Department of the Treasury

Internal Revenue Service

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 1545-0047 Open to Public Inspection

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

<u>A</u>	ror the	2008 calendar year, or tax year beginning MAY 0, 2008 and ending	MAR 31, 2009	
В	Dheck if applicabl	e. Please C Name of organization	D Employer identific	cation number
_	Addre	58 label of DUE CATCUMC FOUNDAMION		
누	chang Name		26.2	794094
는	lchang Initial return	Doing Business As		
냳	retum Termir	See Number and street (or P.O. box if mail is not delivered to street address) Room/suit		
F	lation	institution in the second seco		275-1015
<u>_</u>	retum	Uity or town, state or country, and ZIP + 4	G Gross receipts \$	56,797.
L	Application pendir	REDWOOD CITY, CA 94065-1197	H(a) is this a group re	
	F ••••	F Name and address of principal officer. GENE HOFFFIAM, OK.	for affillates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affillates inc	luded? Yes No
		empt status: X 501(c) (3) ◀ (Insert no.)		ilst. (see instructions)
		e: > WWW.CALGUNSFOUNDATION.ORG	H(c) Group exemptio	
			r of formation: 2008 N	State of legal domicile CA
P	art 1	Summary		
മ	1	Briefly describe the organization's mission or most significant activities: THE CALGU	NS FOUNDATIO	N IS A
Activities & Governance		CALIFORNIA NON-PROFIT CORPORATION WHOSE GOALS	ARE TO SUPP	ORT THE
Ë	2	Check this box > If the organization discontinued its operations or disposed of mo	re than 25% of its asset	9.
ove.		Number of voting members of the governing body (Part VI, line 1a)		9
Ğ		Number of Independent voting members of the governing body (Part VI, line 1b)		9
Š		Total number of employees (Part V, Ilne 2a)		0
ij		Total number of volunteers (estimate if necessary)		15
:€		Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.
∢		Net unrelated business taxable income from Form 990-T, line 34		0.
Revenue		Total and the second se	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	11101 1001	56,797.
		Program service revenue (Part VIII, line 2g)		307,73,0
				
æ		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,797.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,191.
		Grants and similar amounts paid (Part IX, column (A), ilnes 1-3)		
	1	Benefits pald to or for members (Part IX, column (A), line 4)		
es	15	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 119)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
.X		Total fundralsing expenses (Part IX, column (D), line 25)	<u> </u>	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		23,483.
	18	Total expenses. Add lines 13-17 (must equal Part IX, 68 umn (A) (negs) .2009	*	23,483.
	119	Revenue less expenses. Subtract line 18 from line 12 C		33,314.
Net Assets or		CODEN LIT	Beginning of Year	End of Year
Set	20	Total assets (Part X, line 16) OGDEN, UT		33,314.
A P	21	Total liabilities (Part X, line 26)		
캺	22	Net assets or fund balances. Subtract line 21 from line 20		33,314.
P	art II	Signature Block		
		Under penalties of perjury, I declare the That's examined this return, including accompanying schedules and statement and complete. Declaration of preparer (one than officer) is based on all information of which preparer has any knowled	s, and to the best of my knowled	ge and belief, it is true, correct,
				10/00
Sig	n		X_1//	16/09
He	re	Signature of officer	Date /	
		GENE HOFFMAN, JR., CHAIRMAN	'	
		Type or print name and title		
				er's identifying number structions)
Pal	4	$(\cdot, \cdot) = (\cdot, \cdot) (\cdot, \cdot$	self- employed > X	31100111117
Pre				
	parer's	Firm's name (or LOUIS G. LEMOS, C.P.A.	EIN >	
	parer's Only	self-employed), 1401 NORTH HUNTER STREET	EIN -	
	•	self-employed), 1401 NORTH HUNTER STREET		209) 460-1040
Use	Only	self-employed), address, and ZIP+4 STOCKTON, CA 95202	Phone no. ► (
Use Ma	Only	yours in self-employed, address, and ZIP + 4 STOCKTON, CA 95202 RS discuss this return with the preparer shown above? (see instructions)	Phone no. ► (209) 460-1040 X Yes No Form 990 (2008)

Form	990 (2008) THE CALGUNS FOUNDATION	26-2794094 Page 2
	rt III Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION	
	THE CALGUNS FOUNDATION IS A CALIFORNIA NON-PROFIT COF	
	GOALS ARE TO SUPPORT THE CALIFORNIA FIREARMS COMMUNIT	
	EDUCATION FOR ALL STAKEHOLDERS ABOUT CALIFORNIA AND F	
	LAWS, RIGHTS AND PRIVILEDGES, DEFENDING AND PROTECTIN	1G THE CIVIL
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	LTes LA_NO
2	If "Yes", describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices? Yes X No
3	If "Yes", describe these changes on Schedule O.	ices:
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	-
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a	(Code) (Expenses \$ 23,464. including grants of \$)(Revenue \$ 56,798.)
	EDUCATION AND LEGAL - EDUCATING THE PUBLIC AS TO CALI	
	FIREARMS LAWS, RIGHTS AND PRIVILEDGES THROUGH WEB PRI	
	PROVIDING SUPPORT OF THE LEGAL PROCESS IN CASES INVOI	LVING ISSUES OF
	SECOND AMENDMENT AND CONSTITUTIONAL RIGHTS	
		· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
70	(Code / Laponoco w modeling grants of w) (
		\(\frac{1}{2}\)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services. (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ \$ 23,464. (Must equal Part IX, Line 25, colum	
83200	2	Form 990 (2008)
83200 12-18	-08	

Form 990 (2008) THE CALGUNS FOUNDATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		,	
	Schedule D, Part III .	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	_		,,
	If "No", go to question 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l	١	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			v
	рпоr year? If "Yes," complete Schedule L, Part I	25b	├	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	┼	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			x
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<u> 27</u>	000	(2008)
		LOIL	・シンし	رحالان)

Part IV Checklist of Required Schedules (continued)

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV $\overline{\mathbf{x}}$ 28a b Have a family member who had a direct or indirect business relationship with the organization? Х If "Yes," complete Schedule L, Part IV 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

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Х

Х

X

Form	990 (2008) THE CALGUNS FOUNDATION	26-2794	<u>094</u>	Pa	age 5
Par	The second Tay Compliance				
		•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	ļ		<u></u>
	(gambling) winnings to prize winners?		1c	X	L
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	nstructions)			77
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	3a		Х
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O		3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E	Bank and	İ		
	Financial Accounts.		E		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	*****	5a 5b	├	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	CIIOII /	35	-	 ^``
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Frombited	5c		
	Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?	ione or diffe	Oa		 -
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gins	6b		
_	were not tax deductible?		100	\vdash	+
7	Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than \$75?	7a	-	X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	, ιπαπ φ/ σ.	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	· · ·	†	1
С	to file Form 8282?		7c	1	x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
u	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		
-	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	7g		X
b h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 509(a)(3)			
_	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoning or	ganization, have			
	excess business holdings at any time during the year?		8	ļ	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<u> </u>	_
а	Did the assessment of the constant by the distributions under section 49662		9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	
10	Section 501(c)(7) organizations. Enter: N/A				1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		1
11	Section 501(c)(12) organizations. Enter: N/A	1 1			
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l l			
	amounts due or received from them)	11b	40-	 	+-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	+	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	Enr	n gar	(2008
			1 011	550	. (2000

Form 990 (2008) THE CALGUNS FOUNDATION 26-2794094 Page 6
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	
Ū	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	30		
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	•	90		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	х	
11	describe in Schedule O the process, if any, the organization uses to review the Form 990	-10	- 21	
''	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
800	tion B. Policies	6.1		A
360	tion B. Foncies		Yes	No
120	Does the graphyration have a written conflict of interact policy? If #Alo * go to line 12	12a	162	No X
	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		-
U	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	405		
_		12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent		ŀ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			- V
	The organization's CEO, Executive Director, or top management official?	15a		X
Þ	Other officers or key employees of the organization?	15b		Х
40	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		77
	taxable entity during the year?	16a	<u> </u>	Х
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u> </u>
	tion C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	TOP		
	public inspection. Indicate how you make these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	inciai	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.		,
	THE ORGANIZATION - 650-275-1015			
832006	3200 BRIDGE PARKWAY, NO. 202C, REDWOOD CITY, CA 94065-1197		000	(2008)

Form 990 (2008)

832007 12-18-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

X Check this box if the organization did		y of	ficer			or, tn	uste			/pm
(A) Name and Title	(B)	1)) Posi	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and thie	Average hours	(c				app	ı(v)	compensation	compensation	amount of
	per	<u> </u>	1	<u> </u>	<u> </u>	1	1	from	from related	other
	week	direct				-		the	organizations	compensation
		tee or	ıstee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	i	al trus	nal tri		loye	E .		(***22 1033 141130)		and related
		ndividual trustee or director	Institutional trustee	Officer	, em	Highest compensated employee	ĕ			organizations
CENT WORDWAY TO		Ξ	=	5	ž	£ 5	æ			
GENE HOFFMAN, JR. CHAIRMAN	10.00	х		x				0.	0.	_
BILL WIESE	10.00	₽	⊢	1-	-	-	 	U .	V •	0.
VICE CHAIRMAN	5.00	х		x				0.	0.	0.
BEN CANNON	3.00	^	-	<u> </u>	 	-	├	0.	0.	0.
TREASURER	10.00	x		x				0.	0.	0.
KEVIN L. THOMASON	1000	ᢡ	-		<u> </u>	1				
SECRETARY	5.00	х		x				0.	0.	0.
JAMES M. INGRAM					-		Г			
DIRECTOR	1.00	Х						0.	0.	0.
WESLEY MORRIS										
DIRECTOR	1.00	X						0.	0.	0.
PAUL T. NORDBERG										
DIRECTOR	1.00	Х			_	$oldsymbol{ol}oldsymbol{ol}oldsymbol{ol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}$	L	0.	0.	0.
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BRETT THOMAS DIRECTOR	1.00	x				Ì		0.	0.	0.
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		Week	Individual trustee or dire	Institutional frustee	Officer	Key employee	Highest compensated emoloyee	Former	organization (W·2/1099·MISC)	(W-2/1099-MIS		orga and	pensa om the anizat d relat inizati	ed
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	Total						▶		0.		0.			0
2	Total number of individuals (including those compensation from the organization	n 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,0	000 in reportable					
	compensation from the organization	-											Yes	No
3	Did the organization list any former officer,			, ke	y en	olqı	yee,	or h	nighest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for si											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	-	4		Х
5	Did any person listed on line 1a receive or a									ices rendered to	ŀ			
	the organization? If "Yes," complete Schedu											5		Х
Sec 1	tion B. Independent Contractors	ma anastad isa	done	nda	nt o	ont				¢400,000 - 6		-4 6		
•	Complete this table for your five highest continuous the organization. NONE	mpensateu int	u c pe	nue	m c	OHL	racto	JIS U	nat received more than	\$100,000 of corr	pens	ation fi	rom	
***************************************	(A)			,				Т	(B)			(C		
	Name and business	address					·	-	Description of s	services		omper	rsatio	1
								\dashv						
	48							\dashv						
								- 1						

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

56,797.

0.

0.

Form 990 (2008)

26-2794094

Page 9

THE CALGUNS FOUNDATION

Form 990 (2008)

12

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,			İ	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	23,464.	23,464.		
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses .	19.		19.	
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b					
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	23,483.	23,464.	19.	0.
26	Joint Costs. Check here If following				
	SOP 98-2. Complete this line only if the organization	l			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u></u>	- 000 (nana)

<u> </u>	· ·	Balance cheek	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	33,314
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	***************************************
Assets	8	Inventones for sale or use		8	
Å	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost basis 10a			
	i	Less accumulated depreciation Complete	1		
		Part VI of Schedule D 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	33,314
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	**
70	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ī	_	highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	•
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117, check here and complete			<u> </u>
Ø		lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
Ö	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here X and			
		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	0.	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
Ę,	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	33,314
ž	33	Total net assets or fund balances	0.	33	33,314
	34	Total liabilities and net assets/fund balances	0.	34	33,314
Pai	t XI	Financial Statements and Reporting			
·			······································		Yes No
1	Acco	unting method used to prepare the Form 990 [.] X Cash Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent	it accountant?		2a X
		the organization's financial statements audited by an independent accountant?			2b X
		s" to lines 2a or 2b, does the organization have a committee that assumes resp		e audıt,	
		w, or compilation of its financial statements and selection of an independent acc		,	2c
За		result of a federal award, was the organization required to undergo an audit or a		jle Audit	1
		nd OMB Circular A-133?			3a X
b	If "Ye	s," did the organization undergo the required audit or audits?		•	3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Inspection Name of the organization Employer Identification number THE CALGUNS FOUNDATION 26-2794094 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(li). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 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 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated a Type I d Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? SUDDORT (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Total

15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f		9
16a	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		_
	stop here. The organization qualifies as a publicly supported organization	> L	
b	33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		_
	and stop here. The organization qualifies as a publicly supported organization	►L	
17a	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	_	_
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ L	
b	o 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶L	

Section A. Public Support Selection A. Public Support Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants") Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants") Gross receipts from admissions, merchandses solid or services performed, or facilities themship of the organization's traversmip tumpose. Gross receipts from admissions, merchandses solid or services performed, or facilities themship of the organization's benefit and either pad to or expended on its behalf. Tax revenues level for the organization's benefit and either pad to or expended on its behalf. Tax revenues level for the organization without charge 6. Total, Add lines 1-5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1-5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1-5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1-5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1-5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1-5. The value of services or the second organization of the second organization without charge 6. Total, Add lines 1-5. Public support facilities (second) and the second organization from line 6. By Public support flavorish it remains (second) and the second organization organization organization, second organization, second organization, second organization organization organization organization of lines 1-5. By Public support flavorish second organization organization organization organization, check this box and atop here 8. Section D. Computation of Public Support Percentage 15. Public support percentage for 2008 (line 6g. column (f) divided	Pa	dule A (Form 990 or 990-EZ) 2008 T III Support Schedule for C	organizations	Described in	Section 509(a	(2) (Complete only	ıf you checked the bo	Page 3 x on line 9 of Part I.)
1 Grits, grants, contributions, and membership fees received, (Do not include any "unusual grants") 2 Gross recopts from admissions, merchandise sold or services per formed, or tackfleet from admissions, merchandise sold or services per formed, or tackfleet from admissions, merchandise sold or services per formed, or tackfleet from admissions, and the sold of the grants of the								
membership fees received. (Do not include any "trusual grants" ? 2 Gross receipts from admissions, merchandles sold or services performed, or tacklites furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions and a service of the organization's tax-exempt purpose 3 Gross receipts from admissions and a service of the organization's benefit and either paid to or expended on its behalf 3 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization's without charge 6 6 Total, Add lines 1 · 5 7 A Amounts micked on hine 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from disqualified persons by Amounts encladed on lines 1, 2, and 3 received from such exception of the company of the comp	Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Include any 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's take-exempt purpose as Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax reviews level for the organization's benefit and either paid to or expended on its behalf or expended on this behalf or expended on this behalf or expended on the behalf or expended or expended on the behalf or expended on the behalf or expended or expended o	1	Gifts, grants, contributions, and						
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merchandses sold of services per formed, or facilities trained in any activity that is related to the organization is two compt purpose 3 Gross receipts from activities that are not an unrelated trade or tous iness under section 513 4 Tax revenues levied for the organi- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted on lines 1, 2, and 3 received from disqualified persons 1 Amounts noticuted from disqualified persons 2 Public support (alexandria) that is a second or dispute the second or dispute the second or securities that is a second or securities that is a second or dispute the second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a second or securities that is a seco		include any "unusual grants ")						
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Employer Identification number Name of the organization 26-2794094 THE CALGUNS FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CALIFORNIA FIREARMS COMMUNITY BY PROMOTING EDUCATION FOR ALL STAKEHOLDERS ABOUT CALIFORNIA AND FEDERAL FIREARMS LAWS, RIGHTS AND PRIVILEDGES, DEFENDING AND PROTECTING THE CIVIAL RIGHTS OF CALIFORNIA GUN OWNERS, AND SUPPORTING THE UNIQUE PUBLIC DISCUSSION FORUM AT CALGUNS.NET. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RIGHTS OF CALIFORNIA GUN OWNERS, AND SUPPORTING THE UNIQUE PUBLIC DISCUSSION FORUM AT CALGUNS.NET. FORM 990, PART VI, SECTION A, LINE 10: THE TAX RETURNS ARE PROVIDED TO THE CHAIRMAN AND TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 18: THE FOUNDATION'S GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE FOR REVIEW UPON REQUEST THROUGH THE FOUNDATION'S WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE FOR REVIEW UPON REQUEST THROUGH THE FOUNDATION'S WEBSITE.

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

A corporation required to file Form 990-T and requesting an automatic 6-month extension of the both part of the Part I only Author competition of the Competition of the Part I only	internal Rev	enue Service	Flie a separate application for each return.		<u> </u>	
A corporation required to file Form 990-T and requesting an automatic 6-month extension of the both part of the Part I only Author competition of the Competition of the Part I only	• If you	are filing for an Add	itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of th	nis form) r filed For	m 8868	▶ 🛣
A corporation required to file Form 990-T and requesting an automatic 6-month extension of the both part of the Part I only Author competition of the Competition of the Part I only	Part I	Automati	3-Month Extension of Time. Only submit onginal (no copies needed)			
to file merome tax returns. It felectronic Filing (e-file). Generally, you can electronically file Form 9808 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 990-1). However, you cannot file Form 8868 electronically if (1) you want the additional file and the control of the form 990-1). However, you cannot file Form 8868 electronically if (1) you want the additional file and the control of the for Chantes & Nonprofits. To file and the control of the Chantes & Nonprofits.	A corpor Part I on	= ation required to file ly	e Form 990-T and requesting an automatic 6-month extension - check this box and c		cion of time	>
Interest below (6 months for a corporation required to file Form 990-1), However, you cannot file Form 8868 electronically if (1) you want the additional (incit automatic) — consolidated Form 990-1). Google of 870, g	to file ınd	ome tax retums.				
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THE CALGUNS FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. Number street, and room or suite no. If a P.O. box, see instructions.	Type or	Name of Exemp	t Organization	Empl	oyer identif	ication number
All Park State All Profest All Profest All Pools All Po	print	THE CALC	UNS FOUNDATION	2	6-2794	094
City, town or post office, state, and ZIP code. For a foreign address, see instructions. REDWOOD CITY, CA 94065-1197 Check type of return to be filed(file a separate application for each return): Form 990	File by the due date for filing your					
X Form 990	return See instructions	City, town or po	st office, state, and ZIP code. For a foreign address, see instructions.			`
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 THE ORGANIZATION - 3200 BRIDGE PARKWAY, NO. 202C - Telephone No 650-275-1015 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 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 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 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 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 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 this is for a Group Return, enter the organization return for the organization of time until NOVEMBER 15, 2009 , to file the exempt organization return for the organization named above. The extension is for form organization's return for calendar year or large and enter form 900-T) extension of time until NOVEMBER 15, 2009 , and ending MAR 31, 2009 . If this axyear is for less than 12 months, check reason: Initial return Final return Change in accounting period and a supplication 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, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ Balance Due. Subtract line 3b from line 3a	Check ty	ype of return to be	filed (file a separate application for each return)			
The books are in the care of ▶ REDWOOD CITY, CA 94065-1197 Telephone No ▶ 650-275-1015 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 ElNs 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 NOVEMBER 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ all calendar year or ▶ X tax year beginning MAY 6, 2008, and ending MAR 31, 2009 2 If this tax year is for less than 12 months, check reason: X Initial return Renamed Tender or the organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3 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 \$ 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.	Fo Fo	m 990-BL m 990-EZ	Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form	5 227 6069		
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