

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

1999

Department of the Treasury
Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning October 1, 1999, and ending Sept 30, 2000

- B** Check if:
- Change of address
 - Initial return
 - Final return
 - Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization North American Football Association DC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1400 W. Devon Ave. 512

City or town, state or country, and ZIP+4
Chicago IL 60660

D Employer identification number
38-325-7568

E Telephone number
309-688-9840

F Check if exemption application is pending

G Type of organization — Exempt under section 501(c) (4) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No

(b) If "Yes," enter the number of affiliates for which this return is filed:

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

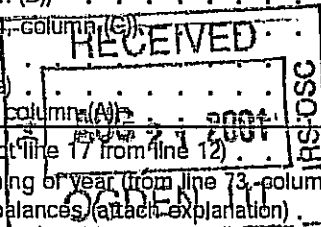
J Accounting method: Cash Accrual
 Other (specify)

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	<u>0</u>	
	b Indirect public support	1b	<u>0</u>	
	c Government contributions (grants)	1c	<u>0</u>	
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ _____ noncash \$ _____)	1d	<u>0</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	<u>137944</u>	
	3 Membership dues and assessments	3	<u>0</u>	
	4 Interest on savings and temporary cash investments	4	<u>895</u>	
	5 Dividends and interest from securities	5	<u>0</u>	
	6a Gross rents	6a	<u>0</u>	
	b Less: rental expenses	6b	<u>0</u>	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	<u>0</u>	
7 Other investment income (describe <u> </u>)	7	<u>0</u>		
8a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<u>0</u>	
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	9a	<u>103276</u>		
b Less: direct expenses other than fundraising expenses	9b	<u>27476</u>		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<u>75800</u>		
10a Gross sales of inventory, less returns and allowances	10a	<u>944</u>		
b Less: cost of goods sold	10b	<u>944</u>		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	<u>0</u>		
11 Other revenue (from Part VII, line 103)	11	<u>0</u>		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>204689</u>		
Expenses	13 Program services (from line 44, column (B))	13	<u>104852</u>	
	14 Management and general (from line 44, column (C))	14	<u>40351</u>	
	15 Fundraising (from line 44, column (D))	15	<u>0</u>	
	16 Payments to affiliates (attach schedule)	16	<u>0</u>	
	17 Total expenses (add lines 13 and 14, column (A))	17	<u>105203</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>99486</u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>88583</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20	<u> </u>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>188069</u>	



Part I 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. (See Specific Instructions on page 19.)

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 \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	450		450	
32	Legal fees	4780		4780	
33	Supplies	31373	22000	9373	
34	Telephone	7513		7513	
35	Postage and shipping	20254	20254		
36	Occupancy	0			
37	Equipment rental and maintenance	1717	1540	177	
38	Printing and publications	2974	1458	1516	
39	Travel	0			
40	Conferences, conventions, and meetings	15311		15311	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	10585	10279	306	
43	Other expenses (itemize): a Awards	9427	9427		
	b Insurance	925		925	
	c Annual General Meeting	3894	3894		
	d				
	e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	105203	104852	40351	0

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 II Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? Sanction and promote Flyball in North America.	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a Provided equipment in support of 162 sanctioned tournaments across North America, in which 3077 different dogs and their handlers competed for points and awards. (Grants and allocations \$ _____)	28073
b Published the NAFA news to keep competitors and clubs up to date on rules and happenings. Five issues were published and mailed to over 750 participants. (Grants and allocations \$ _____)	9458
c Produced and mailed 3827 awards of recognition for achievement including pins, plaques and certificates. (Grants and allocations \$ _____)	23427
d Hosted an annual general meeting to conduct business and provide participation for delegates. (Grants and allocations \$ _____)	3894
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	64852

Part IV Balance Sheets (See Specific Instructions on page 22.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	0	45	0
	46	Savings and temporary cash investments	31188	46	156200
	47a	Accounts receivable	25000		
	47b	Less: allowance for doubtful accounts	—	47c	3500
	48a	Pledges receivable	0	48c	0
	48b	Less: allowance for doubtful accounts			
	49	Grants receivable	0	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a	Other notes and loans receivable (attach schedule)	0		
	51b	Less: allowance for doubtful accounts		51c	0
	52	Inventories for sale or use	2500	52	4000
	53	Prepaid expenses and deferred charges	0	53	0
	54	Investments—securities (attach schedule)	0	54	0
	55a	Investments—land, buildings, and equipment: basis			
55b	Less: accumulated depreciation (attach schedule)	0	55c	0	
56	Investments—other (attach schedule)	0	56	0	
57a	Land, buildings, and equipment: basis	22985			
57b	Less: accumulated depreciation (attach schedule)	17254	57c	16400	
58	Other assets (describe ► <u>fraternities</u>)	7969	58	7969	
59	Total assets (add lines 45 through 58) (must equal line 74)	88583	59	188069	
Liabilities	60	Accounts payable and accrued expenses	0	60	0
	61	Grants payable	0	61	0
	62	Deferred revenue	0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
	64b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe ►)	0	65	0
66	Total liabilities (add lines 60 through 65)	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	88583	67	188069
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
	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	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	88583	73	188069	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	88583	74	188069	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements . . . ▶ a N/A

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants . . . \$ _____

(4) Other (specify):

 _____ \$ _____

Add amounts on lines (1) through (4) ▶ b _____

c Line a minus line b ▶ c _____

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____

(2) Other (specify):
 _____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e _____

a Total expenses and losses per audited financial statements . . . ▶ a N/A

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 . . . \$ _____

(4) Other (specify):
 _____ \$ _____

Add amounts on lines (1) through (4) ▶ b _____

c Line a minus line b ▶ c _____

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990, . . . \$ _____

(2) Other (specify):
 _____ \$ _____

Add amounts on lines (1) and (2) ▶ d _____

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e _____

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

(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 & deferred compensation	(E) Expense account and other allowances
Alan Weiner PO Box 1214 Stafford TX 77497	Chairman 5	0	0	0
Val Culpin 3916a Creston Dr. Abbotsford BC	Vice-Chairman 5	0	0	0
Sue Rogers 2745 E. Phil Creek Rd Saint Clair IL	Secretary 8	0	0	0
Dale Smith 5833 N 127th Ave (1/2 Omaha NE	Treasurer 8	0	0	0
Ule James 4517 Sage Rd Rochester IL	Board member 5	0	0	0
Marion Brinkman 19 Alfred Dr. Belleville, ON	Board member 5	0	0	0
Robin Marlon 11 Arbonne Blvd. Winnipeg, MB	Board member 5	0	0	0
Brett Williams PO Box 335932 North Las Vegas, NV	Board member 5	0	0	0
Judy Hagan 1890 Catharine Grove PKwy Marion IL	Board member 5	0	0	0
Steve Dr. Fry 1002 E. Samuel Ave. Peoria Heights IL	Executive Director 8	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If "Yes," attach schedule—see Specific Instructions on page 25.

Part VI Other information (See Specific Instructions on page 25.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .		<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .		<input checked="" type="checkbox"/>
80a	b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a <u>0</u>		
81b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III). 82b _____		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . .	<input checked="" type="checkbox"/>	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<input checked="" type="checkbox"/>
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input checked="" type="checkbox"/>	
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members 85c _____		
85d	d Section 162(e) lobbying and political expenditures 85d _____		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e _____		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f _____		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g _____		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h _____		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a _____		
86b	b Gross receipts, included on line 12, for public use of club facilities. 86b _____		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders. 87a _____		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b _____		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 <input checked="" type="checkbox"/>		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
89b	b 501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction. 89b <input checked="" type="checkbox"/>		
89c	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____		
89d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ _____		
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90b	b Number of employees employed in the pay period that includes March 12, 1999 (See inst.) 90b <u>0</u>		
91	The books are in care of ▶ <u>Dale Smith</u> Telephone no. ▶ <u>(402) 446-3150</u> Located at ▶ <u>5831 N. 127th Ave. Lincoln NE</u> ZIP + 4 ▶ <u>68116-1300</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 _____		

3

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Register dues					25341
b Register clubs					984
c SA Action tournaments and related results					101669
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	895	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					75800
102 Gross profit or (loss) from sales of inventory					585
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		895	203794
105 Total (add line 104, columns (B), (D), and (E))					204689

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 Specific Instructions on page 30.)

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).
93a	Each dog is registered once for its life to allow tracking in our system to provide awards for participation.
93b	Clubs are tracked in our system to encourage them to host tournaments and keep them informed on rules and procedures.
93c	Results from tournaments are tabulated and recorded to offer awards for achievement as well as to provide measuring and timing equipment to enable the tournament.
101	An agreement was entered into with PetSmart to further promote the sport and provide training and promotion videos and advanced timing equipment. This furthers crowd participation and exposes more people to the sport.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(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
	%			
	%			
	%			
	%			

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. (Important: See General Instruction U, on page 14.)

Signature of officer: *[Signature]* Date: 8-15-2001 Type or print name and title: Dale Smith - Treasurer

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) and address: _____ EIN: _____ ZIP + 4: _____



Schedules for North American Flyball Association

38-325-7568 1999

Line 9:

PETsMART promotion	Gross: \$103276	Costs: \$27476	Net: \$75800
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Line 10c:

Title patches sold at cost	Cost: \$944	Proceeds from sales: \$944
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Line 42:

Racing Equipment (timing and measuring equipment)	\$6279
Office equipment	\$306

Line 57b:

	Cost at Beginning of year	Accumulated Depreciation at beginning of year	New additions this year
Racing Equipment	\$37350	\$16948	\$1059
Office Equipment	\$1530	\$306	\$0

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).

Note: 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)
Note: 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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	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 (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 |

- 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-month, for 990-T corporation) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ____ 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 \$ _____

Signature and Verification

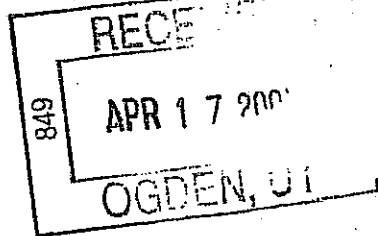
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ _____ Date ▶ _____

For Paperwork Reduction Act Notice, see Instruction

Cat. No. 27916D

Form **8868** (12-2000)



ENVELOPE POSTMARK DATE APR 1 2001