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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

Department of the Treasury  
Internal Revenue Service

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 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.

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> INTA INC.		<b>D Employer identification number</b> 13-3913291
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 246 WEST 38TH STREET -8TH FL		<b>E Telephone number</b> (212) 278-8111
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10018		<b>F Group Exemption Number</b> . . . ▶

● 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:** ▶ EIKOANDKOMA.ORG

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

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

**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 . . . ▶ \$** 542,269.

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

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . STMT 1 5 a Gross amount from sale of assets other than inventory . . . . . 5 a b Less: cost or other basis and sales expenses . . . . . 5 b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . . 5 c 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) . . . . . 6 a b Less: direct expenses other than fundraising expenses . . . . . 6 b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . 6 c 7 a Gross sales of inventory, less returns and allowances . . . . . 7 a b Less: cost of goods sold . . . . . 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7 c 8 Other revenue (describe ▶ _____ ) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	1	296,271.
	2	238,648.
	3	
	4	7,350.
	5c	
	6c	
	7c	
	8	
	9	542,269.
<b>Expenses</b> 10 Grants and similar amounts paid (attach schedule) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe ▶ _____ ) . . . . . STMT 2 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	10	
	11	
	12	126,879.
	13	6,667.
	14	
	15	
	16	205,386.
17	338,932.	
<b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 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) . . . . . 20 Other changes in net assets or fund balances (attach explanation) . . . . . 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	18	203,337.
	19	368,920.
	20	
	21	572,257.

## 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 . . . . . STMT 3	320,012.	340,290.
23	Land and buildings . . . . .		
24	Other assets (describe ▶ _____ ) . . . . . STMT 4	59,871.	285,967.
25	<b>Total assets</b> . . . . .	379,883.	626,257.
26	<b>Total liabilities</b> (describe ▶ _____ ) . . . . . STMT 5	10,963.	54,000.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	368,920.	572,257.

19



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		
35a	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
35b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	N/A	
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 instructions ▶ 37a	NONE	
37b	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
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	N/A	
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 . . . . .		
39b	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 ▶ NONE; section 4912 ▶ NONE; section 4955 ▶ NONE		
40b	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
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .	NONE	
40d	d Enter amount of tax on line 40c reimbursed by the organization . . . . .	NONE	
40e	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. ▶ NY,		
42a	The books are in care of ▶ INTA INC. Telephone no ▶ 212-278-8111 Located at ▶ 246 WEST 38TH STREET- 8TH FL NEW YORK, NY ZIP +4 ▶ 10018		
42b	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)? . . . . .		X
	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.		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country ▶		
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"/>
	▶ 43		
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.

- 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.  Yes  No
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  Yes  No
  - 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Yes  No
  - 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
  - 49b If "Yes," was the related organization(s) a section 527 organization?  Yes  No
- 50 Complete this table for the 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 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 ▶		NONE		

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 receiving over \$100,000 . . . . . ▶		NONE

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.

**Sign Here**  
 Signature of officer: *Evans Sygoda* Date: 1/5/2010  
 Type or print name and title: President EVANS SYGODA

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 4/29/10  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: HECHT AND COMPANY, P.C. EIN ▶ 13-2891505  
 622 THIRD AVENUE NEW YORK, NY 10017 Phone no ▶ 212 819-8000

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



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	193,100.	146,749.	140,148.	151,652.	296,271.	927,920.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1-3 . . . . .	193,100.	146,749.	140,148.	151,652.	296,271.	927,920.
<b>5</b> 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) . . . . .						588,774.
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						339,146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .	193,100.	146,749.	140,148.	151,652.	296,271.	927,920.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	966.	3,593.	3,592.	5,635.	7,350.	21,136.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> Total support. Add lines 7 through 10 . . . . .						949,056.
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					12	858,739.
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	35.74 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	37.76 %
<b>16a</b> 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>b</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"/>	
<b>17a</b> 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 "fact-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>b</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"/>	
<b>18</b> 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"/>	

Part III 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

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 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.

14 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



INTA INC.

13-3913291

FORM 990EZ, PART I - INVESTMENT INCOME  
=====

DESCRIPTION  
-----

AMOUNT  
-----

INTEREST INCOME

7,350.

TOTAL

-----  
7,350.  
=====

FORM 990EZ, PART I - OTHER EXPENSES  
 =====

SUPPLIES	4,343.
TRAVEL	80,373.
PRODUCTION SUPPLIES	14,223.
PROMOTION	11,494.
MUSICIANS AND DANCERS	17,250.
LIGHTING DESIGN	5,650.
INSURANCE	4,269.
DIRECTOR AND PLANNING FEES	4,405.
MUSIC LICENSING FEE	2,706.
STORAGE	1,610.
BOOKING COMMISSIONS	33,705.
FISCAL SERVICES	10,750.
TELEPHONE	2,354.
PENSION PLAN ADMINISTRATOR	2,125.
DATA PROCESSING	1,203.
GRANT DEVELOPMENT	7,650.
MISCELLANEOUS	1,276.
	-----
TOTAL	205,386.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	160,389.	39,537.
SAVINGS	159,623.	300,753.
	-----	-----
TOTALS	320,012.	340,290.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS  
 =====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	5,364.	
GRANTS RECEIVABLE	38,754.	276,526.
PREPAID EXPENSES OR DEFERRED CHARGES	15,753.	9,441.
	-----	-----
TOTALS	59,871.	285,967.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
ACCOUNTS PAYABLE	10,963.	54,000.
	-----	-----
TOTALS	10,963.	54,000.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE ORGANIZATION'S PURPOSE IS TO PROVIDE THE RESOURCES NECESSARY FOR ARTISTIC DIRECTORS EIKO AND KOMA TO CREATE NEW WORKS, OFTEN IN COLLABORATION WITH NOTED COMPOSERS, MUSICIANS AND VISUAL ARTISTS; TO MAINTAIN EXISTING WORKS IN REPERTORY; AND TO INCREASE RECOGNITION AND AWARENESS OF THEIR ARTISTRY THROUGH PERFORMANCES AND WORKSHOPS AT HOME AND ON TOUR.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
IVAN SYGODA C/O PENTACLE 246 WEST 38TH STREET NEW YORK, NY 10018	PRESIDENT 1.	NONE	NONE	NONE
SHARON DENNIS WYETH 127 GORDONHURST AVE UPPER MONTCLAIR, NJ 07043	VICE PRES/SECY 1.	NONE	NONE	NONE
MARTHA ROTH 20 FIRST AVENUE NYACK, NY 10960	TREASURER 1.	NONE	NONE	NONE
EIKO OTAKE 400 WEST 43RD ST- RM 29M NEW YORK, NY 10036	ARTISTIC DIRECTOR 40.	30,500.	50,000.	NONE
TAKASHI OATAKE 400 WEST 43RD ST- ROOM 29M NEW YORK, NY 10036	ARTISTIC DIRECTOR 40.	25,500.	NONE	NONE
GRAND TOTALS		56,000.	50,000.	NONE

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>INTA INC.</b>	Employer identification number <b>13 3913291</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>C/O HECHT AND CO,; 622 THIRD AVE.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10017</b>	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **TAXPAYER**  
 Telephone No. ▶ ( **212** ) **819-8047** 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 is for.

- I request an additional 3-month extension of time until **MAY 15**, 20**10**.
- For calendar year \_\_\_\_\_, or other tax year beginning **JULY 1**, 20**08**, and ending **JUNE 30**, 20**09**.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **NOT ALL INFORMATION NEED TO PREPARE A COMPLETE RETURN HAS BEEN RECEIVED FROM OUTSIDE PARTIES.**

<b>8a</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>8a</b>	\$	<b>NONE</b>
<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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$	<b>NONE</b>

**Signature and Verification**

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

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_