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**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**NATIONAL ALLIANCE FOR FAIR CONTRACTING**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 N OLD STATE CAPITOL PLAZA 525**  
 City or town, state or country, and ZIP + 4  
**SPRINGFIELD, IL 62701**

**D** Employer identification number  
**37-1380206**

**E** Telephone number  
**217-522-5414**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **MODIFIED CA**

**G** Website: **N/A**

**J** Organization type (check only one)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **246,784.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **▶**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **▶**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received:			
<b>a</b>	Direct public support	<b>1a</b>	<b>154,500.</b>	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>154,500.</b> noncash \$ )	<b>1d</b>		<b>154,500.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>48,775.</b>
<b>3</b>	Membership dues and assessments	<b>3</b>		<b>42,500.</b>
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>483.</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6 a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe amount from sales of assets other than inventory)	<b>7</b>		
	(A) Securities	<b>8a</b>		
	(B) Other	<b>8b</b>		
	Less: cost or other basis and sales expenses	<b>8c</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>526.</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>246,784.</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>175,028.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>71,756.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>76,303.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>148,059.</b>

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 45,000.			
26 Other salaries and wages	26			
27 Pension plan contributions	27 7,815.			
28 Other employee benefits	28 3,710.			
29 Payroll taxes	29 3,678.			
30 Professional fundraising fees	30			
31 Accounting fees	31 2,975.			
32 Legal fees	32 33,075.			
33 Supplies	33 701.			
34 Telephone	34 3,443.			
35 Postage and shipping	35 1,436.			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,710.			
39 Travel	39 11,903.			
40 Conferences, conventions, and meetings	40 49,390.			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 1,701.			
43 Other expenses not covered above (itemize):				
a WEBSITE HOSTING	43a 53.			
b ADVERTISING	43b 5,345.			
c INSURANCE	43c 1,587.			
d DONATIONS	43d 100.			
e EDUCATION	43e 1,406.			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 175,028.			

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 1**

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a PROMOTION OF FAIR CONTRACTING IN PUBLIC CONSTRUCTION</b>  (Grants and allocations \$ _____)
<b>b PROVIDE A WEB SITE FOR MEMBERS SHOWING CRITICAL ISSUES CONCERNING LABOR &amp; MANAGEMENT</b>  (Grants and allocations \$ _____)
<b>c</b>  (Grants and allocations \$ _____)
<b>d</b>  (Grants and allocations \$ _____)
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____)
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	72,670.	45	100.
	46 Savings and temporary cash investments .....		46	142,443.
	47 a Accounts receivable .....		47a	
	b Less: allowance for doubtful accounts .....		47b	47c
	48 a Pledges receivable .....		48a	
	b Less: allowance for doubtful accounts .....		48b	48c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....		51a	
	b Less: allowance for doubtful accounts .....		51b	51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments - securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis .....		55a	
	b Less: accumulated depreciation .....		55b	55c
	56 Investments - other .....		56	
	57 a Land, buildings, and equipment: basis .....	12,050.	57a	
	b Less: accumulated depreciation .....	5,081.	57b	57c
58 Other assets (describe ▶ _____)		58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b> .....	<b>79,212.</b>	<b>59</b>	<b>149,512.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	2,909.	60	1,453.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe ▶ _____)		65	
<b>66 Total liabilities (add lines 60 through 65)</b> .....	<b>2,909.</b>	<b>66</b>	<b>1,453.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted .....	76,303.	67	148,059.
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b> .....	<b>76,303.</b>	<b>73</b>	<b>148,059.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b> .....	<b>79,212.</b>	<b>74</b>	<b>149,512.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Form with rows 76-92 containing questions and answers regarding organizational activities, expenditures, and tax information.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> CONFERENCES					48,775.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					42,500.
<b>95</b> Interest on savings and temporary cash investments			14	483.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> REIMBURSED EXPENSES					526.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		483.	91,801.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					92,284.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
ALL	TO MONITOR CONTRACTOR PROJECTS FOR COMPLIANCE WITH FEDERAL, STATE & LOCAL LAWS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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: *[Signature]* Date: 8/8/05

Type or print name and title: *Nathan R. Fretz, Comptroller*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no.: \_\_\_\_\_

423161 01-13-05

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1  
PART III

EXPLANATION

PROVIDE FOR A COOPERATION BETWEEN LABOR & MANAGEMENT TO ENCOURAGE AND PROMOTE FAIR CONTRACTING IN PUBLIC CONSTRUCTION.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
EDWARD SMITH SPRINGFIELD, IL	CHAIRMAN 2	0.	0.	0.
ROCCO DAVIS SACRAMENTO, CA	TRUSTEE 1	0.	0.	0.
KAREN COURTNEY BOSTON, MA	SECRETARY 2	0.	0.	0.
JOHN CARTER EL MONTE, CA	TRUSTEE 1	0.	0.	0.
PETER COATES SEATTLE, WA	TRUSTEE 1	0.	0.	0.
SCOTT LARKIN SPRINGFIELD, IL	TRUSTEE 1	0.	0.	0.
MIKE MCNELLY CAMP SPRINGS, MD	TRUSTEE 1	0.	0.	0.
PATRICK RILEY WASHINGTON, DC	TRUSTEE 1	0.	0.	0.



MIKE QUIGLEY	TRUSTEE			
ROMEDEVILLE, IL	1	0.	0.	0.
STEVE WHITE	TRUSTEE			
WASHINGTON, DC	1	0.	0.	0.
RAYMOND POUPORE	TRUSTEE			
WASHINGTON, DC	1	0.	0.	0.
PATRICK M. PATTERSON	ADMINISTRATOR			
SPRINGFIELD, IL	40	45,000.	11,703.	0.
PAUL VON BERG	TRUSTEE			
FONTANA, CA	1	0.	0.	0.
RICHARD FORMAN	TRUSTEE			
EDISON, NJ	1	0.	0.	0.
TERRY BUMPERS	TRUSTEE			
WASHINGTON, DC	1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		45,000.	11,703.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 3  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING INC	X	
MIDWEST REGION LABORERS' HEALTH & SAFETY FUND	X	
MIDWEST REGION ORGANIZING COMMITTEE	X	
SALTCO INC	X	
IL LABORERS'--EMPLOYERS' COOPERATION & EDUCATION TRUST	X	
IL LABORERS' LEGISLATIVE COMMITTEE	X	
MIDWEST REGION LABORERS'--EMPLOYERS' COOPERATION & EDUCATION TRUST	X	
MIDWEST REGION LABORERS' POLITICAL LEAGUE	X	
MIDWEST REGION LABORERS' POLITICAL LEAGUE EDUCATION FUND	X	
RAILROAD COOPERATION & EDUCATION TRUST	X	

**NAFC**  
**FIXED ASSET SUMMARY REPORT**  
as of 12/04

SYS No	Fixed Asset Cost			Current Ending Cost	Accumulated Depreciation			Total Accumulated Depreciation
	Beginning Cost	(+) Current Year Acquisition	(-) Current Year Disp		Prior Accum Depr Expense	(+) Curr YTD Depr Expense	(-) Current Accum Disp	
<b>Book: Internal    FY: December</b>								
000001	483.00	0.00	0.00	483.00	78.00	34.50	0.00	112.50
	Credenza							
000002	6407.00	0.00	0.00	6407.00	3203.29	457.65	0.00	3660.94
	Marketing Display							
000003	3032.00	0.00	0.00	3032.00	1516.14	216.57	0.00	1732.71
	Graphics for Display							
000004	0.00	2127.84	0.00	2127.84	283.71	212.79	0.00	496.50
	Computer							
Count=	4							
Grand Total	9922.00	2127.84	0.00	12049.84	5081.14	921.51	0.00	6002.65
=====								

----- Calculation Assumptions -----

Book	Short Years	Midquarter Convention	Adjustment Convention	Include Sec 168(k) Allow & Sec 179
Internal	[N]	[N]	None	[N]

----- Asset Grouping/Sorting -----

Group: All FAS Assets

Include Assets that meet the following conditions:

All FAS Assets

Sort Assets by:

COPY

Form **8868**  
(Rev. December 2004)  
Department of the Treasury  
Internal Revenue Service

**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)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed 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).

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>National Alliance for Fair Contracting</b>	Employer identification number <b>37 : 1380206</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1 N Old State Capitol Plaza, Suite 525</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Springfield, IL 62701-1375</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 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 ▶ **Nathan R. Fretz, Comptroller**

Telephone No. ▶ ( **217** ) **789-4306** FAX No. ▶ ( **217** ) **522-6588**

- 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 **Form 990-T corporation**) extension of time until **August 15**, 20**05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20**04** 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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

**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—Must File Original and One Copy.**

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720                                |                                    |

**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 \_\_\_\_\_

- 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 \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**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 ▶  Title ▶ Comptroller Date ▶ 5/14/05

**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.

<b>Type or print</b>	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)