

**Short Form  
Return of Organization Exempt From Income Tax**

**1990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year  
**Note:** You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1990, or fiscal year beginning \_\_\_\_\_, 1990, and ending \_\_\_\_\_, 19

Use IRS label. Otherwise, please print or type.	IQ 59-2914025 9012 18 03 16 3 ROTARY CLUB OF GAINESVILLE FOUNDATION INC 211 NE FIRST ST GAINESVILLE FL 32601	I B R S	A Employer identification number (see instruction R2) 59-2914025 B State registration number(s) (see instruction E) C If application for exemption is pending, check here <input type="checkbox"/>
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D Check type of organization—Exempt under section  501(c) ( ) (insert number), OR  section 4947(a)(1) trust (see instruction C7 and question 42)

E Accounting method:  Cash  Accrual  Other (specify) ▶

F Check here  if your gross receipts are normally not more than \$25,000. You need not file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instructions A4 and B11). Some states require a completed return.

G Enter your 1990 gross receipts (add lines 5b, 6b, 7b, and 9) . . . . . ▶ \$ 54,706.  
If \$100,000 or more, you must file Form 990 instead of Form 990EZ.

**Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received (attach schedule—see instructions)	1	44,487		
	2 Program service revenue	2	-0-		
	3 Membership dues and assessments (see instructions)	3	-0-		
	4 Investment income	4	163		
	5a Gross amount from sale of assets other than inventory	5a	-0-		
	b Less: cost or other basis and sales expenses	5b	-0-		
	c Gain or (loss) (line 5a less line 5b) (attach schedule)	5c	-0-		
	<b>Expenses</b>	6 Special events and activities (attach schedule—see instructions):			
		a Gross revenue (not including \$ <u>38,232</u> of contributions reported on line 1)	6a	9,560	
b Less: direct expenses		6b	10,061		
c Net income or (loss) (line 6a less line 6b)		6c	(501)		
7a Gross sales less returns and allowances		7a	496		
b Less: cost of goods sold		7b	164		
c Gross profit or (loss) (line 7a less line 7b)	7c	332			
8 Other revenue (describe ▶ _____)	8	-0-			
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	44,481			
<b>Net Assets</b>	10 Grants and similar amounts paid (attach schedule)	10	14,500		
	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	-0-		
	14 Occupancy, rent, utilities, and maintenance	14	2,524		
	15 Printing, publications, postage, and shipping	15	351		
	16 Other expenses (describe ▶ <u>see attached Exhibit 1, line 16</u> )	16	1,659		
17 <b>Total expenses</b> (add lines 10 through 16)	17	19,034			
18 Excess or (deficit) for the year (line 9 less line 17)	18	25,447			
<b>Balance Sheets</b>	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	16,390		
	20 Other changes in net assets or fund balances (attach explanation)	20	-0-		
	21 Net assets or fund balances at end of year (combine lines 18 through 20) (must agree with line 27, column (B))	21	41,837		

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

			(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	16,390	41,837	
23 Land and buildings	23	-0-	-0-	
24 Other assets (describe ▶ _____)	24	-0-	-0-	
25 <b>Total assets</b>	25	16,390	41,837	
26 <b>Total liabilities</b> (describe ▶ _____)	26	-0-	-0-	
27 <b>Net assets or fund balances</b> (Column (B) must agree with line 21.)	27	16,390	41,837	

**Part III Statement of Program Service Accomplishments**—(See instructions.)

**Expenses**  
Required for section 501(c)(3) and (4) organizations; optional for others.

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

Provided grant to Mental Health Services of Alachua County, Inc. to aid in construction of half-way house for former drug abusers, 15 bed unit. A 501(c)(3) organization (Grants \$ 12,000.00 )	00
Provided grant to Another Way, Inc. to aid abused women make new start. Funds used to renovate a home in High Springs, FLA to house up to 4 families - a 501(c)(3) organization (Grants \$ 2,560 )	00
Other program services (attach schedule) . . . . . (Grants \$ )	
<b>Total program service expenses</b> (add lines 28 through 31) . . . . . ▶	

**Part IV List of Officers, Directors, and Trustees** (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Please see list attached				

**Part V Other Information**—Section 501(c)(3) organizations and section 4947(a)(1) charitable trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

	Yes	No
Did the organization engage in any activity not previously reported to the Internal Revenue Service? . . . . . If "Yes," attach a detailed description of each activity.		X
Were any changes made to the organizing or governing documents, but not reported to IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
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.		X
a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		X
Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) . . . . . If "Yes," attach a statement as described in the instructions.		X
a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   — 0 —		X
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? . . . . .		X
a Did you borrow from or make any loans to any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b If "Yes," attach the schedule specified in the instructions and enter the amount involved . . . . . 38b		X
Section 501(c)(7) organizations.—Enter:		X
a Initiation fees and capital contributions included on line 9 . . . . . 39a   — 0 —		X
b Gross receipts, included on line 9, for public use of club facilities (see instructions) . . . . . 39b   — 0 —		X
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (see instructions) . . . . .		X
List the states with which a copy of this return is filed. ▶		
The books are in care of ▶ F. Wesley Eubank Telephone no. ▶ 904 338-3337		
Located at ▶ P.O. Box 1112 Gainesville FL 32602-1112		
Section 4947(a)(1) charitable trusts filing Form 990EZ in lieu of Form 1041, U.S. Fiduciary Income Tax Return.—Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 42		

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

Signature of officer: F. Wesley Eubank Date: 6/5/91 Title: Treasurer

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed) and address: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust  
Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

**1990**

Name Rotary Club of Gainesville Foundation, Inc. Employer identification number 59-2914025

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

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$30,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Persons for Professional Services**  
(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$30,000 for professional services . . . . . ▶	<u>0</u>	

**Part III Statements About Activities**

	Yes (1)	No (2)
1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ _____		
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		
2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property? . . . . .		<input checked="" type="checkbox"/>
b Lending of money or other extension of credit? . . . . .		<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities? . . . . .		<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		<input checked="" type="checkbox"/>
e Transfer of any part of your income or assets? . . . . .		<input checked="" type="checkbox"/>
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Do you make grants for scholarships, fellowships, student loans, etc.?		<input checked="" type="checkbox"/>
4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See instructions for definitions.)

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, page 3.)
- 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 name, city, and state of hospital** ▶ .....
- 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 Support Schedule.)
- 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 Support Schedule.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12  An organization that normally receives: (a) no more than 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, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) boxes 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

**Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.**

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1989	1988	1987	1986	Total
5 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	6,235	1,000	N/A	N/A	7,235
6 Membership fees received . . . . .	0	0			
7 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . .	48,608	40,055			88,663
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	163	0			163
9 Net income from unrelated business activities not included in line 18 . . . . .	0	0			
10 Tax revenues levied for your benefit and either paid to you or expended on your behalf . . . . .	0	0			
11 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .	0	0			
12 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets . . . . .	0	0			
13 Total of lines 15 through 22 . . . . .	55,006	41,055			96,061
14 Line 23 minus line 17 . . . . .	6,398	1,000			7,398
15 Enter 1% of line 23 . . . . .	550	411			

- 16 Organizations described in box 10 or 11:
  - a Enter 2% of amount in column (e), line 24 . . . . .
  - b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1986 through 1989 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶

**Part IV Support Schedule** (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:  
 (1989) 0 (1988) 0 (1987) N/A (1986) N/A

b Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:  
 (1989) NONE (1988) NONE (1987) N/A (1986) N/A

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

**Part V Private School Questionnaire**  
 (To be completed ONLY by schools that checked box 6 in Part IV)

	Yes (1)	No (2)
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance? (See instructions.)		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35 Do you certify that you have 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. (See instructions for Part V.)		

**Part VI Lobbying Expenditures by Public Charities** (see instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here  **a** If the organization belongs to an affiliated group (see instructions).  
 Check here  **b** If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
6 Total (grassroots) lobbying expenses to influence public opinion . . . . .	36		
7 Total lobbying expenses to influence a legislative body . . . . .	37		
8 Total lobbying expenses (add lines 36 and 37) . . . . .	38		
9 Other exempt purpose expenses (see Part VI instructions) . . . . .	39		
0 Total exempt purpose expenses (add lines 38 and 39) (see instructions). . . . .	40		
1 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—			
<b>If the amount on line 40 is—</b>			
Not over \$500,000 . . . . .	20% of the amount on line 40.		
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .	41	
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
Over \$1,500,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
2 Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)			
3 Excess of line 36 over line 42 . . . . .	43		
4 Excess of line 38 over line 41 . . . . .	44		

**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 45–50 for details.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
5 Lobbying nontaxable amount (see instructions) . . . . .					
5 Lobbying ceiling amount (150% of line 45(e)) . . . . .					
7 Total lobbying expenses (see instructions) . . . . .					
3 Grassroots nontaxable amount (see instructions) . . . . .					
3 Grassroots ceiling amount (150% of line 48(e)) . . . . .					
3 Grassroots lobbying expenses (see instructions) . . . . .					



Rotary Club of Gainesville Foundation, Inc.

59-2914025

## Part IV List of Officers, Directors and Trustees 1990

(A) Name and Address	(B) Title/ hrs/week	(C) Comp	(D)Benefit	(E)Expense
C. Lee Pinkoson 618 SW 4th Avenue Gainesville, FL 32601	Director less than 1	0	0	0
Thomas M. Brill 6628 NW 9th Blvd. Gainesville, FL 32605	Director less than 1	0	0	0
Roger J. Brower 2400 NE 39th Avenue Gainesville, FL 32609	Chairman 1	0	0	0
Carlton E. Lipsius P. O. Box 14106 Gainesville, FL 32604	Secretary 1	0	0	0
F. Wesley Eubank P. O. Box 1112 Gainesville, FL 32602	Treasurer 1	0	0	0
W. Daniel Boyd 1900 NW 13th Street Gainesville, FL 32609	Director less than 1	0	0	0
Richard Cameron P. O. Box 490 Gainesville, FL 32602	President 1	0	0	0
William F. Carter 605 NE 1st Street Gainesville, FL 32601	Director less than 1	0	0	0
Robert Wigglesworth P. O. Box 1281 Gainesville, FL 32602	Director less than 1	0	0	0
Jack Gillen Rt 2 Box 41 Micanopy, FL 32667	Director less than 1	0	0	0

Rotary Club of Gainesville Foundation, Inc.

59-2914025

Part IV List of Officers, Directors and Trustees 1990  
(Continued)

(A) Name and Address	(B) Title/ hrs/week	(C) Comp	(D)Benefit	(E)Expense
Robert F. Kelly Rt 2, Box 712 Newberry, FL 32669	Director less than 1	0	0	0
John H. Haswell 211 NE 1st Street Gainesville, FL 32601	Vice Pres. 1	0	0	0
F. Parker Lawrence P. O. Box 14425 Gainesville, FL 32604	Director less than 1	0	0	0
Flake A. Parker P. O. Box P Gainesville, FL 32602	Director less than 1	0	0	0

LAW OFFICES  
CHANDLER, GRAY, LANG, HASWELL & ENWALL, P. A.

POST OFFICE BOX 23879  
GAINESVILLE, FLORIDA 32602

WILLIAM H. CHANDLER  
HENRY L. GRAY, JR.  
JAMES F. LANG  
JOHN H. HASWELL  
PETER C. K. ENWALL  
KATHERINE M. WALTON  
C. WHARTON COLE

TELEPHONE: 904/376-5226  
TELECOPIER: 904/372-8858  
211 N.E. FIRST STREET

May 10, 1990

Internal Revenue Service  
Southeast Region  
Atlanta, GA 39901

Re: Rotary Club of Gainesville Foundation, Inc.  
Employer Identification Number: 59-2914025  
Form 990 and Form 2758, Extension of Time

Dear Sir:

I am enclosing herewith Form 2758 requesting an extension of time to file the 990 for the Foundation for the year 1989.

Very truly yours,

  
John H. Haswell

JHH/gz  
Enclosure

cc: Thomas Brill, Chairman  
Lee Pinkoson, President  
Wes Eubank, Finance Chairman and Director

## Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148  
 Expires: 10-31-92

▶ **File a separate application for each return.**

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)	Name	Rotary Club of Gainesville Foundation, Inc.	
	Number and street (or P.O. Box number if mail is not delivered to street address)	211 N.E. 1st Street	
	City or town, state, and ZIP code	Gainesville, FL 32601	Employer identification number 59-2914025

**Note:** Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

- 1 An extension of time until June 30, 1990 is requested in which to file (check only one):
- |   |  |  |                                      |                                    |
|---|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 706GS (D)               | <input type="checkbox"/> Form 990-PF                         | <input type="checkbox"/> Form 1041-A               | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706GS (T)               | <input type="checkbox"/> Form 990-T (401(a) or 408(a) trust) | <input type="checkbox"/> Form 1042                 | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 1042S                | <input type="checkbox"/> Form 5227   | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                  | <input type="checkbox"/> Form 1041 (estate)                  | <input type="checkbox"/> Form 1120-ND (4951 taxes) | <input type="checkbox"/> Form 6069   | <input type="checkbox"/> Form 8804 |

If organization does not have an office or place of business in the United States, check this box

- 2a For calendar year 19 89, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension. A recipient 501C3 organization has not furnished the taxpayer with the information required on how the funds were applied by that organization. We expect that information within 30 days.

- 5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . \$ \_\_\_\_\_
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . \$ \_\_\_\_\_
- c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . \$ none

### 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 ▶ [Signature] Date ▶ May 11, 1990

**File original and one copy. IRS will show below whether or not your application is approved and will return the copy.**

#### Notice to Applicant—To Be Completed by IRS

- We **HAVE** approved your application. (Please attach this form to your return.)
- We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.
- We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)
- We cannot consider your application because it was filed after the due date of your return.
- Other \_\_\_\_\_

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print	Name	
	Number and street (or P.O. Box number if mail is not delivered to street address)	
	City or town, state, and ZIP code	

