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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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 \$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

Open to Public Inspection**A** For the 2009 calendar year, or tax year beginning , 2009, and ending ,

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C PENNSYLVANIA VEGETABLE GROWERS ASSOC.
815 MIDDLE ROAD
RICHFIELD, PA 17086-9205

D Employer identification number

23-1944161

E Telephone number**F** Group Exemption Number

• 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: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c) (5) (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

▶ \$ 299,358.

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	83,181.
3 Membership dues and assessments	3	48,410.
4 Investment income	4	7,186.
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)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	145,325.
b Less: direct expenses other than fundraising expenses	6b	99,878.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	45,447.
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)	7c	
8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	15,256.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	199,480.
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	53,905.
13 Professional fees and other payments to independent contractors	13	1,145.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	26,257.
16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	115,680.
17 Total expenses. Add lines 10 through 16	17	196,987.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,493.
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	216,144.
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	21	218,637.

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	214,872.	218,637.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	1,272.	
25 Total assets	216,144.	218,637.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,144.	218,637.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

65 3

Part V Other Information (Note the statement requirements in the instrs 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. 37a 0.		
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	38b N/A	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 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 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	40b	
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	40c 0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d 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	40e	X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **WILLIAM TROXELL** Telephone no. **717-694-3596**
 Located at **815 MIDDLE ROAD RICHFIELD PA** ZIP + 4 **17086**

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: _____

	Yes	No
42b		X
42c		X

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 ☐ N/A
 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

	Yes	No
44		X
45		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

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.

- 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?

	Yes	No
46		
47		
48		
49a		
49b		

- 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 and deferred compensation	(e) Expense account and other allowances

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

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: <u>William Troxell</u> WILLIAM TROXELL <i>Executive Secretary</i> Type or print name and title Date: <u>11-1-10</u>			
Paid Preparer's Use Only	Preparer's signature: <u>BRUCE J. AMERMAN SR</u> <i>CPA</i>	Date: <u>8/19/10</u>	Check if self-employed: ☐	Preparer's Identifying Number (See instructions): <u>P00840984</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>AMERMAN & AMERMAN P.C.</u> <u>650 CHAMP AVENUE / PO BOX 170</u> <u>SUNBURY, PA 17801</u>		EIN: <u>23-2869508</u>	Phone no: <u>(570) 286-8000</u>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

PENNSYLVANIA VEGETABLE GROWERS ASSOC.

Employer identification number

23-1944161

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 FARM SHOW AND (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	145,325.			145,325.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	145,325.			145,325.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	961.			961.
	7 Food and beverages	98,917.			98,917.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4- through 9 in column (d)				99,878.
	11 Net income summary. Combine lines 3, column (d) and line 10				45,447.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

2009

FEDERAL STATEMENTS

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CLIENT 0000868

PENNSYLVANIA VEGETABLE GROWERS ASSOC.

23-1944161

8/19/10

11 20AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

NET INCOME FR ADVERTISING	\$	14,005.
MISCELLANEOUS		696.
REFUNDS		555.
TOTAL	\$	15,256.

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

ADVERTISING AND PROMOTION	\$	285.
CONFERENCES, CONVENTIONS, AND MEETINGS		42,573.
DEPRECIATION		1,272.
DONATIONS		1,570.
DUES		1,065.
INFORMATION TECHNOLOGY		210.
INSURANCE		2,283.
MEETING EXPENSES		1,565.
MEMBERSHIP RECRUITMENT		475.
MISCELLANEOUS		2,900.
OFFICE EXPENSES		5,254.
ONION COMMITTEE EXPENSES		8,773.
PLANNING EXPENSE		2,000.
REFUNDS		675.
RESEARCH EXPENSE		44,780.
TOTAL	\$	115,680.

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

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,272.	\$ 0.
TOTAL	\$ 1,272.	\$ 0.

STATEMENT 4
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>
KENNETH MARTIN PO BOX 463 NEW BERLIN, PA 17855-0463	PRESIDENT 0.50	\$ 0.	\$ 0.	\$ 0.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT 0000868

PENNSYLVANIA VEGETABLE GROWERS ASSOC.

23-1944161

8/19/10

11 20AM

STATEMENT 4 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ARTHUR KING 125 IDA LANE VALENCIA, PA 16059	FIRST VICE PRES 0.50	\$ 0.	\$ 0.	\$ 0.
BRIAN CAMPBELL 254 NURSERY ROAD BERWICK, PA 18603	SECOND VICE PRE 0.50	0.	0.	22.
JOHN MASON 8603 WEST LAKE ROAD LAKE CITY, PA 16423	SECRETARY/TREAS 0.50	0.	0.	22.
ROBERT AMSTERDAM PO BOX 506 MECHANICSBURG, PA 17055	PAST PRESIDENT 0.50	0.	0.	22.
FRED W. DYMOND III 352 BRACE ROAD DALLAS, PA 18612-6045	DIRECTOR 0.25	0.	0.	0.
BARRON HETHERINGTON 129 STRAWBERRY LANE RINGTOWN, PA 17967	DIRECTOR 0.25	0.	0.	300.
CURTIS KAE LIN 2546 BRANDT SCHOOL ROAD WEXFORD, PA 15090	DIRECTOR 0.25	0.	0.	22.
GLENN HETHERINGTON 483 RESERVOIR ROAD RINGTOWN, PA 17967	DIRECTOR 0.25	0.	0.	22.
LOIS KLINGER 6 STONEHOUSE ROAD CATAWISSA, PA 17820	DIRECTOR 0.25	0.	0.	22.
ERNEST MAST 242 TWIN COUNTY ROAD MORGANTOWN, PA 19543	DIRECTOR 0.25	0.	0.	0.
DAVID MILLER 430 INDIAN ROCK DAM ROAD YORK, PA 17403	DIRECTOR 0.25	0.	0.	22.
WILLIAM REYNOLDS 11129 GEHR ROAD WAYNESBORO, PA 17268	DIRECTOR 0.25	0.	0.	22.

CLIENT 0000868

PENNSYLVANIA VEGETABLE GROWERS ASSOC.

23-1944161

8/19/10

11:20AM

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

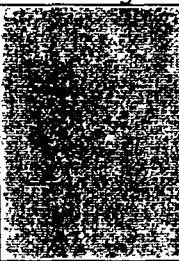
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HILLARY SCHRAMM JR 1175 HARRISON CITY EXPORT ROAD JEANNETTE, PA 15644	DIRECTOR 0.25	\$ 0.	\$ 0.	\$ 22.
ROBERT SHENOT 3784 WEXFORD RUN ROAD WEXFORD, PA 15090	DIRECTOR 0.25	0.	0.	22.
THOMAS STYER 215 SANDY LANE MUNCY, PA 17756-8804	DIRECTOR 0.25	0.	0.	22.
ROBERT TRAX 700 SUGAR CAMP ROAD FINLEYVILLE, PA 15332	DIRECTOR 0.25	0.	0.	0.
TIMOTHY WEISER 830 OLD ROUTE 15 YORK SPRINGS, PA 17372	DIRECTOR 0.25	0.	0.	0.
WILLIAM TROXELL 815 MIDDLE ROAD RICHFIELD, PA 17086	EXECUTIVE SECRE 34.00	53,905.	0.	366.
	TOTAL	\$ 53,905.	\$ 0.	\$ 908.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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		Employer identification number
	PENNSYLVANIA VEGETABLE GROWERS ASSOC.		23-1944161
	Number, street, and room or suite number If a P O box, see instructions.		For IRS use only
	AMERMAN & AMERMAN P.C. 650 CHAMP AVENUE / PO BOX 170		
	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	SUNBURY, PA 17801		

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

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

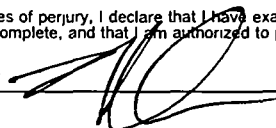
- The books are in care of. **WILLIAM TROXELL**
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is 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 is for.

- 4 I request an additional 3-month extension of time until 11/15, 2010.
- 5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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 CPA Date 8/12/10