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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 7/01		, 2008, and ending 6/30		, 2009	
B Check if applicable		C INTERNATIONAL FIRE SPRINKLER ASSOCIATION LTD. 40 JON BARRETT ROAD PATTERSON, NY 12563		D Employer identification number 52-2154784	
<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				E Telephone number (845) 878-4200	
				F Group Exemption Number ►	
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>					
I Website: ► SPRINKLERWORLD.ORG		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►			
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ► (insert no) 4947(a)(1) or 527		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
K Check ► <input type="checkbox"/> 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 ► \$ 447,162.					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)					
REVENUE SCANNED JUL 1 2010	1 Contributions, gifts, grants, and similar amounts received	1			
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3	444,765.		
	4 Investment income	4	2,397.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)				
	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)	6a			
b Less, direct expenses other than fundraising expenses	6b				
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					
7a Gross sales of inventory, less returns and allowances	7a				
b Less, cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe ►)					
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► <input type="checkbox"/>	9	447,162.			
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10			
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13	7,142.		
	14 Occupancy, rent, utilities, and maintenance	14			
	15 Printing, publications, postage, and shipping	15			
	16 Other expenses (describe ► SEE STATEMENT 2)	16	47,449.		
	17 Total expenses (add lines 10 through 16) ► <input type="checkbox"/>	17	204,591.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	242,571.		
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)	19	57,764.			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year Combine lines 18 through 20 ► <input type="checkbox"/>	21	300,335.			
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.)					
22 Cash, savings, and investments		(A) Beginning of year	(B) End of year		
23 Land and buildings		432,825.	22	658,355.	
24 Other assets (describe ► SEE STATEMENT 3)			23		
25 Total assets		35,122.	24	46,171.	
26 Total liabilities (describe ► SEE STATEMENT 4)		467,947.	25	704,526.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		410,183.	26	404,191.	
		57,764.	27	300,335.	

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

Form 990-EZ (2008)

IP

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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

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

28 SEE STATEMENT 6

(Grants \$

) If this amount includes foreign grants, check here

**28a****29**

(Grants \$

) If this amount includes foreign grants, check here

**29a****30**

(Grants \$

) If this amount includes foreign grants, check here

**30a****31** Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here

**31a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
 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
 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 6033(e) notice, reporting, and proxy tax requirements?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(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 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**; section 4912 ► **N/A**, section 4955 ► **N/A**

b 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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0.**

d Enter amount of tax on line 40c reimbursed by the organization ► **0.**

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

41 List the states with which a copy of this return is filed ► **NONE**

42a The books are in care of ► **INT'L FIRE SPRINKLER ASSOC LTD** Telephone no ► **(845) 878-4200**
 Located at ► **40 JON BARRETT ROAD** ZIP + 4 ► **12563**

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 a Foreign Bank and Financial Accounts.

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 ►

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 ► **43** **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	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.

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.

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

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

b If 'Yes,' was the related organization(s) a section 527 organization?

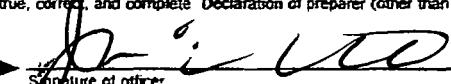
	Yes	No
46		
47		
48		
49a		
49b		

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 and deferred compensation	(e) Expense account and other allowances
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
Total number of other independent contractors 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.		
		Date	✓ 5/5/10
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's Identifying Number (See instructions) <input type="checkbox"/> P00031018
	Firm's name (or yours if self-employed), address, and ZIP + 4	5/5/10	EIN <input type="checkbox"/> 11-2924523
	Y.T. SHULMAN & CO., CPAS, P.C. 1 OLD COUNTRY ROAD, STE 240 CARLE PLACE, NY 11514		Phone no. <input type="checkbox"/> (516) 877-5900

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

BAA

Form 990-EZ (2008)

2008**FEDERAL STATEMENTS**
INTERNATIONAL FIRE SPRINKLER
ASSOCIATION LTD.**PAGE 1**

52-2154784

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: EUROPEAN FIRE SPINKLER NETWORK
DONEE'S ADDRESS: 70 UPPER RICHMOND ROAD
LONDON, SW15 2RP,
CASH AMOUNT GIVEN: \$ 150,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATION FEE	\$ 30,000.
ADVERTISING AND PROMOTION	669.
BANK CHARGES	323.
CONFERENCES, CONVENTIONS, AND MEETINGS	5,464.
MISCELLANEOUS	108.
TRAVEL	10,885.
TOTAL	\$ 47,449.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 35,122.	\$ 46,171.
TOTAL	\$ 35,122.	\$ 46,171.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 40,662.	\$ 29,883.
DEFERRED REVENUE	369,521.	374,308.
TOTAL	\$ 410,183.	\$ 404,191.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE AND ENHANCE THE INDUSTRY OF MANUFACTURING AND INSTALLING FIRE SPRINKLERS.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROMOTED AND ENHANCED THE BUSINESS OF MANUFACTURING AND INSTALLING FIRE SPRINKLER, WATER SPRAY AND WATER MIST SYSTEMS AND DEVICES IN ALL BUILDINGS, FROM HOMES TO HIGH-RISES, WORLDWIDE, WITH THE HIGHEST DEGREE OF COMPETENCE AND PROFESSIONALISM, FOR THE PURPOSE OF SAVING LIVES AND PROTECTING PROPERTY.

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ED LISTER C/O TYCO THE SECURITY HOUSE SUNBURY ON THAMES, MIDDLESEX TW16 5DB ENGLAND	TRUSTEE 0	0. \$	0. \$	0. .
JOHN VINIELLO 40 JON BARRETT ROAD PATTERSON, NY 12563	MANAGING DIR. 0	0. .	0. .	0. .
RUSSELL P. FLEMING 40 JON BARRETT ROAD PATTERSON, NY 12563	SECRETARY 0	0. .	0. .	0. .
NICHOLAS D. GROOS C/O VIKING CORP. ZONE INDUSTRI DIFFERDANGE, L-4562 LUXEMBOURG	CHAIRMAN 0	0. .	0. .	0. .
KEVIN FEE 103 FAIRVIEW PARK DRIVE ELMSFORD, NY 10523	TRUSTEE 0	0. .	0. .	0. .
GARY JOHNSON 2507 TOWNFIELD DRIVE CAPE CHARLES, VA 23310	TRUSTEE 0	0. .	0. .	0. .
LAURENS SWENNENHUIS KOPERSTEDEN 1 PO BOX 198 7500, AD ENSCHEDE 7500 NETHERLANDS	TRUSTEE 0	0. .	0. .	0. .
BEARNARD LEARS 5757 PHANTON DRIVE, SUITE 125 ST LOUIS, MO 63042	TRUSTEE 0	0. .	0. .	0. .
ROBERT WORLINGTON SR 4077 AIRPARK DRIVE STANDISH, MI 48658	TRUSTEE 0	0. .	0. .	0. .

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PARIS STAVRIANIDIS 1151 BOSTON-PROVIDENCE TURNPK NORWOOD, MA 02062	TRUSTEE 0	0. \$	0. \$	0.
KERRY M. BELL 333 PFINGSTEN ROAD NORTHBROOK, IL 60062-2096	TRUSTEE 0	0.	0.	0.
KLAUS HOFFMAN INUSTRIESTRASSE 10/12 BAD OLDESLOE, D23840 GERMANY	TRUSTEE 0	0.	0.	0.
BODO MUELLER KURT- FISCHER STR. 30 HAMBURG, D22926 GERMANY	TRUSTEE 0	0.	0.	0.
DEAN TAYLOR 110 CORPORATE DRIVE, SUITE 10 PORTSMOUTH, NH 03802	TREASURER 0	0.	0.	0.
LARRY THAU 4901 KESSLERVILLE DRIVE EASTON, PA 18040	TRUSTEE 0	0.	0.	0.
ERIC GREGOIRE P.O. BOX 86 VIRNATIE-VANTAA, 01301 FINLAND	TRUSTEE 0	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an
Exempt Organization ReturnDepartment 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 File by the due date for filing your return. See instructions	Name of Exempt Organization INTERNATIONAL FIRE SPRINKLER ASSOCIATION LTD.	Employer identification number 52-2154784
	Number, street, and room or suite number. If a P O box, see instructions 40 JON BARRETT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PATTERSON, NY 12563	

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-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 ► INT'L FIRE SPRINKLER ASSOC LTD -----

Telephone No. ► (845) 878-4200 ----- 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 2/15, 20 10, 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 7/01, 20 08, and ending 6/30, 20 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 \$	0.
b 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 \$	0.
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 \$	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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

- 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	Name of Exempt Organization INTERNATIONAL FIRE SPRINKLER ASSOCIATION LTD.	Employer identification number 52-2154784
	Number, street, and room or suite number If a P O box, see instructions J.T. SHULMAN & CO., CPAS, P.C.	For IRS use only
	File by the extended due date for filing the return. See instructions 1 OLD COUNTRY ROAD, STE 240	
City, town or post office, state, and ZIP code For a foreign address, see instructions CARLE PLACE, NY 11514		

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 (section 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.

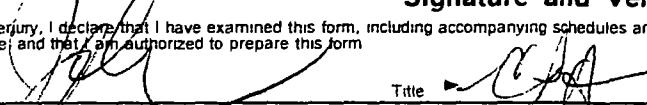
- The books are in care of **► INT'L FIRE SPRINKLER ASSOC LTD**
Telephone No. **► (845) 878-4200** FAX No **►**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption 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

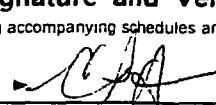
- I request an additional 3-month extension of time until **5/15**, 20 **10**.
- For calendar year **_____**, or other tax year beginning **7/01**, 20 **08**, and ending **6/30**, 20 **09**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **► INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a 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	8a \$
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	8b \$
c Balance Due. 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 instrs	8c \$

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 **►** **2/11/10**

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)