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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

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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DEMOCRATIC SOCIALISTS OF AMERICA, INC.		D Employer identification number 13-3109557
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 75 MAIDEN LANE 505		E Telephone number (212) 727-8610
		City or town, state or country, and ZIP + 4 NEW YORK NY 10038		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
--

I Website: ▶ N/A

H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — 501(c) (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 \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **227,193.**

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

1	Contributions, gifts, grants, and similar amounts received	1	71,245.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	114,574.
4	Investment income	4	3,162.
5a	Gross amount from sale of assets other than inventory	5a	14,860.
5b	Less: cost or other basis and sales expenses	5b	16,145.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-1,285.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	12,985.
6b	Less: direct expenses other than fundraising expenses	6b	11,583.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,402.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ See Other Revenue Statement)	8	10,367.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	199,465.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	77,236.
13	Professional fees and other payments to independent contractors	13	3,420.
14	Occupancy, rent, utilities, and maintenance	14	12,049.
15	Printing, publications, postage, and shipping	15	27,844.
16	Other expenses (describe ▶ See Other Expenses Statement)	16	90,085.
17	Total expenses (add lines 10 through 16)	17	210,634.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,169.
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	80,800.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-9,525.
21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	60,106.

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.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	25,564.	22,414.
23	Land and buildings	0.	0.
24	Other assets (describe ▶ See L-24 Stmt)	95,124.	84,043.
25	Total assets	120,688.	106,457.
26	Total liabilities (describe ▶ See L-26 Stmt)	39,888.	46,351.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,800.	60,106.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PUBLIC EDUCATION OF DEMOCRATIC SOCIALISM		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>PUBLICATIONS: DISTRIBUTION OF PAMPHLETS & MAGAZINE (DEMOCRATIC LEFT) TO DISSEMINATE DEMOCRATIC SOCIALIST ANALYSIS</u> ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	22,021.
29	<u>COMMUNITY ACTION: COSTS RELATED TO EDUCATIONAL PROGRAMMING (PUBLIC FORUMS, LOCAL NEWSLETTERS) ORGANIZED BY COMMUNITY VOLUNTEERS IN CITIES AROUND THE COUNTRY.</u> ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,021.
30	<u>YOUTH PROGRAM: TO SUPPORT EDUCATIONAL ACTIVITIES AND YOUTH ACTIVISM ORGANIZED BY YOUNG DSA MEMBERS.</u> ----- (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	36,702.
31	Other program services (attach schedule) OTHER PROGRAMS (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	66,065.
32	Total program service expenses (add lines 28a through 31a)	32	146,809.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>FRANK LLEWELYN</u> c/o DSA 75 MAIDEN LANE NEW YORK NY 10038	NAT. DIRECTOR 25.00	45,080.	0.	
<u>THERESA ALT</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MEMBER 2.00	0.	0.	
<u>DAVID KNUTTUNEN</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	TREASURER 2.00	0.	0.	
<u>VIRGINIA FRANCO</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 23.00	0.	0.	
<u>DAVID GREEN</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>MIKE HIRSCH</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>MICHELE ROSSI</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>SIMONE MORGEN</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>JOSEPH SCHWARTZ</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>TIMOTHY SEARS</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
<u>COREY WALKER</u> c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038	NATL POL COMM MBR 2.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

		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 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?		
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 0.		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	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	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		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		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ ORGANIZATION Telephone no ▶ (212) 727-8610
 Located at ▶ 75 MAIDEN LANE NEW YORK NY ZIP + 4 ▶ 10038

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

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** |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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.

- 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

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 and deferred compensation	(e) Expense account and other allowances
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
Total number of other independent contractors 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

Frank Jewell
 Signature of officer

11/01/09
 Date

FRANK Jewell NATIONAL DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Michael Katz* Date 11/05/09
 Check if self-employed Preparer's Identifying Number (See instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MICHAEL KATZ, CPA
 7 PENN PLZ STE 222
 NEW YORK NY 10001-0035 EIN ▶ Phone no ▶ (212) 947-1293

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

Yes No

BAA

Name as Shown on Return
DEMOCRATIC SOCIALISTS OF AMERICA, INC.

Employer Identification No.
13-3109557

Line 24 - Other Assets:	Beginning of Year	End of Year
2ND CLASS POSTAL ACCOUNT		436.
PPD EXPENSES	52.	1,544.
LOANS AND EXCHANGES	6,691.	11,370.
SECURITY DEPOSITS	5,537.	5,537.
ACCOUNTS RECEIVABLE	11,009.	7,569.
INVESTMENTS	71,835.	55,951.
PRIOR YEAR ADJUSTMENT		1,636.
Totals to Form 990-EZ, Part II, line 24	95,124.	84,043.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	39,888.	46,351.
Totals to Form 990-EZ, Part II, line 26	39,888.	46,351.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

GRANT INCOME	1,085.
LIST RENTAL INCOME	725.
ADVERTISING	6,957.
SUBSCRIPTIONS	515.
RENT GRANT	1,085.
Total	10,367.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

BANK CHARGES, FEES FINANCE CHARGES	10,785.
BUSINESS INSURANCE	2,139.
CONTRIBUTIONS	1,040.
DONOR ACQUISITION COSTS	12,580.
DUES	6,059.
EDUCATIONAL FUND APPEAL	29,134.
HEALTH INSURANCE	9,170.
LEASED EQUIPMENT	1,922.
LIST RENTAL EXPENSES	117.
MEMBERSHIP COST	142.
MISC. EXPENSES	223.
OFFICE SUPPLIES	1,712.
PAYROLL TAXES	7,512.
TELEPHONE	2,906.
TRAVEL	453.
YOUTH CONFERENCES	4,191.
Total	90,085.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HERB SHORE c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOHN STRAUSS c/o DSA 75 MAIDEN LANE NEW YORK, NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> BARBARA JOYE c/o DSA 75 MAIDEN LANE NEW YORK NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARIA STUART c/o DSA 75 MAIDEN LANE NEW YORK NY 10038 Foreign city _____ Foreign country _____	Title NATL POL COMM MBR Hours/Week 2.00	0.	0.	

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS FROM CHANGE IN FAIR MARKET VALUE OF SECURITIES	-9,525.
Total	<u>-9,525.</u>

Supporting Statement of:**Form 990-EZ/Other Program Service Exp**

Description	Amount
<u>INTERNATIONAL DIALOGUE: PROGRAM TO ENGAGE ELECTED OFFICIALS, SOCIALISTS, SOCIAL DEMOCRATIC AND LABOR ORGANIZATIONS IN OTHER COUNTRIES TO SUPPORT INTERNATIONAL COOPERATION TO EASE WORLD CONFLICTS, REDUCE POVERTY AND IMPROVE LIVING STANDARDS AND PROMOTE SOCIALIST VALUES.</u>	<u>14,681.</u>
<u>ECONOMIC JUSTICE AGENDA</u>	<u>51,384.</u>
Total	<u><u>66,065.</u></u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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 <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization DEMOCRATIC SOCIALISTS OF AMERICA, INC.	Employer identification number 13-3109557
	Number, street, and room or suite number. If a P O box, see instructions 75 MAIDEN LANE, #505	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK NY 10038	

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 (section 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 ▶ ORGANIZATION -----

Telephone No ▶ (212) 727-8610 FAX No ▶ (212) 608-6955

- 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 Aug 17, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization DEMOCRATIC SOCIALISTS OF AMERICA, INC.	Employer identification number 13-3109557
	Number, street, and room or suite number. If a P O box, see instructions 75 MAIDEN LANE, #505	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK NY 10038	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **ORGANIZATION**
 Telephone No. **(212) 727-8610** FAX No. **(212) 608-6955**

• 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 Nov 16, 2009.

5 For calendar year 2008, or other tax year beginning _____, 20____, and ending _____, 20____

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

7 State in detail why you need the extension ADDITIONAL FINANCIAL INFORMATION IS NEEDED TO FINISH THE AUDIT

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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c 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 instrs	8c	\$	0.

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 Date