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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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No. 1545-1150

2009

**Open to Public
Inspection**

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

Heart and Sole Inc

Number & street (or P O box, if mail is not delivered to street addr)

Room/suite

PO Box 10092

City or town, state or country, and ZIP + 4

AUGUSTA GA 30904

D Employer Identification number

20-5640556

E Telephone number

(706) 312-3000

F	Group Exemption Number	▶
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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) ▶

Website: ► www.heartandsoleinc.org

H Check ☐ if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . ▶ \$ 47,940

Part 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.)
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[illegible]

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

22	Cash, savings, and investments	699	22	5,488
23	Land and buildings		23	
24	Other assets (describe ►))		24	
25	Total assets	699	25	5,488
26	Total liabilities (describe ► <u>See attachment #3</u>))	1,337	26	784
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	-638	27	4,704

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? See attachment #4

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, & other relevant information for each program title.

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

28 See attachment #5

(Grants \$ 25,000) 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

0

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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? 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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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		
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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of See attachment #8 Telephone no. Located at ZIP + 4		
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.	Yes	No
		42b	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		
		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
		45	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	☐	☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
48 Is the organization 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?	☐	☒
49b If "Yes," was the related organization a section 527 organization?	☐	☒

50 Complete this table for the organization's 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."

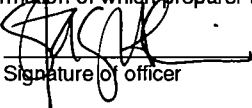
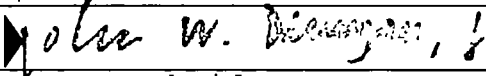
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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		

d 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		Date <u>1/8/12/2010</u>	
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 no. (See instr.)	
	Harkrider & Demyan LLC 823 Russell St Augusta, GA 30904		EIN ▶ Phone no. ▶	
	706-733-5449			

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

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

**Open to Public
Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Heart and Sole Inc

20-5640556

Part 1	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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).**
 - 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).**
 - 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?		Yes	No
(II) A family member of a person described in (i) above?		11g(II)	X
(III) A 35% controlled entity of a person described in (i) or (ii) above?		11g(III)	X
 - h Provide the following information about the supported organization(s).

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			37502	36458	47940	121900
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			37502	36458	47940	121900
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						121900

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			37502	36458	47940	121900
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			37502	36458	47940	121900
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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2009. 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. ☒

b 33 1/3 % support tests -- 2008. 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. ☐

SCHEDULE OF OTHER LIABILITIES

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Heart and Sole Inc	Employer Identification Number 20-5640556

Description of Liability	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	1,337	784
Totals	1,337	784

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Heart and Sole Inc	Employer Identification Number 20-5640556

Description of Other Expenses	Amount
AUTOMOTIVE EXPENSE	140
MARKETING EXPENSE	32
LICENSE GA SECRETARY OF STATE	60
OFFICE EXPENSES	727
PAYROLL TAX EXPENSE	1,148
WEBSITE MAINTENANCE	491

Total 2,598

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
Heart and Sole Inc		20-5640556	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CHARITABLE CONTRIBUTION	CHILDRENS MEDICAL CENTER AT MCG AUGUSTA GEORGIA	25,000	
		25,000	
Relationship	Description of Property	Book Value	How Book Value is Determined
UNRELATED		25,000	CASH
			CASH
Total		25,000	
			2009-06

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Heart and Sole Inc	Employer Identification Number 20-5640556

Primary Purpose

HEART AND SOLE INC CHARITY WAS FORMED AND FOUNDED FOR ITS SOLE PURPOSE OF HELPING CHILDREN WITH SPECIAL HEART CONDITIONS. THE ORGANIZATION HOLDS A 5K WALK/RUN AND EVENING CELEBRATION PROGRAM EACH YEAR TO SPECIFICALLY RAISE FUNDS FOR THE CHILDRENS MEDICAL CENTER AT THE MEDICAL COLLEGE OF GEORGIA, NICU DEPARTMENT

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Heart and Sole Inc	Employer Identification Number 20-5640556

Part III - Statement of Program Service Accomplishments

Grants and allocations	25,000	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			

HEART AND SOLE INC RAISED FUNDS DURING ITS ANNUAL FUNDRAISER 5K WALK/RUN AND EVENING CELEBRATION. THE ORGANIZATION WAS FOUNDED TO RAISE FUNDS FOR CHILDREN WITH SPECIAL HEART CONDITIONS AND THE 25,000 CONTRIBUTION IN 2009 WAS GIVEN TO THE CHILDRENS MEDICAL CENTER AT THE MEDICAL COLLEGE OF GEORGIA, NICU DEPARTMENT

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending				
Name of Organization Heart and Sole Inc				Employer Identification Number 20-5640556	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances	
Stacey Haskins 2408 William St Apt A AUGUSTA, GA 30904 See Comp. Expl. #1	President 10.00	15,000	0	0	
Ben McElreath 258 Belvedere Ave Macon, GA	Vice President 1.00	0	0	0	

COMPENSATION EXPLANATION

Attachment 7: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2009, or tax year period beginning	and ending
Name of Organization Heart and Sole Inc		Employer Identification Number 20-5640556

Name	Explanation
Officer Comp. Expln. #1 Stacey Haskins	STACEY IS THE ORGANIZER YEAR ROUND FOR THE CHARITY AND PERFORMS EVERY FUNCTION ON A DAY-TO-DAY BASIS TO ORGANIZE A VERY LOGISTICALLY INTENSIVE 5K WALK/RUN AND EVENING CELEBRATION PROGRAM. SHE IS THE FUNDRAISER AND ORGANIZER AND ADMINISTRATIVE PERSON FOR THE CHARITY. WITHOUT STACEY'S TIME AND DEVOTION, THE ORGANIZATION WOULD NOT BE ABLE TO ORGANIZE OR PLAN THE ANNUAL FUNDRAISER.

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Heart and Sole Inc	Employer Identification Number 20-5640556
Part V - Line 42a	

Individual Name .. .
or
Business Name:
HARKRIDER & DEMYAN LLC

Street Address 823 RUSSELL STREET
AUGUSTA

U.S. Address:
Zip code 30904 City AUGUSTA State GA

Foreign Address
City
Province or State
Country .. .
Postal code .. .
Phone Number (706) 733-5449
Fax Number (706) 731-0970

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

OMB No 1545-1709

► **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 Heart and Sole Inc	Employer identification number 20-5640556
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 PO Box 10092	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions AUGUSTA GA 30904	

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

- | | | |
|---|---|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► See attachment #8

Telephone No ► _____ 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 AUGUST 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 09 or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)