Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150 2008

Open to Public Inspection

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Section 691(c)(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website:	\equiv			tions.	-		-				
a completed Schedule A (Form 990 or 990-EZ). Website:						G Acc					
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K Check ► Might the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization choose to file a return. Be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► S O Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1 Continuous, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5b b C Sa Special serial and activities (contact that is supported on line 1) 5 Special serial and activities (contact that is a supported on line 1) 6 Special serial and activities (contact that is a supported on line 1) 6 Less office the supported on line 1) 7 Less office the supported on line 1) 8 Other revenue (describe 1) 9 Total rovenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total rovenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total rovenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (a				eck onb	(one) - ▼ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	•					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part III Statement of Program Service Acc	complishments (See the	Instructions for Part III)		Expenses
What is the organization's primary exempt purpose? PROVI				(Req	juired for 501(c)(3)
Describe what was achieved in carrying out the organization		(4) organizations 4947(a)(1) trusts			
describe the services provided, the number of persons benef	fited, or other relevant informa	ation for each program	title		nal for others.)
28 CURRENTLY THERE IS NO ACTIVITIES WITH	N THE ORGANIZATION			T	
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29				1 1	
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30					
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(Grants \$) If this a	mount includes foreign grants	s check here		30a	
31 Other program services (attach schedule) · · · · · · ·	mount moudes roleign grants	s, check here		304	
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	mount includes foreign grants			31a	
32 Total program service expenses (add lines 28a through				32	0
Part IV List of Officers, Directors, Trustees, and Key		(c) Compensation	,		
(a) Name and address	(b) Title and average hours per week	(If not paid,	(d) Contributions employee benefit pla	ans &	(e) Expense account and
	devoted to position	enter -0)	deferred compensa	ation	other allowances
LILLAN BUFFIN	PRESIDENT OF TH				_
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MADELINE MITCHELL	SECRETARY			ļ	
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CECELIA WILSON	CHIEF FINANCIAL		1	ľ	
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Form	1990-EZ (2008) UROJAS COMMUNITY SERVICES 26-2	211142	F	Page 3			
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)						
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed						
•	description of each activity	33	-	X			
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"						
	attach a conformed copy of the changes	34	 	X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but						
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T						
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,						
	and proxy tax requirements?	· · · 35a		<u>X</u>			
	If "Yes," has it filed a tax return on Form 990-T for this year?	· · · 35b	·	 			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"						
27 -	complete applicable parts of Schedule N	36	 	X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions			L			
	Did the organization file Form 1120-POL for this year?	· · · 37b	<u>) </u>	<u> X</u>			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	<u> </u>		الـــا			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	· · · 38a	-	X			
	If "Yes," complete Schedule L, Part II and enter the total amount involved		· .				
39	501(c)(7) organizations. Enter	İ	6.,	ľ			
	Initiation fees and capital contributions included on line 9						
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4915 ▶ , section 4955 ▶						
	section 4911 ▶, section 4912 ▶, section 4955 ▶ Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction	_		لــــا			
ь	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule						
	L, Part I	406	.]	J.			
^	Enter amount of tax imposed on organization managers or disqualified persons during		<u>'</u>	X			
·	the year under sections 4912, 4955, and 4958	į, ,	A 22				
а	Enter amount of tax on line 40c reimbursed by the organization	 '	-	21			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter						
·	transaction? If "Yes," complete Form 8886-T	40e	+	 '			
41	List the states with which a copy of this return is filed CA		1				
		16-789-1	040				
42 u	Located at ▶805 APGAR STREET OAKLAND, CA ZIP +4 ▶	94608					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b	+	X			
	If "Yes." enter the name of the foreign country		7	ΡĤ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
	and Financial Accounts.		٠,,				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	· · 42c		X			
_	If "Yes," enter the name of the foreign country	<u> </u>					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	.		• 🗍			
	and enter the amount of tax-exempt interest received or accrued during the tax year						
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1				
-	Form 990-EZ	44	1	X			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		1				
•	"Yes," Form 990 must be completed instead of Form 990-EZ	45	1	X			
_	EEA	Form 9	90-EZ (

b If "Yes," was the related organization(s) a sign Evaluate this table for the five highest come each received more than \$100,000 of composition of the each employee paid more than \$100,000 NONE Total number of other employees paid over \$100, 51 Complete this table for the five highest come compensation from the organization of their composition of the each independent continuous to the each ind	nd 51							
Did the organization engage in lobbying act lis the organization operating a school as de lis the organization make any transfers to be lif "Yes," was the related organization(s) a second the five highest come each received more than \$100,000 of composition (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100, 51 Complete this table for the five highest come compensation from the organization of the independent contractors and the independent contractors are under the penalties of penjury, I declare that and belief its true, correct, and compensation from the organization of the penalties of penjury, I declare that and belief its true, correct, and compensation from the organization of the penalties of penjury, I declare that and belief its true, correct, and compensation from the organization of penjury o	ect political campaign act	vities on behalf	of or in opposi	tion to		Yes	No	
Is the organization operating a school as de 49 a Did the organization make any transfers to b If "Yes," was the related organization(s) a s Complete this table for the five highest come each received more than \$100,000 of comp. (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100, 51 Complete this table for the five highest come compensation from the organization. If there is an address of each independent contents in the compensation from the organization of the independent contents. Sign and belief it is true, correct, and compensation from the part of penury, I declare that and belief it is true, correct, and compensation from the penut of penury, I declare that and belief it is true, correct, and compensation from the penut of penury, I declare that and belief it is true, correct, and compensation from the penut of penury, I declare that and belief it is true, correct, and compensation from the penut of penury, I declare that and belief it is true, correct, and compensation from the penut of penut o	te Schedule C, Part I				46		Х	
A9 a Did the organization make any transfers to b if "Yes," was the related organization(s) a signature of other independent contractors each number of other independent contractors.	nties? If "Yes," complete	Schedule C, Par	rt II • • • • •	• • • • • • • • • • • • • • • • • • • •	47		Х	
b If "Yes," was the related organization(s) a sign English of the five highest come each received more than \$100,000 of composition of other employees paid over \$100,000 of composition of other employees paid over \$100,000 of composition from the organization of their composition from the organization of their composition of other independent contractors each independent contractors each independent contractors of other inde	cribed in section 170(b)(1)(A)(II)? If "Yes,	" complete Sch	nedule E · · · · · · · · · · · ·	48		X	
Complete this table for the five highest come each received more than \$100,000 of complete than \$100,000 of complete than \$100,000 NONE Total number of other employees paid over \$100, 51 Complete this table for the five highest come compensation from the organization of their compensation of their compens	49 a Did the organization make any transfers to an exempt non-chantable related organization?							
each received more than \$100,000 of comp (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100, 51 Complete this table for the five highest common compensation from the organization of their compensation of their compensati	-				49b		X	
Total number of other employees paid over \$100, 100, 100, 100, 100, 100, 100, 100,	-							
Total number of other employees paid over \$100, 51 Complete this table for the five highest com compensation from the organization. If ther (a) Name and address of each independent cont NONE Total number of other independent contractors each independent each ind	(b) Title and average hours per will devoted to pos	ek	Compensation	(d) Contributions to employee benefit plans & deferred compensation		xpense unt and lowance	s	
Compensation from the organization of their contractors of each independent contractors. NONE Total number of other independent contractors each under penalties of perjury, I declare that and belief of its true, correct, and complete in the contractors. Sign Sign Figurative of officer PASTOR JASPER FOWERY, Type or print name and ditte.								
Complete this table for the five highest comcompensation from the organization. If their compensation from the organization is the organization. Total number of other independent contractors early contractors and compensation. Organization from the organization is the organization of the organization. Organization is the organization of the organization of the organization is the organization of the organiz			······································					
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Complete this table for the five highest comcompensation from the organization. If their compensation from the organization is the organization. Total number of other independent contractors early contractors and compensation. Organization from the organization is the organization of the organization. Organization is the organization of the organization of the organization is the organization of the organiz								
Compensation from the organization of their compensation of their independent contractors each independent contractors.								
Total number of other independent contractors ear Under penalties of perjury, I declare that and belief it is true, correct, and complete the structure of the	•	tractors who ead	ch received mo	ore than \$100,000 of				
Total number of other independent contractors ear Under penalties of perjury, I declare that and belief it is true, correct, and complete the strue of the structure of the st	ctor paid more than \$100,000		(b) Typ	e of service (c) Comper	sation		
Under penatyles of perjury, I declare that and belief ayis true, correct, and complete structure. Sign Signature of officer PASTOR JASPER LOWERY, Type or print name and fitte. Preparer's								
Under penatyles of perjury, I declare that and belief ayis true, correct, and complete structure. Sign Signature of officer PASTOR JASPER LOWERY, Type or print name and fitte. Preparer's								
Under penatyles of perjury, I declare that and belief ayis true, correct, and complete structure. Sign Signature of officer PASTOR JASPER LOWERY, Type or print name and fitte. Preparer's								
Under penatyles of perjury, I declare that and belief ayis true, correct, and complete structure. Sign Signature of officer PASTOR JASPER LOWERY, Type or print name and fitte. Preparer's								
Under penatyles of perjury, I declare that and belief ayis true, correct, and complete structure. Sign Signature of officer PASTOR JASPER LOWERY, Type or print name and fitte. Preparer's	n receiving over \$100 000							
And belief N is true, correct, and complete Sign Here PASTOR JASPER FOWERY, Type or print name and fitte Preparer's	have examined this return, include	ing acc						
PASTOR JASPEN LOWERY, Type or print name and little Preparer's	Declaration of preparer (other t	han offi						
	EXECUTIVE DIRECTO	PR .						
'uiu '								
Use Only Firm's name (or yours if self-employed), 420 1	olsom Road Suite	Ste 2						
	11e, CA 95678	tions						
May the IRS discuss this return with the preparer	iown above / See instruc	แบกร						

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

2008

Open to Public Inspection

Name of the organization													
		COMMUNITY SERV								211142			
Pa				y Status (All organiza				(see instr	uctions)				
	orga	•		use it is (Please check of	-	-	-						
1				ssociation of churches d		1 Section 1	/U(D)(1)(A)(1).					
2	\mathbb{H})(A)(ii). (Attach Schedule									
3	Щ	•	•	vice organization descri		٠.		•	,				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state											
5	Ш	An organization oper	rated for the benef	it of a college or universi	ty owned	or operated	by a gove	emmental	unit descri	bed in			
		section 170(b)(1)(A)	(iv). (Complete Pai	rt II.)									
6		A federal, state, or lo	cal government or	governmental unit desc	nbed in s e	ection 170(b)(1)(A)(v)	.					
7	X	An organization that	normally receives	a substantial part of its s	support fro	m a goverr	nmental ur	nit or from	the genera	f public			
		described in section	170(b)(1)(A)(vi). (Complete Part II.)									
8	\sqcup	A community trust de	escribed in section	170(b)(1)(A)(vi). (Compl	lete Part II)							
9		•	-	(1) more than 33 1/3% (•	-			
		•		empt functions - subject		-							
		support from gross II	nvestment income	and unrelated business	taxable inc	come (less	section 5	11 tax) fro	m business	es			
				: 30, 1975 See section !			-						
10	Ц			d exclusively to test for p									
11	Ш			d exclusively for the ben									
				orted organizations desc						section			
			_	the type of supporting of	_								
		a Type I	b Тур	_		-Functiona			d (Type I	II-Other		
e				rganization is not control									
				rs and other than one or	more pub	liciy suppo	πed organ	lizations d	escribed in	section			
_		509(a)(1) or section							_				
f		J		etermination from the IRS		alypei,i	ype II, or I	ype III su	porting				_
		organization, check t					• • • • •			• • • • •			• • [
g		•	06, has the organiz	zation accepted any gift of	or contribu	tion from a	iny of the						
		following persons?											
		• • •	•	controls, either alone or		with persor	ns describe	ed in (ii)				Yes	No
		• • •		y of the supported organ					• • • • •		11g(i)	 -	—
		• •	•	cribed in (i) above? • •						• • • • •	11g(B)	₩.	↓
				n described in (i) or (ii) a						• • • • •	11g(iii	<u> </u>	<u> </u>
<u>_h</u>		Provide the following	information about	the organizations the or	ganızatıor	supports					7		
1	(i) Na	ame of supported	(n) EIN	(III) Type of organization	1	organization	(v) Did y	-		s the tion in col		Amoun	t of
		organization		(described on lines 1-9 above or IRC section		sted in your document?	the organiz		(i) organize	ed in the	1	support	
				(see instructions))			ļ ·			S?			
					Yes	No	Yes	No	Yes	No			
							 	 	<u> </u>	<u> </u>			
								 					
					 		 	 -					
					 -	-	 		 				
					ĺ		1]	1		
					 	 	,	 					
							l [*]	1					

EEA

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	muai year (or iiscai year beginning in)	(a) 2004	(6) 2005	(6) 2000	(4) 2007	(8) 2000	(i) i Otai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each			200			
	person (other than a governmental unit or				TO THE STATE OF	The state of the s	
	publicly supported organization) included	and the second	arca.	And the second of		200	
	on line 1 that exceeds 2% of the amount	A - 0 - 147	12.5	The last		1000	
	shown on line 11, column (f)			Section 2	Market Street of Park	The second second	
6	Public support. Subtract line 5 from line 4 · ·	and house of	100	V.aneron	10.0004	print Office of the Polices assumed	
300	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 · · · ·		WE'S	The property of	Marin (N. A.)	200	
12	Gross receipts from related activities, etc. (see inst	tructions) · · ·				12	-
13	First five years. If the Form 990 is for the organiza	tion's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) organization	ı, •••• ▶ [
Sec	tion C. Computation of Public Suppor	t Percentage)				
14	Public support percentage for 2008 (line 6, column	(f) divided by lin	ie 11, column (f))		• • • • • • •	14	%
15	Public support percentage from 2007 Schedule A,	Part IV-A, line 26	6f • • • • • •			15	%
l6a	33 1/3% support test - 2008. If the organization did	I not check the b	ox on line 13, and	d line 14 is 33 1/3	3% or more, che	ck this box	
	and stop here. The organization qualifies as a pub	licly supported o	rganization .				• • • • • [
b	33 1/3% support test - 2007. If the organization did	I not check a box	on line 13 or 16	a, and line 15 is	33 1/3% or more	, check this	
	box and stop here. The organization qualifies as a						• • • • • [
17a	10%-facts-and-circumstances test - 2008. If the or			n line 13, 16a, or	16b, and line 14	is 10% or	
	more, and if the organization meets the "facts-and-						
	organization meets the "facts-and-circumstances"						▶ [
h	10%-facts-and-circumstances test - 2007. If the or	_					L
	more, and if the organization meets the "facts-and-						
	organization meets the "facts-and-circumstances"						
40	Private foundation. If the organization did not chec] • • • • •
18	Private foundation. If the organization did not chec	CV 9 DOX OU HUE	10, 100, 100, 172	i, or 170, check t	ins out and see	n ioti dottotto	

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization'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 · · · · · · · · · · · · · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · · ·			}			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		Terminal terminal	نق العرب العالم	April 19		
14	First five years. If the Form 990 is for the organization check this box and stop here	ation's first, secon	d, third, fourth, o				
Sec	tion C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2008 (line 8, column			• • • • • • • •		15	%
16	Public support percentage from 2007 Schedule A,	Part IV-A, line 27	<u>'g · · · · · · · · · · · · · · · · · · ·</u>	• • • • • • •		16	%
<u>Sec</u> 17	tion D. Computation of Investment Inc Investment income percentage for 2008 (line 10c,			mn (f)) · · ·		17	%
18	Investment income percentage from 2007 Schedu		-			18	%
19a	33 1/3% support tests - 2008. If the organization d	id not check the b	oox on line 14, ar	nd line 15 is more	than 33 1/3%, a	and line 17 is	
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests - 2007. If the organization d	_	•		-		· · · · · ▶ ☐
	is not more than 33 1/3%, check this box and stop						▶ ┌
20	Private Foundation: If the organization did not che	-	•		•		▶ 📋

(Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue Service File a separate application for each return.									
 If you are fil 	ng for an Automatic 3-Month Extension,	complete only Part I and check this box	· · · · · · · · · · · X						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)									
Do not comple	te Part II unless you have already been g	ranted an automatic 3-month extension on a previously filed Form 8	3868						
Part I	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
A corporation r	equired to file Form 990-T and requesting	an automatic 6-month extension - check this box and complete							
Part I only • •			• • • • • • • □						
	ations (including 1120-C filers), partnersh me tax returns.	nips, REMICs, and trusts must use Form 7004 to request an extensi	on of						
one of the retu electronically if returns, or a co	Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits								
Type or	Name of Exempt Organization	Employe	er identification number						
print	UROJAS COMMUNITY SERVICES	26-22:	11142						
File by the	Number, street, and room or suite no. If	a P O box, see instructions							
due date for filing your	805 APGAR STREET								
return See	City, town or post office, state, and ZIP	code. For a foreign address, see instructions.							
instructions	OAKLAND, CA 94608								
Check type of	return to be filed (file a separate applicate	on for each return)							
Form 990	Form 99	90-T (corporation)	720						
Form 990-E	L Form 99	90-T (sec 401(a) or 408(a) trust)	227						
X Form 990-E	Z Form 99	90-T (trust other than above)	069						
Form 990-F	FForm 10	041-A	870						
Telephone If the organ If this is for for the whole galist with the r	No. ▶ 916-789-1040 zation does not have an office or place of a Group Return, enter the organization's froup, check this box • • ▶ If it is for ames and EINs of all members the extension		▶ □						
1 I reques		rporation required to file Form 990-T) extension of time							
until	08-17, 2009, to file the exe	mpt organization return for the organization named above. The exte	nsion is						
	ganization's return for								
==	alendar year 20 <u>08</u> or								
▶ ∐ta	x year beginning	, 20, and ending, 2	.0						
2 If this tax year is for less than 12 months, check reason XIInitial return Final return Change in accounting penod									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,									
less any nonrefundable credits. See instructions 3a \$									
b If this ap	plication is for Form 990-PF or 990-T, ent	er any refundable credits and estimated tax							
<u></u>	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. 3c \$								
		ndrawal with this Form 8868, see Form 8453-EO and Form 8879-EC)						
for payment instructions									