

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 9/01/08, **and ending** 8/31/09

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization Edmonds Driftwood Players, Inc.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 385</p> <p>City or town, state or country, and ZIP + 4 Edmonds WA 98026</p>	<p>D Employer identification number 91-6060943</p> <p>E Telephone number 425-774-9600</p> <p>F Group Exemption Number ▶</p>
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ driftwoodplayers.com

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

J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **307,668**

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

	1 Contributions, gifts, grants, and similar amounts received		27,295
	2 Program service revenue including government fees and contracts		234,224
	3 Membership dues and assessments		
	4 Investment income		1,101
	5a Gross amount from sale of assets other than inventory	28,412	
	b Less: cost or other basis and sales expenses	56,649	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	See Stmt 1	-28,237
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	11,296	
	b Less: direct expenses other than fundraising expenses	6,605	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		4,691
	7a Gross sales of inventory, less returns and allowances		
	b Less: cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ▶ See Statement 2)		5,340
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		244,414
	10 Grants and similar amounts paid (attach schedule)		3,000
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		108,605
	13 Professional fees and other payments to independent contractors		
	14 Occupancy, rent, utilities, and maintenance		36,683
	15 Printing, publications, postage, and shipping		36,194
	16 Other expenses (describe ▶ See Statement 3)		99,730
	17 Total expenses. Add lines 10 through 16		284,212
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-39,798
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		386,686
	20 Other changes in net assets or fund balances (attach explanation) See Statement 4		-7,294
	21 Net assets or fund balances at end of year Combine lines 18 through 20		339,594

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

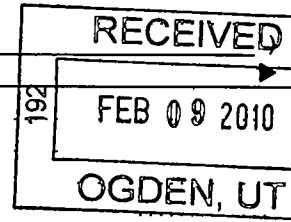
(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	425,947	22	389,373
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 5)	950	24	2,019
25 Total assets	426,897	25	391,392
26 Total liabilities (describe ▶ See Statement 6)	40,211	26	51,798
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	386,686	27	339,594

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

Form **990-EZ** (2008)

SCANNED FEB 22 2010



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

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

What is the organization's primary exempt purpose? See Statement 7			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Statement 8		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	225,231
29	See Statement 9		
	(Grants \$ 3,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	14,532
30	See Statement 10		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	239,763

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dutch Heetbrink	President 20	0	0	0
Silas Lindenstien	Vice Pres. 10	0	0	0
Syrinda Sharpe	Secretary 10	0	0	0
Dibra M. Kildow	Treasurer 20	0	0	0
Damian Amrhein	At Large 10	0	0	0
Doreen Duvall	At Large 10	0	0	0
JoAnne Branch	At Large 10	0	0	0

Part 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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. None		
42a	The books are in care of Dibra M Kildow Telephone no 425-774-9600 P.O. Box 385 Located at Edmonds, WA ZIP + 4 98020		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country:		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 12-4-10

Type or print name and title: *DIBRA A. KILGOW* TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instr): _____

Phone no. **425-778-4166**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Edmonds Driftwood Players, Inc.

Employer identification number

91-6060943

Part I 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)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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.
 - a Type I b Type II c Type III—Functionally Integrated 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).
- f 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.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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.)

Section A. Public Support

Calendar 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")	20,401	17,724	13,493	11,103	29,535	92,256
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	20,401	17,724	13,493	11,103	29,535	92,256
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						92,256

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	20,401	17,724	13,493	11,103	29,535	92,256
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,640	3,646	4,571	4,381	1,101	18,339
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)				9,568	10,031	19,599
11 Total support. Add lines 7 through 10						130,194
12 Gross receipts from related activities, etc (see instructions)					12	1,074,195
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	70.8604 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	78.0906 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
b 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Federal Statements

**Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -
Securities**

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Franklin Income Fund		Various	3/17/09	\$ 17,611	\$ 31,826	\$	-14,215
	Purchase	Brokerage sale						
	Corporate Bonds		Various	3/17/09	10,801	24,823		-14,022
	Purchase	Brokerage sale						
	Total				\$ 28,412	\$ 56,649	\$ 0	\$ -28,237

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Building Rental	\$ 4,450
Program Advertising	890
Total	<u>\$ 5,340</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Loan Interest	625
Liability Insurance	2,624
Bank Charges	3,396
Misc.	1,279
Costs of Education	3,682
Hospitality	6,433
Postage	1,059
Committee	1,192
Opening Night Receptions	1,024
Production Expenses	63,372
Season Ticket Expense	2,221
Shop Supplies	3,563
Repairs & Maintenance	5,964
Telephone	3,296
Total	<u>\$ 99,730</u>

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Correct posting errors in prior years	\$ -7,294
Total	<u>\$ -7,294</u>

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 950	\$ 1,512
Prepaid Expenses and Deferred Charges		507
	<u>950</u>	<u>2,019</u>

Federal Statements

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 1,399	\$ 8,876
Prepaid Sales	35,735	41,645
Payroll Liabilities	3,077	1,277
	<u>40,211</u>	<u>51,798</u>

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The mission of the Edmonds Driftwood Players is to provide a facility, supervision and education to develop talent of all ages in theatre crafts, and to present a variety of theatrical entertainment to the community. Our goal is to entertain and culturally enrich the community while offering artists and hobbyists the opportunity to acquire and utilize skills in the performing arts

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

The Players produced five fully-staged productions of varying types during the fiscal year, including one musical. Designers, technicians and actors serve without pay. Directors, stage managers and musical production staff receive salaries. Our productions are well-known throughout the area for their high quality. More than 10 former actors, members, designers and/or technicians are currently working in local professional theatres, while others are working professionally in other states--some in movies and television. The Players also produced Alternative Stage productions featuring original work and other work not suitable for a general audience due to language, subject matter, etc.

Statement 9 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

Education in the form of seminars and classes is made available to members to enhance skills. In addition, the Players present classes & workshops in theatre arts for adults and children. (Wages for instructors included in Line 26) The musical comedy workshop produces a two weekend performance run of a musical this year) as a final class project. In addition, the Players offer scholarships to qualified high school students who will be continuing in theater arts, and sometimes to college students who are working on theater degrees.

Statement 10 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

Other activities enhance member experiences and the community. These include presentation of local artists work in the lobby, opening night receptions, readings of new works, etc.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization Edmonds Driftwood Players, Inc.	Employer identification number 91-6060943
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 P.O. Box 385	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Edmonds WA 98026	

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

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

● The books are in the care of ▶ **Dibra M Kildow**

Telephone No ▶ **425-774-9600** 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 EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **4/15/10**, to file the exempt organization return for the organization named above The extension is for the organization's return for
 ▶ calendar year or
 ▶ tax year beginning **9/01/08**, and ending **8/31/09**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
3b 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	\$
3c 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	\$

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.

Edmonds Driftwood Players, Inc.
Transaction Detail By Account
 September 2008 through August 2009

2:46 PM
 02/03/10
 Accrual Basis

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
Program Costs										
Scholarship										
Evelyn Perdue Mem. Scholarship										
Check	9/5/2008	12286	University Of Norther	Keisey Hull	Unrestrict		Banner Bank C	500.00		500.00
Check	8/12/2009	13045	University of Miami	Andrew Leonard	Unrestrict		Banner Bank C	500.00		1,000.00
								1,000.00	0.00	1,000.00
Total Evelyn Perdue Mem. Scholarship								1,000.00	0.00	1,000.00
Total Scholarship								1,000.00	0.00	1,000.00
Total Program Costs								1,000.00	0.00	1,000.00
TOTAL								1,000.00	0.00	1,000.00

Edmonds Driftwood Players, Inc.
Transaction Detail By Account
 September 2008 through August 2009

2:46 PM
 02/03/10
 Accrual Basis

Type	Date	Num	Name	Memo	Class	Cir	Split	Debit	Credit	Balance
Program Costs										
Scholarship										
Jan James Scholarship										
Check	9/15/2008	12285	Western Washington	Robin Turblom	Unrestrict		Banner Bank C	500.00		500.00
Check	8/12/2009	13044	Western Washington	Morgan Heetbrink	Unrestrict		Banner Bank C	500.00		1,000.00
								1,000.00	0.00	1,000.00
Total Jan James Scholarship										
								1,000.00	0.00	1,000.00
Total Scholarship										
								1,000.00	0.00	1,000.00
Total Program Costs										
								1,000.00	0.00	1,000.00
TOTAL										
								1,000.00	0.00	1,000.00

Edmonds Driftwood Players, Inc.
Transaction Detail By Account
 September 2008 through August 2009

2:47 PM
 02/03/10
 Accrual Basis

Type	Date	Num	Name	Memo	Class	Split	Debit	Credit	Balance
Program Costs									
Scholarship									
Peggy McGrath Scholarship									
Check	9/5/2008	12284	Edmonds Commun	Kristine	Unrestric	Banner Bank	500.00		500.00
Check	8/12/2009	13043	Gonzaga University	Lauren Campbell (Stu	Unrestric	Banner Bank	500.00		1,000.00
							1,000.00	0.00	1,000.00
Total Peggy McGrath Scholarship									
							1,000.00	0.00	1,000.00
Total Scholarship									
							1,000.00	0.00	1,000.00
Total Program Costs									
							1,000.00	0.00	1,000.00
TOTAL									
							1,000.00	0.00	1,000.00