

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. 1545-1150

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 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: FRIENDS OF LAS VEGAS METROPOLITAN. D Employer identification number: 88-0429730. E Telephone number: (702) 873-8340. F Group Exemption Number.

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: www.LVMPDFFOUNDATION.ORG. J Organization type (check only one) -- [X] 501(c)(3) (insert no.) 4947(a)(1) or 527. H Check [] if organization is not required to attach Sch. 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, 8b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 167,154

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

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Total revenue: 167,154. Total expenses: 352,099. Net assets at end of year: 232,626.

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

Table with 7 rows and 3 columns: Description, (A) Beginning of year, (B) End of year. Total assets: 416,571. Total liabilities: 0. Net assets or fund balances: 416,571.

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form 990-EZ (2008)

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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?		X
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 instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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?	38a	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	40b	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	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The books are in care of	See attachment #7	
	Located at	Telephone no	
		ZIP + 4	
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)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions 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.?	42c	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 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	44	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	45	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.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | X |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

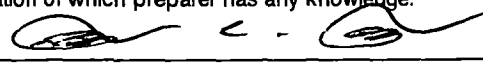
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				


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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Sign Here


06/15/09
 Signature of officer Date
 PAUL C. PAGE TREASURER, DIRECTOR
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature 	Date 6/11/09	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See instr)
	Firm's name (or yours if self-employed), address, and ZIP+4	BERT PURDY & ASSOCIATES INC 2300 SOUTH JONES BLVD		EIN ▶ Phone no. ▶ 702-873-8340

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

Name of the organization

FRIENDS OF LAS VEGAS METROPOLITAN

Employer identification number

88-0429730

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the organizations the organization supports.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	191,372	217,112	495,326	393,921		1,297,731
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				39,110		39,110
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	191,372	217,112	495,326	433,031		1,336,841
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						1,336,841

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	191,372	217,112	495,326	433,031		1,336,841
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5,136			5,136
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			5,136			5,136
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						1,341,977

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.6200 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.4200 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.3800 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.5800 %

19a 33 1/3 % support tests -- 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests -- 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2008, or tax year period beginning and ending			
Name of Organization		Employer Identification Number			
FRIENDS OF LAS VEGAS METROPOLITAN		88-0429730			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
MEMORIAL STATUE EXPENSE		176,288			
SEMINARS/TRAININGS		96,135			
CLASSES, SEMINARS AND PROGRAMS		57,470			
SANTA COPS PROGRAM					
		329,893			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		176,288			
		57,470			
		96,135			
	Total	329,893			

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN		Employer Identification Number 88-0429730

Description of Other Expenses	Amount
REFUND	4,753
RETURNED CHECKS	284
<hr/>	
Total	5,037

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN	Employer Identification Number 88-0429730	

Primary Purpose

SUPPORT FOR LAS VEGAS METROPOLITAN POLICE DEPARTMENT

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN		Employer Identification Number 88-0429730
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 176,288
Exempt Purpose Achievements		
POLICE MEMORIAL - SEE ATTACHED STATEMENT		

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN		Employer Identification Number 88-0429730
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 96,135
Exempt Purpose Achievements		
SEMINARS/TRAINING-SEE ATTACHED STATEMENT		

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning		, and ending	
Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN			Employer Identification Number 88-0429730	
Part III - Statement of Program Service Accomplishments				
Grants and allocations	Amount includes foreign grants	Program service expenses	57,470	
Exempt Purpose Achievements				

POLICE FOUNDATION-SEE ATTACHED STATEMENT

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning , and ending			
Name of Organization				Employer Identification Number
FRIENDS OF LAS VEGAS METROPOLITAN				88-0429730
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
MIKE MCCLARY 3940 W TROPICANA Las Vegas, NV 89103	PRESIDENT/DIR 3.00	0	0	0
PAUL C PAGE 3940 W TROPICANA Las Vegas, NV 89103	TREASURER/DIR 3.00	0	0	0
TRACY LANG 3940 W TROPICANA Las Vegas, NV 89103	SECRETARY/DIR 3.00	0	0	0
SIG ROGICH 3940 W TROPICANA Las Vegas, NV 89103	DIRECTOR	0	0	0
GEORGE KELESIS 3940 W TROPICANA Las Vegas, NV 89103	DIRECTOR	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2008 or tax period beginning , and ending

Name of Organization FRIENDS OF LAS VEGAS METROPOLITAN Employer Identification Number 88-0429730

Part V - Line 42a

Individual Name GEORGE KELESIS

or Business Name:

Street Address 400 S FOURTH ST THIRD FLOOR

U S Address:

Zip code 89101 City LAS VEGAS State NV

Foreign Address

City

Province or State

Country

Postal code

Phone Number (702) 737-7702

Fax Number

Police Memorial:

Until recently there has been no local police memorial within Southern Nevada. Several years ago when Bill Young was still sheriff the idea was floated to create a local police memorial located in Southern Nevada that would include all of the officers within the state killed in the line of duty. The police memorial is located on the grounds of the LVMPD police academy.

Las Vegas Valley police chiefs and public officials dedicated to the fallen officers a towering memorial at Police Memorial Park, 3250 Metro Academy Way near Cheyenne Avenue and the Las Vegas Beltway. Inside a vault in the base of the memorial are 44 bolts, two for each of the officers who have died, including FBI Agent John Bailey in 1990 and Nevada Highway Patrol trooper Robert McGuire in 1961. Two more bolts for Officer Manor's who was recently killed in a tragic traffic accident, have yet to be included. The bolts are engraved with each officer's initials and their date of death.

The memorial features three towers representing federal, state and local law enforcement. A silver eagle clutches a shield in its talons. A "thin blue line" marks the base. Local artist Adolfo Gonzalez said he presented several ideas to officials and they liked the current design best. "They didn't want to see any more pieces of someone down. They wanted something different," the 44-year-old artist said. "It's a very big honor," he said. On the front of the memorial is a plaque noting the artist and the date of the dedication? It reads: "It is not how they died that we remember them. It is how they lived their lives."

The memorial is dedicated to all the officers that have made the ultimate sacrifice by giving their lives in the performance of their duty. Any local, state, or federal law enforcement officer in state would be eligible to be included if they were killed in the line of duty. There are over 4,000 officers in the state of Nevada.

Seminars/Training:

The Friends of LMVPD Police Foundation assists with various seminars within the LVMPD including Special Weapons and Tactics (SWAT) which hosts SWAT teams from across the country to train on the latest tactics and techniques. The training is hosted locally at the LVMPD range which includes a competition for the best SWAT team. The LVMPD Gang Unit hosts a training seminar locally for officers and gang officers from across the country to discuss the latest updates regarding the various gangs including graffiti, tattoos, as well as the various crimes committed by gang members. Locally with the Las Vegas valley there are over 5,000 gang members and associates gang members. The LVMPD vice Section hosts a Vice seminar locally which enables vice detectives across the country come to the Mecca for vice activates to discuss and exchange ideas on how to combat this growing problem that appears to affect younger and younger girls. The seminar includes experts in the field of vice including many individuals with many years of experience.

Police Foundation:

The Friends of LVMPD Police Foundation assists various department employees and sections with items that they are unable to purchase thru the normal budget process. Throughout the year there are numerous demands that are placed on our employees who are unable to utilize the normal budget processes to accomplish our mission and they reach out to the foundation to assist with their worthy projects. Currently the LVMPD has approximately 5,500 employees who would be eligible to participate with the foundation and obtain funding with board approval depending on their needs and what type of project. The police foundation board is comprised of three police managers including two senior managers as well as two local community members familiar with the LVMPD and our mission.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

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

Type or print	Name of Exempt Organization FRIENDS OF LAS VEGAS METROPOLITAN	Employer Identification number 88-0429730
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. 400 S. 4TH. ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Las Vegas NV 89101	

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 ▶ See attachment #7

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 AUGUST 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 08 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

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.