

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No 1545-1150

**2012**

**Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning **JULY 01**, 2012, and ending **JUNE 30**, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization KNIGHTS OF COLUMBUS #5667	<b>D</b> Employer identification number 23-7107527
	Number & street (or P O box, if mail is not delivered to street addr) Room/suite P.O. BOX 861	<b>E</b> Telephone number (321) 268-2764
	City or town, state or country, and ZIP + 4 TITUSVILLE FL 32781	<b>F</b> Group Exemption Number ▶ 0018

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ N/A

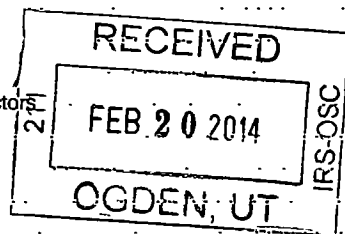
**J** Tax-exempt status (check only one) --  501(c)(3)  501(c)(8) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 158,455

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	11,985
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	4,090
	<b>4</b> Investment income	<b>4</b>	80
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	101,475
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	40,825	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	62,343	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	79,957	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	96,112	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	15,258
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	1,807
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	24,000
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	2,378
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	32,566
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	76,009
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	20,103	
<b>ASSETS</b>	<b>19</b> 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)	<b>19</b>	27,571
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	47,674



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21

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 2 columns: Description, Expenses. Rows 28-32 describe program services and total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, & deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'See attachment #2'.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Questions range from 33 to 45b, covering topics like significant activity, document changes, business income, political expenditures, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

		Yes	No
46			X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

		Yes	No
47			

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48			
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a			
-----	--	--	--

b If "Yes," was the related organization a section 527 organization?

49b			
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50 Complete this table for the organization's 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

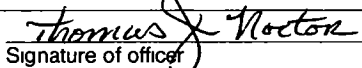
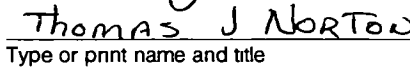
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

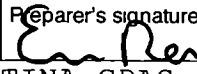
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

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 knowledge.

**Sign Here**   
Signature of officer  
  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ERNEST RESTINA  
Preparer's signature:   
Firm's name: HUNT & RESTINA CPAS  
Firm's address: 1309 GARDEN STREET

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization  
**KNIGHTS OF COLUMBUS #5667**

Employer identification number  
**23-7107527**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>a</b> Mail solicitations               | <input type="checkbox"/> <b>e</b> Solicitation of non-government grants |
| <input type="checkbox"/> <b>b</b> Internet and email solicitations | <input type="checkbox"/> <b>f</b> Solicitation of government grants     |
| <input type="checkbox"/> <b>c</b> Phone solicitations              | <input type="checkbox"/> <b>g</b> Special fundraising events            |
| <input type="checkbox"/> <b>d</b> In-person solicitations          |   |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHRISTMAS	CHARITY BA	(total number)	(add col (a) through col (c))
		(event type)	(event type)		
1	Gross receipts	28,763	12,062		40,825
2	Less Contributions				
3	Gross income (line 1 minus line 2)	28,763	12,062		40,825
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		6,000	6,000
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	12,894	11,579	
10	Direct expense summary. Add lines 4 through 9 in column (d)				( 30,473 )
11	Net income summary. Combine line 3, column (d), and line 10				10,352

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

REVENUE		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
			bingo/progressive bingo		
1	Gross revenue	101,475			101,475
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs	22,653		22,653
	5	Other direct expenses	9,217		9,217
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 31,870 )
8	Net gaming income summary. Combine line 1, column d, and line 7				69,605

9 Enter the state(s) in which the organization operates gaming activities FL  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in.
 

13a		%
13b		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS #5667

Employer identification number

23-7107527

CHRISTMAS TREE SALES, DINNER DANCES AND REGULAR BINGO NIGHTS WERE HELD DURING THE FISCAL YEAR AND ALL PROFITS OVER EXPENSES WERE USED TO CARRYOUT THE CHARITABLE PURPOSES OF THE ORGANIZATION. FINANCIAL SUPPORT WAS GIVEN TO SEVERAL YOUTH ORGANIZATIONS FOR ACTIVITIES AND ACADEMIC SCHOLARSHIPS. DECEASED MEMBERS WERE PUBLICLY HONORED AND REMEMBERED.



# 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01	, and ending	06-30-2013
Name of Organization KNIGHTS OF COLUMBUS #5667				Employer Identification Number 23-7107527

Primary Purpose
FRATERNAL, PATRIOTIC, CATHOLIC ORGANIZATION

## 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

<b>Open to Public Inspection</b>	For calendar year 2012 or tax period beginning <u>07-01-2012</u> , and ending <u>06-30-2013</u> .	
Name of Organization <b>KNIGHTS OF COLUMBUS #5667</b>		Employer Identification Number <b>23-7107527</b>

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
TERRY TESDALL GRAND KNIGHT		0	0	0
CLAY LOCKE DEPUTY G.N.		0	0	0
TOM NORTON TREASURER		0	0	0
MIKE H. OLKA RECORDER		0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01, and ending 06-30-2013
Name of Organization KNIGHTS OF COLUMBUS #5667	Employer Identification Number 23-7107527

Part V - Line 42a

Individual Name . . . . . TOM NORTON

or

Business Name

Street Address . . . . . 303 READING AVE

U S Address:

Zip code 32796- City Titusville State FL

Foreign Address

City

Province or State . . . . .

Country . . . . .

Postal code . . . . .

Phone Number . . . . . (321) 268-2764

Fax Number . . . . .

2012 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667  
23-7107527

STATEMENT #1 - Grants and similar amts paid (990-EZ PG 1 Line 10)

SEMINARIAN SUPPORT.....	1,200
B.E.T.A.....	1,200
RUN FOR LIFE.....	250
SPECIAL CHARITY DONATIONS.....	430
HOSPICE.....	1,200
CAMPUS MINISTRY.....	1,200
ST. TERESA SCHOOL SUPPORT.....	1,000
HANDICAPPED CITIZENS DRIVE.....	4,833
BENEFIT FUND RAISERS.....	845
SHOES FOR THE NEEDY.....	100
SCHOLARSHIP AWARDS.....	1,000
PROJECT GRADUATION PARTIES.....	500
TEACHER'S ASSISTANCE PROGRAM.....	1,500

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 15,258

STATEMENT #2 - Professional Fees (990-EZ PG 1 Line 13)

ACCOUNTING FEES.....	600
FINANCIAL SECRETARY TRAVEL EXPENSE.....	720
FINANCIAL SECRETARY FEE.....	487

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 1,807

STATEMENT #3 - Other expenses (EOEZ Pg 1 Line 16)

CHURCH BULLITENS.....	950
EASTER EGG HUNT.....	400
MOTHER'S DAY BREAKFAST.....	932
CLERGY NIGHT GIFTS.....	950
FAMILY PICNIC.....	1,023
AWARDS NIGHT.....	1,196
CLERGY NIGHT DINNER EXPENSE.....	1,293
MISCELLANEOUS.....	1,369
COUNCIL SUPPLIES.....	2,681
GRAND KNIGHT FUND.....	64
BUILDING IMPROVEMENTS.....	10,160
STATE PER CAPITA.....	1,632
SUPREME PER CAPITA.....	443
ADVERTISING.....	505
CONTINGENCY FUND.....	4,109
STATE CONVENTION PROGRAM.....	100
4TH OF JULY.....	1,038
BANK SERVICE FEES.....	283
3RD DEGREE EXEMPLIFICATION.....	80
ST PATRICK'S DAY.....	2,104
STATE CONVENTION DELEGATE EXPENSE.....	1,254

2012 DETAIL STATEMENTS

KNIGHTS OF COLUMBUS #5667  
23-7107527

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TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	32,566
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STATEMENT #4 - Other direct expenses bingo (SCH G, PG 2 Line 5)	
BINGO AWARDS.....	275
LICENSE.....	50
BINGO KITCHEN.....	8,892
TOTAL CARRIED TO SCH G, PG 2 Line 5.....	9,217

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STATEMENT #5 - Other Direct expenses (Sch G, Part II Line A-7a)	
CHRISTMAS TREE EXPENSES.....	12,894
TOTAL CARRIED TO Sch G, Part II Line A-7a.....	12,894

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STATEMENT #6 - Other Direct expenses (Sch G, Part II Line B-7a)	
ENTERTAINMENT EXPENSES.....	44
CHARITY BALL EXPENSES.....	11,535
TOTAL CARRIED TO Sch G, Part II Line B-7a.....	11,579

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## Application for Extension of Time To File an Exempt Organization Return

▶ **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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions <b>KNIGHTS OF COLUMBUS #5667</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>23-7107527</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 861</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TITUSVILLE FL 32781</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 of Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ See attachment #3

Telephone No ▶ \_\_\_\_\_ FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 18. 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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY, 20 14, 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 JULY 01, 20 12, and ending JUNE 30, 20 13

**2** If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> 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>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**