Form 990-EZ
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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning NOVEMBER 1, 2010, and ending OCTOBER 31, 2011

B Check if applicable
□ Address change
□ Name change
□ Initial return
□ Terminated
□ Amended return
□ Application pending

C Name of organization
LIFE AND MARRIAGE MOVEMENT, INC.

D Employer identification number
20-8824096

E Telephone number
513-300-3227

F Group Exemption Number

G Accounting Method: □ Cash □ Accrual □ Other (specify) □

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

J Tax-exempt status (check only one) — □ 501(c)(3) □ 501(c) (4 ) □ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

$ 4,077

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

4,077

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

23,924

18 Excess or (deficit) for the year (Subtract line 9 from line 17)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

69,337

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I Form 990-EZ (2010)
**Part II** Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>89,184</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>89,184</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>89,184</td>
</tr>
</tbody>
</table>

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III

**What is the organization's primary exempt purpose?**
PLEASE SEE SCHEDULE O

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, and other relevant information for each program title.

28 **ENGAGED IN PRO-LIFE AND OTHER COMMUNICATIONS PRIMARILY THROUGH A GRANT MADE TO AN ORGANIZATION WITH A SIMILAR ORGANIZATIONAL PHILOSOPHY AND GOALS.**

(Grants $ 20,000) If this amount includes foreign grants, check here ▶☐ 28a 23,924

29

(Grants $ ) If this amount includes foreign grants, check here ▶☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here ▶☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ▶☐ 31a

32 **Total program service expenses (add lines 28a through 31a)** ▶☐ 32

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOUGLAS ROBINSON</td>
<td>PRESIDENT, .1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ORGANIZATION'S ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN T. LIND</td>
<td>TREASURER, .4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ORGANIZATION'S ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V  Other Information

Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.

Yes   No
33   ✓

34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).

Yes   No
34   ✓

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, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Yes   No
35a   ✓

b If “Yes,” has it filed a tax return on Form 990-T for this year (see instructions)?

Yes   No
35b   ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N.

Yes   No
36   ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

Yes   No
37a   0

b Did the organization file Form 1120-POL for this year?

Yes   No
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 outstanding at the end of the tax year covered by this return?

Yes   No
38a   ✓

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

Yes   No
39a

b Gross receipts, included on line 9, for public use of club facilities

Yes   No
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I.

Yes   No
40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

Yes   No
40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

Yes   No
40d

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.

Yes   No
40e

41 List the states with which a copy of this return is filed. ▶  NONE

42a The organization’s books are in care of ▶  JOHN T. LIND, TREASURER Telephone no. ▶  513-300-3227

Located at ▶  ORGANIZATION'S ADDRESS ZIP + 4 ▶  45254-0984

Yes   No
42b   ✓

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)?

Yes   No
42c   ✓

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.

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.

Yes   No
43

44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

Yes   No
44a   ✓

b Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

Yes   No
44b   ✓

c Did the organization receive any payments for indoor tanning services during the year?

Yes   No
44c   ✓

d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

Yes   No
44d

Form 990-EZ (2010)
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

- Yes [45A]  
- No

Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

- Yes [45A]

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

- Yes [46]

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- No

Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

- Yes [47]

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- Yes [48]

Did the organization make any transfers to an exempt non-charitable related organization?

- Yes [49A]

If "Yes," was the related organization a section 527 organization?

- Yes [49B]

Complete this table for the organization’s 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."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
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</tbody>
</table>

Total number of other employees paid over $100,000

- No

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

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

- Yes [52A]

Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

- Yes [52A]

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

**Sign Here**

Signature of officer: John T. Lind, Treasurer  
Date: 9-2-2012

**Paid Preparer Use Only**

Firm's name:  
Preparer's signature:  
Date:  
Check if self-employed:  
PTIN:  
Firm's address:  
Firm's EIN:  
Phone no:  

May the IRS discuss this return with the preparer shown above? See instructions

- Yes [53A]  
- No
PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

A $20,000 GRANT WAS MADE TO COMMON SENSE ISSUES, INC., 8190-A BEECHMONT AVENUE #103, CINCINNATI, OH 45255. THE FUNDS WERE USED BY THE ORGANIZATION FOR COMMUNICATIONS, WEBSITE, AND ADMINISTRATIVE EXPENSES.

PART I, LINE 16, OTHER EXPENSES:

BANK FEES $31

DELAWARE FEE $25

TOTAL OTHER EXPENSES $56

PART II, LINE 24, OTHER ASSETS:

LOAN RECEIVABLE FROM CONSTITUTIONAL CONGRESS, INC., AN INTERNAL REVENUE CODE SECTION 501(C)(3) ORGANIZATION

PART III, ORGANIZATION'S PRIMARY EXEMPT PURPOSE:

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENCOURAGE AMERICAN CITIZENS TO BECOME INVOLVED IN THE PUBLIC POLICY PROCESS IN THE UNITED STATES THROUGH LEGISLATIVE AND GOVERNMENTAL AFFAIRS EFFORTS

PART V, OTHER INFORMATION, LINE 34-NAMME CHANGE:

ON JANUARY 20, 2012, THE ORGANIZATION CHANGED ITS NAME FROM COMMON SENSE ISSUES COALITION, INC. TO LIFE AND MARRIAGE MOVEMENT, INC. A COPY OF THE CERTIFICATE OF AMENDMENT FILED WITH THE DELAWARE SECRETARY OF STATE IS ATTACHED.
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COMMON SENSE ISSUES COALITION, INC." CHANGING ITS NAME FROM "COMMON SENSE ISSUES COALITION, INC." TO "LIFE AND MARRIAGE MOVEMENT, INC." FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2012, AT 8:46 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.
STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
COMMON SENSE ISSUES COALITION, INC.

The corporation, Common Sense Issues Coalition, Inc., organized and existing under the laws of the State of Delaware, hereby certifies as follows:

(1) That the Board of Directors of the corporation adopted a resolution proposing and declaring advisable the following amendment to the Certificate of Incorporation as follows:

FIRST: The name of the corporation is: Life and Marriage Movement, Inc.

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this 20th day of January, 2012.

By: ____________________________
Name: Douglas Buell Richardson
Authorized Officer
**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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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**.

### 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.**

**Enter filer’s identifying number, see instructions**

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>01</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**Enter the Return code for the return that this application is for (file a separate application for each return).**

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 BL</td>
<td>110</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>110</td>
</tr>
</tbody>
</table>

**Telephone No.**

513-300-3227

**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.

- The books are in the care of:

  [JOHN LIND, TREASURER](#)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <strong>JUNE 15, 2012</strong>, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If the tax year entered in line 1 is for less than 12 months, check reason:</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.</td>
<td></td>
</tr>
</tbody>
</table>

**Caution:** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0 and Form 8879-E0 for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**
**Form 8868 (Rev. 1-2012)**

- 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).

**Enter filer's identifying number, see instructions**

**Type or print**

- Name of exempt organization or other filer, see instructions.
- Employer identification number (EIN) or
- LIFE AND MARRIAGE MOVEMENT, INC.
- 20-8824096
- Number, street, and room or suite no. If a P.O. box, see instructions
- Social security number (SSN)
- P.O. BOX 54984
- City, town or post office, state, and ZIP code. For a foreign address, see instructions.
- CINCINNATI, OHIO 45254-0984

Enter the Return code for the return that this application is for (file a separate application for each return).

<table>
<thead>
<tr>
<th>Application Is For</th>
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<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 **JOHN LIND, TREASURER**
- Telephone No. **513-300-3277**
- 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 **SEPTEMBER 17**, 2012.

5 For calendar year **NOVEMBER 1**, 2010, and ending **OCTOBER 31**, 2011.

6 If the tax year entered in line 5 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 **ADDITIONAL TIME IS REQUIRED TO OBTAIN ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **8a $**

8b 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 $**

8c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **8c $**

**Signature and Verification must be completed for Part II only.**

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**

**Title**  
**Date** 6-13-2012