

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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

**2007**  
**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning** , 2007, and ending , 20

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C Name of organization</b><br>BLACKWOOD THEATER ORGAN SOCIETY  | <b>D Employer identification number</b><br>25-1833591 |
|  |   | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>118 BLACKWOOD LANE | <b>E Telephone number</b><br>(412) 367-3239           |
|  |   | City or town, state or country, and ZIP + 4<br>HARRISVILLE, PA 16038  | <b>F Group Exemption Number</b><br>. . . ▶            |

• 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:** ▶

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

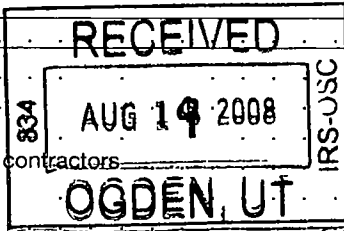
**J Organization type** (check only one)—  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**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 \$100,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 0

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |    | 1     | 17630  |
|------------|--|--|----|-------|--------|
|            | 2  | Program service revenue including government fees and contracts  |    | 2     | 9105   |
|            | 3  | Membership dues and assessments  |    | 3     | 0      |
|            | 4  | Investment income  |    | 4     | 6705   |
|            | 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 schedule)   | 5c |       | 0      |
|            | 6  | Special events and activities (attach schedule). 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   |    | 0     |        |
| 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   |    | 0     |        |
| 8          | Other revenue (describe ▶)   | 8  |    | 0     |        |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.                         | 9  |    | 33440 |        |
| Expenses   | 10   | Grants and similar amounts paid (attach schedule)  |    | 10    | 16500  |
|            | 11   | Benefits paid to or for members  |    | 11    | 0      |
|            | 12   | Salaries, other compensation, and employee benefits  |    | 12    | 0      |
|            | 13   | Professional fees and other payments to independent contractors  |    | 13    | 6811   |
|            | 14   | Occupancy, rent, utilities, and maintenance  |    | 14    | 2055   |
|            | 15   | Printing, publications, postage, and shipping  |    | 15    | 558    |
|            | 16   | Other expenses (describe ▶ CONCERT REFRESHMENTS, WEBSITE, OFFICE EXP)  | 16 |       | 1340   |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16   | 17 |       | 27264  |
| Net Assets | 18   | Excess or (deficit) for the year. Subtract line 17 from line 9   | 18 |       | 6176   |
|            | 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 |       | 135560 |
|            | 20   | Other changes in net assets or fund balances (attach explanation)  | 20 |       | 0      |
|            | 21   | <b>Net assets or fund balances at end of year</b> Combine lines 18 through 20  | 21 |       | 141736 |



### Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 135560                | 141736          |
| 23 Land and buildings   | 0                     | 0               |
| 24 Other assets (describe ▶)  | 0                     | 0               |
| 25 <b>Total assets</b>  | 135560                | 141736          |
| 26 <b>Total liabilities</b> (describe ▶)  | 0                     | 0               |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 135560                | 141736          |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

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| Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)   |  | Expenses  |
|--|--|---|
| What is the organization's primary exempt purpose? <u>Preserve theater pipe organ and silent films as art, scholarships to high school students</u>  |  | (Required for 501(c)(3) 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   | July 15 - Dave Wickerham from FLORIDA presented benefit concert for MAKE-A-WISH FDW. OVER 200 persons attended. Donations payable directly to MAKE-A-WISH. Refreshments (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>          | 28a 843   |
| 29   | SEPT 16 - Jim Riess, theater organist from CA accompanied Laurel and Hardy silent film "WRONG AGAIN." Over 90 persons attended. Refreshments. (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>                                    | 29a 850   |
| 30   | OCTOBER 14 - Scholarship dinner concert featuring Jelani Eddington and Chris Gorsuch (world-renowned theater organists.) 73 persons in attendance. Dinner catered by Tallulah's. (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a 7412  |
| 31   | Other program services (attach schedule) Auditions for scholarships - Recital at the FRICK. \$13000 in scholarships awarded to 5 students (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 31a 960<br>16500-   |
| 32   | Total program service expenses. Add lines 28a through 31a  | 32 26565  |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.) |  |  |   |  |
|--|--|--|---|--|
| (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 & deferred compensation | (E) Expense account and other allowances |
| Benjamin Robertson<br>118 Blackwood Ln, Harrisville, PA  | President<br>10 hrs/wk                                   | 0-                                       | 0-  | 0-                                       |
| Donald Fink<br>118 Blackwood Ln, Harrisville, PA   | Vice President<br>2 hrs/wk                               | 0-                                       | 0-  | 0-                                       |
| Marna Bodnar<br>139 Peters Dr, Glenshaw, PA  | Secretary<br>4 hrs/wk                                    | 0-                                       | 0-  | 0-                                       |
| Anna E. DIGBY<br>2428 Huntington Dr, Pittsburgh, PA  | Treasurer<br>7 hrs/wk                                    | 0-                                       | 0-  | 0-                                       |

| Part V Other Information (Note the statement requirement in General Instruction V.) |  |     | Yes | No |
|---|--|-----|-----|----|
| 33  | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change   | 33  |     | ✓  |
| 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   | 34  |     | ✓  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements?   | 35a |     | ✓  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b | NA  |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  | 36  |     | ✓  |
| 37a   | Enter amount of political expenditures, direct or indirect, as described in the instructions.  | 37a |     |    |
| b   | Did the organization file Form 1120-POL for this year?   | 37b |     | ✓  |
| 38a   | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                    | 38a |     | ✓  |
| b   | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved  | 38b | N/A |    |
| 39  | 501(c)(7) organizations. Enter.  |     |     |    |
| a   | Initiation fees and capital contributions included on line 9   | 39a | N/A |    |
| b   | Gross receipts, included on line 9, for public use of club facilities  | 39b | N/A |    |

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0; section 4912 0; section 4955 0
- b 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," attach an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
- d Enter amount of tax on line 40c reimbursed by the organization 0
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

|     | Yes | No                                  |
|-----|-----|-------------------------------------|
| 40b |     | <input checked="" type="checkbox"/> |
| 40e |     | <input checked="" type="checkbox"/> |

- 41 List the states with which a copy of this return is filed.
- 42a The books are in care of ANNA E. DIGBY Telephone no. (412) 835-8056  
 Located at 2428 HUNTINGTON DR PITTSBURGH, PA ZIP + 4 15241-2831

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_

|     | Yes | No                                  |
|-----|-----|-------------------------------------|
| 42b |     | <input checked="" type="checkbox"/> |
| 42c |     | <input checked="" type="checkbox"/> |

- 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

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

**Please Sign Here**  
 Signature of officer: Anna E. Digby Date: 8-15-2008  
 Type or print name and title: ANNA E. DIGBY

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

*BLACKWOOD THEATER ORGAN SOCIETY*

Employer identification number

*28-1833591*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (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 |
|---|--|------------------|---|--|
| <i>NONE</i>   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| <i>NONE</i>   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| <i>NONE</i>   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III** Statements About Activities (See page 2 of the instructions.)

|   | Yes | No |
|---|-----|----|
| <p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p> |     | ✓  |
| <p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p>  |     |    |
| <p><b>a</b> Sale, exchange, or leasing of property? . . . . .</p>   |     | ✓  |
| <p><b>b</b> Lending of money or other extension of credit? . . . . .</p>  |     | ✓  |
| <p><b>c</b> Furnishing of goods, services, or facilities? . . . . .</p>   |     | ✓  |
| <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .</p>   |     | ✓  |
| <p><b>e</b> Transfer of any part of its income or assets? . . . . .</p>   |     | ✓  |
| <p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) . . . . .</p>   | ✓   |    |
| <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .</p>  |     | ✓  |
| <p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .</p>  |     | ✓  |
| <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .</p>   |     | ✓  |
| <p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .</p>   |     | ✓  |
| <p><b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .</p>   |     | ✓  |
| <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>  |     | ✓  |
| <p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► <u>0</u></p>   |     |    |
| <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► <u>0</u></p>   |     |    |
| <p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► <u>0</u></p>   |     |    |
| <p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► <u>0</u></p>   |     |    |

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization.
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions )

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b>                                |   |  |   |    |                          |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28).   | 10490    | 8219     | 7430     | 6860     | 32999     |
| 16 Membership fees received  | 0        | 0        | 0        | 0        | 0         |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   | 6605     | 4271     | 4215     | 5215     | 20306     |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 5135     | 5378     | 4420     | 4171     | 19104     |
| 19 Net income from unrelated business activities not included in line 18   | 0        | 0        | 0        | 0        | 0         |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  | 0        | 0        | 0        | 0        | 0         |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge  | 0        | 0        | 0        | 0        | 0         |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  | 0        | 0        | 0        | 0        | 0         |
| 23 Total of lines 15 through 22  | 22230    | 17868    | 16065    | 16246    | 72409     |
| 24 Line 23 minus line 17   | 15625    | 13597    | 11850    | 11031    | 52103     |
| 25 Enter 1% of line 23   | 222.30   | 178.68   | 160.65   | 162.46   |           |

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24. ▶

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶

e Public support (line 26c minus line 26d total) ▶

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) 1425 (2005) 1380 (2004) 1790 (2003) 1980

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) 0 (2005) 0 (2004) 0 (2003) 0

c Add Amounts from column (e) for lines 15 32999 16 0 17 20306 20 0 21 0 ▶

d Add Line 27a total 6575 and line 27b total 0 ▶

e Public support (line 27c total minus line 27d total) ▶

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶ 27f 72409

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 64.54%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27h 26.38%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

|  | Yes | No |
|--|-----|----|
| <b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  |     |    |
| <b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   |     |    |
| <b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement ) |     |    |
| -----  |     |    |
| -----  |     |    |
| <b>32</b> Does the organization maintain the following   |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?   |     |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   |     |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   |     |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  |     |    |
| If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  |     |    |
| -----  |     |    |
| -----  |     |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to:   |     |    |
| <b>a</b> Students' rights or privileges?   |     |    |
| <b>b</b> Admissions policies?  |     |    |
| <b>c</b> Employment of faculty or administrative staff?  |     |    |
| <b>d</b> Scholarships or other financial assistance?   |     |    |
| <b>e</b> Educational policies?   |     |    |
| <b>f</b> Use of facilities?  |     |    |
| <b>g</b> Athletic programs?  |     |    |
| <b>h</b> Other extracurricular activities?   |     |    |
| If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )   |     |    |
| -----  |     |    |
| -----  |     |    |
| <b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?   |     |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement  |     |    |
| <b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply.

*N/A*

| <b>Limits on Lobbying Expenditures</b>                    |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred ) |   |                                   |   |
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying)   | <b>36</b>                         |   |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying)   | <b>37</b>                         |   |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37)   | <b>38</b>                         |   |
| <b>39</b>   | Other exempt purpose expenditures   | <b>39</b>                         |   |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39)   | <b>40</b>                         |   |
| <b>41</b>   | Lobbying nontaxable amount Enter the amount from the following table—<br>If the amount on line 40 is— The lobbying nontaxable amount is—<br>Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .<br>Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000<br>Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000<br>Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000<br>Over \$17,000,000 . . . . . \$1,000,000 . . . . . | <b>41</b>                         |   |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41)   | <b>42</b>                         |   |
| <b>43</b>   | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36   | <b>43</b>                         |   |
| <b>44</b>   | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38   | <b>44</b>                         |   |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 13 of the instructions)

*N/A*

| Calendar year (or fiscal year beginning in) ▶            | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2007  | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures               |  |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Volunteers  |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)  |     |    |        |
| <b>c</b> Media advertisements  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  |     |    |        |
| <b>i</b> Total lobbying expenditures (Add lines c through h.)  |     |    |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



BLACKWOOD THEATER ORGAN SOCIETY EIN25-1833591

Form 990 year 2007

SCHEDULE A – PART III – 3A

Scholarships are awarded to high school students intending to pursue a career in music performance.

Application forms are available on the website and are mailed to all high school music educators in Western Pennsylvania. Posters are displayed in public libraries.

When the applications are received, they are reviewed by a scholarship screening committee and those determined to be most qualified are asked to appear on a date specified in the application, for a personal interview and audition before a panel of professional musicians of the Pittsburgh Symphony Orchestra. Scholarship winners are selected after the auditions.

Before a check is issued, the awardee must be accepted and enrolled as a music major in a non-profit 501(c)(3) educational institution, and the check is made payable jointly to the scholarship recipient and the educational institution. If within one year of the date of the grant the recipient changes his/her college major to the effect that a career in music will not be pursued, the amount of the scholarship must be returned to the Scholarship Fund of the Blackwood Theater Organ Society.

Blackwood Theater Organ Society – EIN 25-1833591

SCHOLARSHIP AWARDS FOR YEAR 2007

Francesca Martin (Duquesne University) \$3500.00  
(2006 scholarship paid in 2007)  
301 Woodridge Drive  
Wintersville, OH 43953

Peter Williams (Bowling Green College of Musical Arts) \$2000.00  
3770 County Road 26  
Wintersville, OH 43953

Jessica McCafferty (Cincinnati University) \$2000.00  
6159 Brown Road  
Butler, PA 16002

Zachary Zinger (Berklee College of Music) \$2500.00  
14 Oak Drive  
Leetsdale, PA 15056

Colin Brookes (Julliard) \$3000.00  
51 Lebanon Hills Drive  
Pittsburgh, PA 15228

Matthew Feczko (Colburn School Conservatory of Music) \$3500.00  
3585 School Road  
Murrysville, PA 15668

## 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).

Section 501(c) corporations 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 section 501(c) corporations 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

|   |   |   |
|---|---|---|
| <b>Type or print</b>  | Name of Exempt Organization<br><b>BLACKWOOD THEATER ORGAN SOCIETY</b>   | Employer identification number<br><b>25 1833591</b> |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>118 BLACKWOOD LANE</b>                      |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>HARRISVILLE, PA 16038</b> |   |

**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 (sec. 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 ▶ **ANNA E. DIGBY, 2428 HUNTINGTON DR, PITTSBURGH, PA**

Telephone No. ▶ **(412) 835-8056** 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 section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶  calendar year 20**07** or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |
|---|-----------|----|
| <b>3a</b> 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   | <b>3a</b> | \$ |
| <b>b</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.   | <b>3b</b> | \$ |
| <b>c Balance Due.</b> 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 | <b>3c</b> | \$ |

**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.** You must file original and one copy.

|   |   |                                |
|---|---|--------------------------------|
| Type or print<br><br>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):

- Form 990
- Form 990-PF
- Form 1041-A
- Form 6069
- Form 990-BL
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 4720
- Form 8870
- Form 990-EZ
- Form 990-T (trust other than above)
- 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |           |    |
|--|-----------|----|
| <b>8a</b> 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.   | <b>8a</b> | \$ |
| <b>b</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. | <b>8b</b> | \$ |
| <b>c Balance Due.</b> 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.              | <b>8c</b> | \$ |

**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 *Anna E. Nigby* Title Treasurer Date 5-12-2008

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

|               |   |
|---------------|---|
| Type or print | Name  |
|               | Number and street (include suite, room, or apt. no.) or a P.O. box number   |
|               | City or town, province or state, and country (including postal or ZIP code) |

### 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).

Section 501(c) corporations 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 section 501(c) corporations 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-B, 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|   |  |   |
|---|--|---|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>BLACKWOOD THEATER ORGAN SOCIETY</b>  | Employer identification number<br><b>25 1833591</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>118 BLACKWOOD LANE</b>                       |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HARRISVILLE, PA 16038</b> |   |

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 (sec. 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 ▶ **ANNA E. DIGBY, 2428 HUNTINGTON DR, PITTSBURGH, PA**

Telephone No. ▶ **(412) 835-8056** 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 section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2007, or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |    |
|---|----|
| <b>3a</b> 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.  | \$ |
| <b>b</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.   | \$ |
| <b>c Balance Due.</b> 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. | \$ |

**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.

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**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

|  |  |                                |
|--|--|--------------------------------|
| Type or print<br><br>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 FIS 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.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_
- 6 If this tax year 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 \_\_\_\_\_

|  |              |
|--|--------------|
| <b>8a</b> 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.   | <b>8a</b> \$ |
| <b>b</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. | <b>8b</b> \$ |
| <b>c Balance Due.</b> 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.              | <b>8c</b> \$ |

**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 *Anna E. Nigley* Title Treasurer Date 5-12-2008

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

|               |   |
|---------------|---|
| Type or print | Name  |
|               | Number and street (include suite, room, or apt. no.) or a P.O. box number   |
|               | City or town, province or state, and country (including postal or ZIP code) |