number (See instructions for Block F on page 9.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 53 : 0196605</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 812930 : 713200</p>
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H Describe the organization's primary unrelated business activity. ▶ **Debt-Financed Real Property**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **Brian Rhoa, CFO** Telephone number ▶ (**202**) **303-5707**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	(397,056)	(397,056)
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	6,246,581	17,871
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 10 of the instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	5,849,525	(379,185)

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		(379,185)
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		(379,185)
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		(379,185)

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
(2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34		35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See page 16 of the instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see page 16 of the instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	
44a Payments: A 2008 overpayment credited to 2009	44a		
b 2009 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f		
45 Total payments. Add lines 44a through 44f		45	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		49	

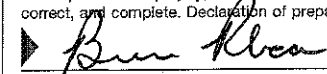
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

	Yes	No
1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE ATTACHED STATEMENT	✓	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1			6 Inventory at end of year	6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		0
3 Cost of labor	3			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b						
5 Total. Add lines 1 through 4b	5						


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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **4-5-11** **Chief Financial Officer**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature  Date **4/5/11** Check if self-employed Preparer's SSN or PTIN **P00451522**

Firm's name (or yours if self-employed), address, and ZIP code **KPMG LLP** EIN **13 5565207**

1676 International Drive, McLean, VA 22102-4848 Phone no. (**703**) **286-8000**

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	VARIOUS CHAPTER BUILDINGS & NHQ BUILDING	8,226,099	1,536,196	6,531,330
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)	89,686,824	112,800,788	79.51 %	6,246,581
(2)			%	
(3)			%	
(4)			%	
Totals ▶			6,246,581	6,228,710

Enter here and on page 1, Part I, line 7, column (A).
Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

American National Red Cross
 Year Ended June 30, 2010
 S Corp & Partnership Income

Part 1

Income:	S Corp K-1*	Partnerships K-1	TOTAL	
1. Ordinary Income from trade or business	4,383	(351,336)	(346,953)	
2. Net income from other rental activities	2,742	(48,334)	(45,592)	
3. Portfolio income - Interest	2,187	1,005,529	1,007,716	
4. Portfolio income - dividends	339	18,112	18,451	
5. Royalties	98	361	459	
6. net Short-term capital gain (loss)	-	11,244	11,244	
7. net Long-term capital gain (loss)	-	62,847	62,847	
8. Net Section 1231 gain (loss)	-	(70,153)	(70,153)	
9. Other income (loss)	-	54,173	54,173	
	9,749	682,443	692,192	
Deductions				
1. Section 179 deduction	-	378	378	
2. Other deductions	-	(1,137,353)	(1,137,353)	
3. Credits	-	-	-	
4. Other Information (line 20, K-1)	-	47,728	47,728	
Income from partnerships	9,749	(406,805)	(397,056)	Form 990-T, line 5
5a. Net short term capital gain (loss) (entire year)		-	-	
5b. Net long term capital gain (loss) (entire year)		-	-	
Capital gain net income		-	-	Form 990-T, line 4a and Schedule D
7. Charitable contributions		-	-	Form 990-T, line 20

*The West Palm Beach chapter's shareholders percentage of stock ownership in KTBS, Inc. for the tax year is 4.166667%.

American National Red Cross
Year Ended June 30, 2010
S Corporation and Partnership Income

Form 990-T, Part V, Line 1 - INTEREST IN FOREIGN COUNTRIES

COUNTRIES WHERE ORGANIZATION HAS AN INTEREST IN OR SIGNATURE OR OTHER AUTHORITY
OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY:

ALBANIA, PAKISTAN, BERMUDA, BRAZIL, CAMBODIA, INDIA, VIETNAM, INDONESIA, MALDIVES, SRI LANKA, THAILAND,
COLOMBIA, EL SALVADOR, ECUADOR, HAITI, HONDURAS, MEXICO, PERU, KENYA, SOUTH KOREA, TANZANIA

COUNTRIES OUTSIDE THE UNITED STATES WHERE THE ORGANIZATION MAINTAINED AN OFFICE:

COLOMBIA, HAITI, MEXICO, PERU, PAKISTAN, PANAMA, KAZAKHSTAN
INDIA, KENYA, SRI LANKA, INDONESIA, MALDIVES, THAILAND, AND TANZANIA.

Attachment A-2

Form 990-T
Part 1, line 5

American National Red Cross 53-0196605
West Palm Beach Chapter
West Palm Beach Chapter, Florida

Year Ended June 30, 2010

S Corporation Income

The West Palm Beach chapter's shareholders percentage of stock ownership in
KTBS, Inc. for the tax year is 4.16667%.

Attachment A-3

American National Red Cross
 Form 990-T -- Rental Income on Debt-Financed Property
 Fiscal Year Ending June 30, 2010

Form 990-T, Line 7 and Schedule E

(1) Description of debt financed property	(2) Gross Income from or allocable to debt financed property	(3) Deduction directly allocable to debt-financed property a) Straight Line Depreciation b) Other Deductions	(4) Ave. acquisition debt allocable to debt- financed property	(5) Average adj. basis allocable to debt-financed property	(6) Percent of Column 4 divided by Column 5	(7) Gross Income Reportable (Col. 2 x Col. 6)	(8) Allocable deductions (Columns 3a + 3b x Column 6)
Chapter building 1	\$35,042	\$9,749	\$50,000	\$320,157	15.62%	\$5,473	\$3,058
Chapter building 2	\$577,768	\$115,487	\$1,340,590	\$3,509,639	38.20%	\$220,692	\$145,288
Chapter building 3	\$43,255	\$6,312	\$44,500	\$129,823	34.28%	\$14,827	\$6,242
Chapter building 4	\$82,333	\$26,954	\$54,400	\$769,406	7.07%	\$5,821	\$5,303
Chapter building 5	\$47,815	\$8,449	\$36,739	\$161,474	22.75%	\$10,879	\$9,892
Chapter building 6	\$30,120	\$2,823	\$23,000	\$79,954	28.77%	\$8,664	\$8,930
Chapter building 7	\$210,559	\$31,870	\$374,500	\$858,537	43.62%	\$91,847	\$104,603
Chapter building 8	\$33,573	\$2,336	\$13,095	\$64,976	20.15%	\$6,766	\$4,461
NHQ	\$7,165,634	\$1,332,216	\$87,750,000	\$106,906,822	82.08%	\$5,881,611	\$5,940,931
TOTALS	\$8,226,099	\$1,536,196	\$89,686,824	\$112,800,788	79.51%	\$6,246,581	\$6,228,710

Attachment A-4

990-K's	AllisonBarrish Holding L.P.	Commensured Equity Partners V, LP	Commensured Capital Ventures Partners VI, LP	Commensured Resources Partners V, LP	Colorado Energy Company, LP	Cerberus Investment Partners LP (Series Two)	Drivestride Long Dated Value Fund III (B) LP	Endowment Venture Partners V	Fortress Investment Fund V (Fund B), LP	Fortress Investment Fund V (Fund B), LP	Grandfield Acquisition Partners V, LP	International Partners IV Partnership Fund	The HSH: AV 1 Trust	JCF III AV K, L.P.	Manhattan Real Estate International II, LP	National Gas Partners IX, LP	NCP Midstream & Resources, LP	Quadrangle LP 21 Capital Partners II LP	Summit Partners Private Equity LP	Venue Fund VIII, LP	Venue Fund LP	Total UBTI	
AC-5 Part III Accounts applicable to UBTI:																							
1. Ordinary Business Income																							
2. Rental Real Estate Income																							
3. Other Real Estate Income																							
4. Dividend Income																							
5. Interest Income																							
6a. Ordinary dividend income																							
6b. Qualified dividend																							
7. Royalties																							
8. Net Long-Term Capital Gain (Loss)																							
9a. Net Long-Term Capital Gain (Loss)																							
9b. Net Long-Term Capital Loss (Gain)																							
10. Net Short-Term Capital Gain (Loss)																							
11. Other Income																							
12. Section 179 Depreciation																							
13. Other deductions																							
14. Self-employment taxes (less credits)																							
15. Credits																							
16. Foreign taxes																							
17. AMT items																							
18. Tax-exempt income and deductions																							
19. Other information																							
Total UBTI	\$ 2,144.00	\$ 30,128.64	\$ 5,324.48	\$ 159,368.83	\$ 45,212.00	\$ 1,084.00	\$ 16,000.00	\$ 8,010.20	\$ 1,844.30	\$ 1,844.30	\$ 692.40	\$ 222,022.00	\$ 131.00	\$ 4,220.00	\$ 6,231.00	\$ 14,145.00	\$ 18,345.00	\$ 13,952.00	\$ 1,638.95	\$ 2,295.00	\$ 4.00	\$ 3,912.00	\$ 47,788.00

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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 <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization American National Red Cross & Its Constituent Chapters and Branches	Employer identification number 53 0196605
	Number, street, and room or suite no. If a P.O. box, see instructions. 2025 E STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006-5009	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 ▶ **FINANCIAL MANAGEMENT**

Telephone No. ▶ (202) 303-5852 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 May 15, 2011, 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 July 1, 2009, and ending June 30, 2010.

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.

- 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		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input 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 the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 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 _____

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 instructions.	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 ▶ Ben Rha Title ▶ CFO Date ▶ 10-13-10