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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations 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 2008

OMB No 1545-1150

Open to Public Inspection

Times charge   Interference   Times charge   Time	Α	For	r the 2008 ca	<u>alendar</u>	year, or	tax year b	eginning	8/0	<u> 1</u>	, 2008	, and e	ndinç	7/31			, 2009		
Section 501(C) grants and section 501(C) grants and 4947(A) 1) nonexempt charitable trusts   Cas   Section 501(C) grants and 501(C)	В	Che	ck if applicable		С				_					DΕ	mploye	r identificatio	on number	
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# Section 507(c/x) organizations and 4947(x/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 390-E2).  # Website: P N/A   Drainization type (fleek only one) -		] initia	al return	type.	CALDW	ELL, I	D 83605						~	,	200_	.4EQ_20	01	
*Section 501(x, 2) organizations and 4947(x) 1) nonexempt theritable trusts was attach a completed Schedule A (Form 900 or 500-E2).    Website: N/A   Check =   X  501(c) (8)   < (esetten)   4947(x) (1) or   527	_	Term	nınatıon			•									200-	453-20	71	
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Website: * N/A   Variable they climits only   X   S0(1c)   (8 )   < (insert no )   4947(a(1)) or   S27   990-EZ, or 900-EZ, or 900												H C	Check ► X	ıf	the o	rganizatio	n is <b>no</b> t	
Cheek   Fig.   fir 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.    Add lines 56, 66, and 70, to file 9 to determine gross receipts; if \$1,000,000 or more, file Form 990	1	Wel	bsite: 🟲 N	/A								r.	equired to	āttacl	h Sch			,
Add lines 5b, 6b and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990   \$ 42,624.	J	Orga	nization type (	check only	ly one) —	X 501(c	) (8) <del>-</del>	(insert no	) 4947(a)(	1) or	527	9	90-EZ, or 9	990-P	°F).			
Lack dill nines 5b, 6b, and 7b, 1o line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990	ĸ	K Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than																
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See-the instructions for Part   )		\$25,	,000 A retur	rn is not	it required	d, but if th	e organizati	on choos	ses to file a re	turn, be	sure to	o file	a complete	retu	ırn,			
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1   Contributions, girts, grants, and similar amounts received.   2   2   2   2   2   1   4,400.   2   2   2   2   2   2   2   2   2			ead of Form	990-EZ	<u>Z</u>										_►\$	,		<u> 24.</u>
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gam or (bis) from sale of assets other than inventory (Subtract in 50 from in 5) (at set) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses. c Net income or (biss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 6b from line 7a) 8 Other revenue (describle RECEIVED 9 Total revenue (describle RECEIVED 10 Grants and similar antiquins page-(atta-of-\$0.7b, 1) 11 Benefits paid to or for members 20 10 Grants and similar antiquins page-(atta-of-\$0.7b, 1) 12 Salaries, other compensation, and employee peneltis 13 Professional fees and other page-fished by independent contractors. 13 Professional fees and other page-fished by independent contractors. 14 Occupancy, rent, utilities and malinerinance. 14 Secues or (deficit) for the year (Subtract line 17 from line 9) 15 Printing, publications, postage, and shipping. 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings. 24 Other assets of fund balances at end of year. Combine lines 18 through 20 21 Reta-sets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings. 24 Other assets (describe > SEE STATEMENT 2 25 Total assets 25 (	P	art I	Reve	nue, E	Expense	es, and	Changes	in Net	Assets or F	und E	Balanc	es (	See the i	nstr	uctio	ns for P	art I.)	
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c					•	ess returns	s and anowa	ances		-					1			
8 Other revenue (describe   RECEIVED   9 Total revenue (add lines   72,3,4,50,60,70, and 5)   9   42,624.     10 Grants and similar amounts part (attacts septicular)   10   11     11 Benefits paid to or for members   12   12,978.     12   12,978.   13   12   12,978.     13 Professional fees and other partial features and maintenance.   14   14     14 Occupancy, rent, utilities, and maintenance.   14   15   16   35,861.     17 Total expenses (describe   SEE STATEMENT 1   17   49,767.     18 Excess or (deficit) for the year (Subtract line 17 from line 9)   16   35,861.     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   1,670,284.     20   20   21   1,663,141.     21   22   23   23     22   Cash, savings, and investments   (See the instructions for Part II.)   (A) Beginning of year (B) End of								<del>1275 - 1</del> 4 1	7h from line	, 7 <sub>5</sub> ). L					7.			
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12   12,978.   13   15   13   15   13   15   14   15   15   15   16   15   16   16   16		10					bold séilteigh	( <del> </del>						Ļ	10			
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16   Other expenses (describe   SEE STATEMENT 1   17   Total expenses (add lines 10 through 16)   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -7, 143.	Ē	13						ndent co	ntractors				•	Ļ	13		60	<u>5.</u>
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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)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year. Combine lines 18 through 20.  Part If 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.)  Cash, savings, and investments  Land and buildings.  Other assets (describe > SEE STATEMENT 2  Total assets  Total liabilities (describe > D  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  1,670,284.  19  1,670,284.  20  21  1,663,141.  (A) Beginning of year  (B) End of year  (B) End of year  23  24  259,700.  24  239,271.  259,700.  26  0.  27  Net assets or fund balances (line 27 of column (B) must agree with line 21)  1,670,284.  27  1,663,141.		17	Total exper	nses (ad	dd lines	10 through	າ 16)		<u> </u>				••	•	17		<u>49,76</u>	<u>7.</u>
Part If   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year		18	Excess or (	(deficit)	for the y	ear (Subtr	ract line 17	from line	9) .						18		-7,14	3.
Part If   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year	. A	19	Net assets	or fund	l halancé	s at begin	ning of vear	(from lir	ne 27 column	(A)) (m	ust agr	ee wi	th end-of-v	ear				_
Part If   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year	ES	,,,	figure repor	rted on	prior yea	ır's return)		•••			<b>9</b> .				19	1,€	570,28	4.
Part #   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    (A) Beginning of year   (B) End of year	ᅗ	20	Other chan	ges in n	net asset	s or fund l	balances (a	ttach exp	lanation)					Γ	20			
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       1,410,584. 22       1,423,870.         23 Land and buildings.       23         24 Other assets (describe ► SEE STATEMENT 2       259,700. 24       239,271.         25 Total assets       1,670,284. 25       1,663,141.         26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27       1,663,141.	S	21								Ω.				•	21	1,6	63,14	1.
(See the instructions for Part II.)  (A) Beginning of year   (B) End of year   1,410,584.   22   1,423,870.   23   24   25   25   25   27   25   25   26   27   26   27   27   28   28   28   28   29   29   29   29	Pa	nt II	Balan	ce She	eets. If	Total asse	ts on line 2	5, columi	n (B) are \$2,56	00,000	or more	, file	Form 990 i	nstea	d of f			_
22 Cash, savings, and investments       1,410,584. 22       1,423,870.         23 Land and buildings.       23         24 Other assets (describe ► SEE STATEMENT 2 )       259,700. 24       239,271.         25 Total assets       1,670,284. 25       1,663,141.         26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27       1,663,141.																		
23       Land and buildings.       23         24       Other assets (describe ► SEE STATEMENT 2 )       259,700. 24 239,271.         25       Total assets (describe ► 1,670,284. 25 1,663,141.         26       Total liabilities (describe ► )       0. 26 0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27 1,663,141.	22	Cas	sh, savings,	and inve	•		•											Ō.
24 Other assets (describe ► SEE STATEMENT 2 )       259,700. 24 239,271.         25 Total assets       1,670,284. 25 1,663,141.         26 Total liabilities (describe ► )       0. 26 0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27 1,663,141.													<u> </u>					
25 Total assets       1,670,284. 25       1,663,141.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27       1,663,141.				•	► SEE	STATE	EMENT 2		) .				259,7	00.	+	2	39,27	$\overline{1.}$
26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       1,670,284. 27       1,663,141.			-															
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 1, 670, 284. 27 1, 663, 141.				(describ	be ►				)		.		<del> </del>					
						ne 27 of c	olumn (B) n	nust agre	e with line 21	)	F		1,670,2			1.6		
											rm 990.		<del></del>					

	n 990-EZ (2008) INDEPENDENT OF				-01	32160	Page 2						
	rt III Statement of Program S			tions.)		Expenses							
What	is the organization's primary exempt purpose?	DAHO STATE LODGE M	ANAGEMENT		(Red	quired for 501(c)	(3)						
Des	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 4947(a)(1) trusts, optional												
prod	gram title.	of persons benefited, or other	relevant information to	or each	for c	others.)	olionai						
		EMENT	······································										
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	(Grants \$ ) If	this amount includes foreign o	grants, check here		28a								
29													
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	(Grants \$ ) If	this amount includes foreign g	rants, check here	▶	29a	ļ							
30													
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	(Grants \$ ) If t	his amount includes foreign g	rants, check here		30 a								
31	Other program services (attach schedu			- · · · · · · · · · · · · · · · · · · ·	-								
٠.		his amount includes foreign g	rants check here	▶□	31 a								
32	Total program service expenses (add		-	<b>•</b>	32								
Parl			nlovees (List each o	ne even if not com		ated See the in	ctrc )						
1 543 1	List of Officers, Directors	(b) Title and average hours	(c) Compensation (if			(e) Expense ad							
-	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans		and other allow	ances						
		to position		deferred compensat	ion								
LEE	MOBERLY	GRAND MASTER	0.		0.		0.						
PO 1	BOX 669	0					-						
	DLETON, ID 83644	1			ł								
	NY AVERILL	GRAND SECRETARY	12,062.	<del> </del>	0.		0.						
	ITHICA ST.	GIGIND BECKETAKT	12,002.		٠٠,		0.						
		4		-									
	DWELL, ID 83605	CD 1110 MD 11 GUDEN			<del>_</del> -								
	NK_MARKUM	GRAND TREASURER	0.		0.		0.						
	SE HAMILTON RD.	] 0			i								
MOUI	NTAIN HOME, ID 83647						_						
NIN:	THROP OSBORN	DEPUTY GRAND	0.	<del></del>	0.		0.						
1850	O N 7TH E.	l ol											
	NTAIN HOME, ID 83647												
	ERT WEYGANDT	GRAND WARDEN	0.	<del></del>	0.1	······································	0.						
	CHERRY ST.		٠٠		١.,		Ų.						
		l			- 1								
	OWELL, ID 83605	CDAND MADGUATT			<del>-</del> +	<del></del>							
	PH_COLLINS	GRAND MARSHALL	0.		0.		0.						
2318	38 MONTE RD.	O <sub>I</sub>											
PARM	MA, ID 83660			·									
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	•		Yes	No
3	33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
3	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
3	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	25-		v
	proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		X
3(	66 Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36		X
3,	7a Enter amount of political expenditures, direct or indirect, as described in the instructions	37b		Х
38	8a 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?	38a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total			***************************************
30	amount involved  9 501(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		1	
40	Da 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	40ь		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		ľ	
	d Enter amount of tax on line 40c reimbursed by the organization	1		
	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	40 e		X
42:	a The books are in care of ► KENNY AVERILL Telephone no. ► 208-45	9-20	91	
	Located at ► 920 GRANT STREET CALDWELL ID ZIP + 4 ► 83605			
<b>ا</b> ر	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:	42b		No X
c	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.?	42c		<u>X</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	►	N,	/A <u>/A</u>
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.			<u>lo_</u> X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44 45	1	
BAA	TEEA0812L 01/14/09 Form	990-E		

Form 9	990-EZ (2008) INDEPENDENT ORDER	OF ODD FELLOWS			82-01	32160		Page
Part	VI Section 501(c)(3) organization and complete the tables for lin	ns only. All section nes 50 and 51.	501(c)(3) or	ganiza	itions must answer	question	s 46-	49
<b>46</b> D	ord the organization engage in direct or indirect public office? If 'Yes,' complete Schedule	ect political campaign a	activities on bel	nalf of or	n opposition to candic	lates 46	Yes	No
<b>47</b> D	id the organization engage in lobbying activ	ities? If 'Yes,' complete	Schedule C, F	art II		47		
<b>48</b> Is	the organization operating a school as desc	cribed in section 170(b)	)(1)(A)(ii)? If 'Y	es,' com	plete Schedule E .	48	-	
<b>49a</b> D	id the organization make any transfers to ar	exempt non-charitable	e related organ	ızatıon?		. 49	а	
<b>b</b> If	<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization?							
	omplete this table for the five highest compectived more than \$100,000 of compensation					nployees) 1	vho ea	ich
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	ation	(d) Contributions to employee benefit plans and deferred compensation	àcco	xpense unt and llowance	95
		-						
				-				
			_					
			**				<u> </u>	
<b>-</b>								
Total num	ber of other employees paid over \$100,000							
<b>51</b> Co	mplete this table for the five highest comper m the organization. If there is none, enter 'N	lone.' 	ntractors who e	<del></del>				
	(a) Name and address of each independent contra	ctor paid more than \$100,000			(b) Type of service	(c) Com	ensation	1
						<u>-</u>		
								_
Total nur	mber of other independent contractors received	ing over \$100,000	<b>•</b>					
	Under penalties of perjury, I declare that I have examin true, correct, and complete Declaration of dreparer (of	ned this return, including accome the than ethics is based on all	panying schedules a I information of whic	and statement h preparer	ents, and to the best of my know has any knowledge	vledge and be	ief, it is	
Sign Here	Signature of officer	rwy	<del></del>		Date	リ		
	KENNY AVERILL				GRAND MASTER			

Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 CROW & ASSOCIATES CHIT parer's Use 504 16TH AVENUE SOUTH ► N/A EIN Only NAMPA, ID 83651 (208) 467-9330 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No Form 990-EZ (2008) BAA

Date

12/02/10

Check if self-employed

Preparer's Identifying Number (See instructions)

N/A

Type or print name and title

MICHAEL CROW CPA

Preparer's signature

Paid

2008	FEDERAL STATEMENTS	PAGE 1
CLIEŃT 1	INDEPENDENT ORDER OF ODD FELLOWS	··· 82-0132160
12/02/10		03:13PN
STATEMENT 1 FORM 990-EZ, PART OTHER EXPENSES	I, LINE 16	
CONTRIBUTIONS MISCELLANEOUS OFFICE REPAIRS SOV GRAND LODGE D SUPPLIES TRAVEL UTILITIES	UES .	15,454. 236. 1,064. 3,453. 6,279. 470. 2,853. 6,052. 35,861.
STATEMENT 2 FORM 990-EZ, PART I OTHER ASSETS	I, LINE 24 · · · · · · · · · · · · · · · · · ·	
INVENTORIES NOTES AND LOANS RE	ECEIVABLE BEGINNING  \$ 1,960. \$ 257,740. \$ 259,700. \$	1,968. 237.303.
		i

## Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

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.

<b>•</b>	Χ

Part I	Automatic 3-Month Exte	nsion of Time. C	nly submit origin	al (no copie	s needed).						
A corporatio	n required to file Form 990-T ai	nd requesting an aut	tomatic 6-month exte	nsion – check	this box and	complete Part	l only .	П			
All other cor income tax i	porations (including 1120-C file eturns	rs), partnerships, RE	EMICS, and trusts mu	ıst use Form 70	004 to reques	it an extension	of time to file				
returns noted the additional Form 990-T	iling (e-file). Generally, you can d below (6 months for a corpora d (not automatic) 3-month exte Instead, you must submit the f lit www.irs.gov/efile and click of	ation required to file nsion or (2) you file ully completed and s	Form 990-T) Howev Forms 990-BL, 6069, signed page 2 (Part I	er, you cannot or 8870. group	file Form 886 returns, or a	8 electronicall a composite or	y if (1) you wa consolidated	nt			
	Name of Exempt Organization					Employer identif	ication number				
Type or print	INDEPENDENT ORDER C	F ODD FELLOW:	S	the sales are deep a grant		82-0132160					
File by the due date for	Number, street, and room or suite number				-	100000		_			
filing your return See	920 GRANT STREET										
instructions -	City, town or post office, state, and ZIP of	ode For a foreign address	, see instructions	= -	:			_			
	CALDWELL, ID 83605										
Check type o	f return to be filed (file a separ	ate application for e	ach return):		_						
Form 990	•	Form 990-T (cor	poration)		Form 472	20					
Form 990	Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form				Form 522	5227					
X Form 990	X Form 990-EZ Form 990-T (trust other than above)						· · · ·				
Form 990	-PF	Form 1041-A		<u></u>	Form 887	0		_			
Telephone If the orga If this is for check this the extension	s are in the care of ► KENNY  No. ► 208-459-2091  anization does not have an office or a Group Return, enter the ore box ►	e or place of busine ganization's four digithe group, check thi	t Group Exemption N s box ►  and at	Number (GEN) tach a list with	the names a	this is for the v	. ► [ whole group, members	]			
until The exte	t an automatic 3-month (6 mon $3/15$ , 20 $10$ _ , to file ension is for the organization's i	e the exempt organize turn for:	zation return for the o	organization na	med above.						
► X	calendar year 20 or ax year beginning8/01	, 20 <u>08</u> _, an	id ending _ 7/31	, 20 _0	9						
2 If this ta	x year is for less than 12 month	s, check reason:	Initial return	Final retur	n C	ange in accou	ntıng period	_			
3a If this ap	plication is for Form 990-BL, 99 idable credits. See instructions	90-PF, 990-T, 4720,	or 6069, enter the te	ntative tax, les	s any	3a \$	0	<u>.</u>			
<b>b</b> If this ap made Ir	plication is for Form 990-PF or iclude any prior year overpayme	990-T, enter any ref ent allowed as a cre	fundable credits and dit .	estimated tax p	payments .	3ь\$	0	<u>-</u>			
c Balance deposit v See insti	<b>Due.</b> Subtract line 3b from line with FTD coupon or, if required, ructions	3a. Include your pa by using EFTPS (Ei	ment with this form, lectronic Federal Tax	or, if required, Payment Syst	em).	3c \$	0.				

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

payment instructions

Form 8868 (Rev. 4-2009)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for