

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 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

Open to Public Inspection

_		e 2009 calendar year, or tax year beginning and ending		
В	Check if applicab		Employer	dentification number
	Addre	s use IRS GOVERNMENT EMPLOYEES AFGE AFL-CIO		
	Name Chang	print or DVAMC AFGE 1699	23-2	688734
	Initial		Telephone	
	Term	1- Specific 1111 FAST FND BIND		217216
F	ated Amer	ded trops City or town state or country and 7IP + 4	Group Exe	
<u> </u>	returi Applic pendir	hon	·=	•
느			Number)	
	_ 260	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (spi		Casii Accitual
		, suita (g).		
				the organization is not
				tule B (Form 990, 990-EZ, or 990-PF)
K	Check	3		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		
		s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	S	
Pi	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct	ions for Pa	rt I.)
	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	164,385.
	4	Investment income	4	2,306.
	5a	Gross amount from sale of assets other than inventory Stmt 2 5a 3,96	<u> </u>	
	Ь	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		3,964.
ø	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	- " -	3,304.
2010 Revenue	a	Gross revenue (not including \$ of contributions	- '	
چې	°	·		
7	١.	reported on line 1) 6a	\dashv	
	b	Less: direct expenses other than fundraising expenses 6b 6	\dashv .	
4	_ c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
~	7a	Gross sales of inventory, less returns and allowances 7a		
۲	b	Less: cost of goods sold RECEIVED 76		
	C	Gross profit or (loss) from sales of inventory (\$ubtract line 7b from line 7a)	7c	
\cap	8	Other revenue (describe	_) 8	
Щ	9	Total reveilue Add lines 1, 2, 3, 4, 50, 60, 70, aliq io	▶ 9	170,655.
Ş	10	Grants and similar amounts paid (attach schedule) Stmt 3	10	100,376.
ð	11	Benefits paid to or for members L. OGDEN. UT	11	17,875.
လွှဲ့ရ	12	Salaries, other compensation, and employee benefits	12	
SCANNED penses	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
Ä	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe See Statement 1) 16	58,970.
	17	Total expenses Add lines 10 through 16	▶ 17	177,221.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<6,566.>
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	.	
SS	"	(must agree with end-of-year figure reported on prior year's return)	19	109,848.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	_20	
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	103,282.
D.	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form		103,202.
P.	ar t II	(See the instructions for Part II.) (A) Beginning of years.		(B) End of year
	0-	\(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(``
22		n, savings, and investments 109,84		103,282.
23		d and buildings	23	
24		er assets (describe	24	400 555
25		109,84		103,282.
26		I liabilities (describe ►)	0.26	0.
_27		assets or fund balances (line 27 of column (B) must agree with line 21) 109, 84	48. 27	103,282.
932	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		Form 990-EZ (2009)

	m 990-EZ (2009) DVAMC AFGE 1699			23-	-26887	34 Page
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		E)	penses
Wh	at is the organization's primary exempt purpose? <u>See Statement</u>	5				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur			be		i) organizations and 7(a)(1) trusts, option:
_	services provided, the number of persons benefited, and other relevant				for others)	
28	AT THE END OF THE REPORTING PERIOD	THE UNION HAD	413			
	MEMBERS					
	(Grants \$) If this amount includes foreign (grants, check here		L	28a	
29						
		,				
						
	(Grants \$) If this amount includes foreign of	grants, check here .			29a	
30						
			<u> </u>	—		
	(O = -1- A)		·	—		
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)					
20	(Grants \$) If this amount includes foreign (grants, cneck nere		<u> </u>	31a	0
	<u>Total program service expenses (add lines 28a through 31a)</u> art IV List of Officers, Directors, Trustees, and Key E	mnlovees		<u> </u>	32	0
<u> </u>	art 14 List of Officers, Directors, Trustees, and Key L	List each one ev	en if not compensated	_	ontributions f	or Part IV)
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	efit plans &	account and
		position	-0)		leferred	other allowances
v	DLANDA RIGGSBEE, 1111 EAST END BLVD	PRESIDENT		COII	npensation	
<u> </u>	WILKES-BARRE, PA 18711	40.00	_		٥	1 560
	SEPH ARDOLINE, 1111 EAST END BLVD,	VP	0.	-	0.	1,560
	LKES-BARRE, PA 18711	40.00	0.		0.	725
	OHN SHALANSKI	CORRESP SECRE			<u> </u>	735
<u> </u>	MIN DIMIMORI	0.00	0.		0.	0.
BE	TH FREEMAN, 1111 EAST END BLVD,	RECORDING SEC		-	<u> </u>	<u> </u>
_	LKES-BARRE, PA 18711	3.00	0.		0.	360
	ACQUIE PIENTA, 1111 EAST END BLVD,	AUDITOR			<u>U•</u>	300
	LKES-BARRE, PA 18711	1.00	0.		0.	360
	ARSHA CHISLO, 1111 EAST END BLVD,	AUDITOR			· ·	300
	LKES-BARRE, PA 18711	1.00	0.		0.	360
	CHAEL EVANS, 1111 EAST END BLVD,	NEW VP				300_
WI	LKES-BARRE, PA 18711	40.00	0.		0.	520
_	MES FREEMAN	SGT AT ARMS				320
		1.00	0.		0.	360
P	TRICIA MCDONNELL	LEAD STEWARD				
		20.00	0.		0.	540
DA	VID ROBERTS	SECY/TREASURE				
		3.00	0.		0.	1,255
					-	
				<u></u>		
_				<u></u>		
932	172 8-10				Form	990-EZ (2009

Page 3

Yes No 3 but the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity 3 Vers any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes 3 X X 3 Vers any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes 3 X X 3 If the organization had morme from business activities, such as those reported on hims 2, 8a, and 7a (among others), but not reported on Form 990-1. 3 to the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(s) notice, reporting, and privity tax requirements? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 3 If Yes, has at filed a tax return on Form 990-1 for this yes? 4 If Yes, has at filed a tax return on Form 990-1 for this yes? 4 If Yes, complete Schedule I, Part II and online the tool amount involved 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 911(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 91(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization year, and that the transaction has not been reported on any of the organization year. 4 If Yes, inclined the passing during the tax year, was the organization approach organization appr	Pa	Int V Other Information (Note the statement requirements in the instructions for Part V.)			
34 Were any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes If the organization had accome from business activities, such as those reported on fixes 2, 6, and 74 (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the microne on Form 990-T. 35 If the organization had accome from business activities, such as those reported on fixes 2, 6, and 74 (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the microne on Form 990-T. 36 If Yes, has at filed a tax return on Form 990-T for this year? 37 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 38 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 38 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 39 If the organization life Form 1120-PCL for this year? 30 If the organization file Form 1120-PCL for this year? 31 If the organization in the Form 1120-PCL for this year? 32 If the organization in the Form 1120-PCL for this year? 33 If the organization in the Form 1120-PCL for this year? 34 If Yes, Complete Schedule I, Part II and either the total amount involved the return? 35 If Yes, Complete Schedule I, Part II and either the total amount involved the return of the properties	_			Yes	No
34 Were any changes made to the organizing or governing documents? If Yes, attach a conformed copy of the changes If the organization had accome from business activities, such as those reported on fixes 2, 6, and 74 (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the microne on Form 990-T. 35 If the organization had accome from business activities, such as those reported on fixes 2, 6, and 74 (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the microne on Form 990-T. 36 If Yes, has at filed a tax return on Form 990-T for this year? 37 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 38 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 38 If Eritar amount of political expenditures, direct or indirect, as described in the instructions. 39 If the organization life Form 1120-PCL for this year? 30 If the organization file Form 1120-PCL for this year? 31 If the organization in the Form 1120-PCL for this year? 32 If the organization in the Form 1120-PCL for this year? 33 If the organization in the Form 1120-PCL for this year? 34 If Yes, Complete Schedule I, Part II and either the total amount involved the return? 35 If Yes, Complete Schedule I, Part II and either the total amount involved the return of the properties	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
reported on Form 990-T, attach a statement explaining why the organization during of the importance of 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? b If "Yes," has if filed a fax return or Form 990-T for this year? 50 of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of SCh. N 35	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
a Did the organization have unrelated business gross moome of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 350 In If were fines at filled a bax return on Form 990-T for this year? 360 In If were grounded as the properties of the properties of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N. 372 Enter amount of political expenditures, direct or indirect, as described in the instructions. 373 Enter amount of political expenditures, direct or indirect, as described in the instructions. 374 Did the organization for Form 1120-POL for this year? 375 Did the organization borrow from, or make any bias to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obustanding at the end of the period covered by this return? 375 In If Yes, Complete Schedule L. Part II and enter the total amount involved 376 Did the organization borrow from, or make any bias to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obustanding at the end of the period covered by this return? 377 In If Yes, Complete Schedule L. Part II and enter the total amount involved 388 N/A 389 N/A 380 N/A	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
and proxy tax requirements? If Yes, has it filed a tax return on Form 990-T for this year? Did the organization to undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and the organization to political expenditures, direct or indirect, as described in the instructions. ▶ 37a		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-		
b If Yes, *nas at field a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 197a 0.0. 37b X 38a Did the organization flee Form 1120-PCL, for this year? 38b In His experiment of political expenditures, direct or indirect, as described in the instructions. ▶ 197a 0.0. 37b 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? 38b In Y/A 38c Section 501(c)(7) organizations. Enter: 38b In Y/A 38b N/A 39c Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 39a N/A 39a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: 39a N/A 39a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year, and that the transaction has not been reported on any of the organization of 990-E72 If Yes, complete Seduelle, L, Part I set of the period of the organization of tax on line 40c reimbursed by the organizations of the organization of tax on line 40c reimbursed by the organizations books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 570 8 217 216 10a Late the states with which a copy of this return is filed. ▶ PA 21 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 570 8 217 216 10a Late the states with which a copy of this return is filed. ▶ PA 21 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 570 8 217 216 242b X If Yes, enter the n	a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38		and proxy tax requirements?	35a		X
complete applicable parts of Sch. N 36	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
37a Enter amount of pointical expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Did the organization form from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and shill outstanding at the end of the period covered by this return? Bit Yes's, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Bit Yes's, complete Schedule L, Part II and enter the total amount involved Section 501(c)(3) organizations. Enter: a Initiation fees and capital contributions included on line 9 Bit Yes's, complete Schedule L, Part II and enter the total amount involved Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 Section 501(c)(3) organizations. Duth the organization engage in any section 4955 Section 501(c)(3) and 501(c)(4) organizations. Duth the organization engage in any section 4955 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 O. 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 O. decino 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 886-T List the states with which a copy of this return is filed. PA 11 The organizations. At any time during the tax year, was the organization and party to a prohibited tax sheller transaction? If Yes, complete form 886-T Located at 111 EAST END BLVD, WILKESBARRE, PA 21 Alay time during the calend	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-PCL for this year? 38 a 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? b If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Intitation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction on has not been reported on any of the organization; S prior Forms 990 or 990-E27 II Yes, complete Schedule L, Part II 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 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 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 imposed on organization managers or disqualified person so during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person in which a copy of this return is filed. ▶ PA 11 Lis the states with which a copy of this return is filed. ▶ PA 21 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA 21 P+4 ▶ 18711 b A				ļ	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? 38b N/A 39 Section 501(c)/3 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 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. 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 persons in a prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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. List the states with which a copy of this return is filed. ▶ PA 12 It be organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8868-T. 140e X X X X X X X X X X X X X	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>•</u>		ł
a prior year and still outstanding at the end of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or at waver that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax misosed on organization managers or disqualified persons during the year of set sections 4912 ★ 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations shocks are in care of ★ PRESTIDENT, YOLANDA RIGGSBEE that the states with which a copy of this return is filed. ★ PA 11. List the states with which a copy of this return is filed. ★ PA 21P + 4 ★ 18711 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: ★ See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of 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: ★ 28 Section 4947(a)(1) none-weight character tax 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. Yes N	b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
b If Yes,* complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Innitation Res and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . section 4912 ▶ 0 . section 4915 ▶ 0 . b Section 501(c)(3) organizations. Did the organization engage in any section 4955 ▶ 0 . 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C 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 1 List the states with which a copy of this return is filed. ▶ PA 21 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 ▶ 18711 b At any time during the calendary year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendary year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt chanitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exem	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		1	
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9. 939 N/A 39b N			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N	b		4	1	
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 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 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 organizations. Forter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 of Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-1 11 List the states with which a copy of this return is filed. ▶ PA 12 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA 13 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; less the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? 11 'Yes,' enter the name of the foreign country: ▶ 3 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 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	39				
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess of 450 the tax and t	a		4		
section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a priory ear, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part 1 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 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 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 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 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 imposed on organization managers or disqualified persons during the tax year, did the organization have an interest in or a prohibited tax shelter transaction? If Yes, Ten Blanch and Interest transaction persons and interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶ See the instructions for exceptions and f	b		4		
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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ▶ PA 1 List the states with which a copy of this return is filed. ▶ PA 1 Located at ▶ 1111 EAST END BLVD, WILKESBARE, PA Located at ▶ 1111 EAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at ▶ 1111 FAST END BLVD, WILKESBARE, PA Located at PAST End BLVD, WILKESBARE, PA Located at PAST End BLVD, WILKESBARE, PA Located AND IN THE Engage Country In the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. See the instructions for exceptions and filing requirements for Form 1041 - Check here and enter the name of the foreign country. Sec the iname of the foreign country. AND AND AND AND AND AND AND AND A	40 a				
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-EZZ If Yes, complete Schedule L, Part I 40b 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 . d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is filed. PA 11 List the states with which a copy of this return is filed. PA 12 The organization's books are in care of PRESIDENT, YOLANDA RIGGSBEE Telephone no. 5708217216 Located at 1111 EAST END BLVD, WILKESBARRE, PA 18 711 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 accounts 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. 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: 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 Yes No 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				'	
has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 8866-T List the states with which a copy of this return is filed. PA 1 List the states with which a copy of this return is filed. PA 1 List the states with which a copy of this return is filed. PA 2 The organization's books are in care of PRESIDENT, YOLANDA RIGGSBEE Telephone no. \$570.8217216 Located at \$\bigstyle{1111}\$ EAST END BLVD, WILKESBARRE, PA ZIP+4 \$\bigstyle{1871}\$ 1871 1 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: P See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: P 3 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 440 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	þ	• • • • • • • • • • • • • • • • • • • •			
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 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. ▶ PA 42a The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 ▶ 1871 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 in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶ and enter the name of the foreign country: ▶ At any time during the calendar year, did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44					
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 List the states with which a copy of this return is filed. ▶ PA 11 List the states with which a copy of this return is filed. ▶ PA 12 The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 ▶ 18711 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 accounts)? 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. 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: ▶ 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 14 Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ 15 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 15 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			40b		X
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ■ 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	C				
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. ▶ PA 42a The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 ▶ 18711 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. 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 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					
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 List the states with which a copy of this return is filed. ▶ PA 1 List the states with which a copy of this return is filed. ▶ PA 1 Located at ▶ 1111 EAST END BLVD, WILKESBARE, PA Located at ▶ 1111 EAST END BLVD, WILKESBARE, PA 1 Located at ▶ 1111 EAST END BLVD, WILKESBARE, PA 2 IP + 4 ▶ 18711 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 accounts? 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. 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: ▶ 3 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 44 N/A 45 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 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 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	d				
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. PA 1 List the states with which a copy of this return is filed. PA 1 The organization's books are in care of PRESIDENT, YOLANDA RIGGSBEE Telephone no. 5708217216 Located at 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 18711 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 accounts)? 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: All 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 1 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 1 Secure of Granization accountrolled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 2 Secure of Granization accountrolled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		•			l
List the states with which a copy of this return is filed. ► PA 12 The organization's books are in care of ► PRESIDENT, YOLANDA RIGGSBEE Telephone no. ► 5708217216 Located at ► 1111 EAST END BLVD, WILKESBARRE, PA 2 IP + 4 ► 18711 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. 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: ► 3 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 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 44 S 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	е		1]	
42a The organization's books are in care of ▶ PRESIDENT, YOLANDA RIGGSBEE Telephone no. ▶ 5708217216 Located at ▶ 1111 EAST END BLVD, WILKESBARRE, PA ZIP+4 ▶ 18711 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If Yes, enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 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			40e		_X_
Located at > 1111 EAST END BLVD, WILKESBARRE, PA ZIP +4 > 18711 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 accounts)? 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. 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: 3 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 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Did the 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 44 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 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 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 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 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 46 Is any the foreign country 47 Is a			1731		
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. 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: 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 Yes No Yes No Yes No If "Yes," Form 990-EZ Is any related organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	42 a	Ine digalitzation is books are in care of PRESIDENT, IOLANDA RIGGSDEE Telephone no. PS/VOZ	<u> </u>	1	
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. 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 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 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	_		10/1		
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. 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: 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 Yes No 140 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 151 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 152 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	U			Vec	No
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. 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: 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 Yes No 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 45 X			42h	163	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: 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 Yes No Under the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 45 Is any related instead of Form 990-EZ			720	┝─┤	
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: 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 Yes No 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 45 X					
If "Yes," enter the name of the foreign country: 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 Yes No 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 45 X			420		x
A3 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 Yes No 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 45 X	·		420		
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 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 45 X	43				
Yes No 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 45 X	70		N/A		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		40	<u> </u>	<u> </u>	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				Yes	No
Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of		1.55	
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 45 X	77	5 000.57	AA		x
completed instead of Form 990-EZ	45		17	 	
	70		45		x
	_		•)90-F7	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

Form 990-EZ (2009)

DVAMC AFGE 1699

23-2688734

Page 4

46 Did t	and 51.						
שוט טיד Uiu l	the organization engage in direct or indirect political campaign activi	ties on behalf of or in opposition to c	andidates for public			Yes	No
office	e? If "Yes," complete Schedule C, Part I				46		X
	the organization engage in lobbying activities? If "Yes," complete	·			47		<u> </u>
	e organization a school as described in section 170(b)(1)(A)(ii)? If '				48		X
	the organization make any transfers to an exempt non-charitable rela	ated organization?			49a		X
	es," was the related organization a section 527 organization?				49b		
	plete this table for the organization's five highest compensated emp i \$100,000 of compensation from the organization. If there is none, e	- •	, trustees and key et	npioyees) who e	acii ret	eiveu i	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e ac othe	e) Expe ccount er allow	and
51 Com	Il number of other employees paid over \$100,000 Inplete this table for the organization's five highest compensated inde anization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid in	pendent contractors who each recei	ved more than \$100,	000 of compens	ation f	om the	<u></u>
	(a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of ser	vice (c) Com	pensat	ion
d Total	I number of other independent contractors each receiving over \$100		(b) Type of ser	vice (c) Com	pensat	ion
d Total	Il number of other independent contractors each receiving over \$100	0,000	ts, and to the best of m				ion
d Tota	Il number of other independent contractors each receiving over \$100	0,000	its, and to the best of my				20
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return, includic correct, and complete, Declaration of preparer (other than officer) is based on the signature of officer with the signature of officer	D,000 Jary - TRou Sule Date 11-9-10	ts, and to the best of miknowledge		elief, it is	true,	20
	Under penalties of perjury, I declare that I have examined this return, includic correct, and complete Declaration of preparer (other than officer) is based on the signature of officer with the signature of officer w	D,000 Jary - TRou Sule Date 11-9-10	its, and to the best of micknowledge	y knowledge and be Date Date Harer's identifying n	umber (true,	20.
Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined this return, include correct, and complete, Declaration of preparer (other than officer) is based on the signature of officer with the signature of officer w	Date Date SOCIATES	ck if self-	y knowledge and be // Date Date Arer's identifying n	umber (true,	26

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

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.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Nan	ne of t	he organizati		ENT EMPLOYEE	S AFG	E AFL	-CIO		E		dentificati		ber
Pa	rt I	Reason		.FGE 1699 ity Status (All organiz	zatione mu	et complet	to this part	t \ Saa inst	ructions		<u> -2688</u>	/34	
	-		· ·						ructions				
1 2 3 4	organ	A church, con A school des A hospital or A medical res	nvention of churcher cribed in section 17 a cooperative hospi search organization	because it is: (For lines of chur s, or association of chur (O(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc hedule E.) described	nbed in se in section	ection 170	(b)(1)(A)(i) (A)(iii).		i). Enter th	ne 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	Ш	•	•	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic desci	nbed in	
_			b)(1)(A)(vi). (Comple		, <u> </u>								
8	믕			section 170(b)(1)(A)(vi).						ā			
9	X		•	eives: (1) more than 33						-	_		
				nctions - subject to certa							_		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 3	0, 1975	•
			509(a)(2). (Complete										
10	H	_		perated exclusively to te	•	•			•				
11		_	- ,	perated exclusively for the							•		
		-		ations described in secti		-		2). See sec	tion 509(a)(3). Che	ck the box	that	
				organization and compl		_					T 111 6	N. I.	
_	X	a Type I		• •	Typ		•	-		d	Type III - C		
е	لها	-		at the organization is not		=	_	-					
				han one or more publicly		_				e(a)(1) or s	ection 509	(a)(∠).	
f				ten determination from	ine ino in	atitisa iy	pe i, Type	ii, or Type	: 111				$\overline{}$
_			rganization, check th	••				of the falls					ш
g				organization accepted ar			-					Vaa	
				lirectly controls, either al upported organization?	one or tog	eulei Willi	persons c	iescribed i	n (ii) and (iii) below,	44.0(3)	Yes	<u>No</u>
		_		n described in (i) above?						•	11g(i)		
				person described in (i) a							11g(ii) 11g(iii)		
h		• •	•	about the supported or			•			• •	119(11)		
h		riovide the it	ollowing information	about the supported of	gariizationi	(3).							
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	لمم مر ممر	(vi) Is organizatio (i) organiz U.S	on in col. I	(vii) Am supp		
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
									. =				
									<u> </u>	 			
					<u> </u>								
Tota	ıl												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			ı
	Schedule A (Form 990 or	990-EZ) 2	2009	3

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

GOVERNMENT EMPLOYEES AFGE AFL-CIO

Schedule A (Form 990 or 990-EZ) 2009 DVAMC AFGE 1699

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part III

	ction A. Public Support	9			7(-7 (Complete on	y ii you checked the bi	UX UII IIIIE 5 UI FAICI.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	. ا ا ا ا ا		137	, , , , , , , , , , , , , , , , , , ,	(4) 2000	197=333	(7 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-			İ	İ		
	iness under section 513						
4	Tax revenues levied for the organ-		<u> </u>		<u> </u>		
-	ization's benefit and either paid to						
	or expended on its behalf						
_	·	··	-		<u> </u>		
5	·						
	furnished by a governmental unit to						
_	the organization without charge				 		
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(Add lines 7a and 7b					_	
	Public support (Subtract line 7c from line 6)				<u> </u>		0.
<u>Se</u>	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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)						0.
	First five years. If the Form 990 is for	the organization	's first, second, the	rd. fourth. or fifth t	ax vear as a sect	on 501(c)(3) organiz	
	check this box and stop here	3		,			▶□
Se	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2009 (lii	ne 8, column (f)	divided by line 13,	column (f))		15	.00 %
16	Public support percentage from 2008	Schedule A, Par	t III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 200)9 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))	_	17	.00 %
18	Investment income percentage from 2	008 Schedule A	, Part III, line 17			18	%
	33 1/3% support tests - 2009. If the			· ·	e 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box an						
Ŀ	33 1/3% support tests - 2008. If the		=				and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization		-	· ·		-	· · · ▶ [X]
						hedule A (Form 99	0 or 990-E71 200
							,

Form 990 = EZ	Oth	er Expenses		Statement	1
Description				Amount	
OFFICE/ADMINISTRATIVE CONTRIBUTIONS/GIFTS DISBURSEMENTS FOR OFFI	CERS		-	45,00 7,9: 6,0!	12.
Total to Form 990-EZ,	line 16		=	58,9	70.
Form 990-EZ Gain (Loss) From Pub	licly Traded Sec	curities	Statement	2
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss	
	3,964.	0.	0.	3,90	64.
To Form 990-EZ, line 5	3,964.	0.	0.	3,90	64.

Form 990-EZ Payments to	Affiliates	Statement	3
Affiliate's Name	Affiliates Address		
AMERICAN FED GOVT EMPLOYEES NAT'L			
Purpose of Payment		Amount	
PER CAPITA TAX		100,3	76.
Total included on Form 990-EZ, line 10		100,3	76.

FO	RM 990÷EZ	Information Regarding Transfers Associated with Personal Benefit Contracts		St	ater	ment	4
A)	directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[]	Yes	[X]	No
B)		ganization, during the year, pay premiums, indirectly, on a personal benefit contract?	[]	Yes	[X]	No

990-EZ Pg 2

Statement 5

LOCAL UNION REPRESENTING GOVENMENT EMPLOYEES REGARDING LABOR LAW AND CONTRACT COMPLIANCE.

Forn	8868 (Rev. 4-2009)				<u> </u>	Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	ck this bo	x		▶ 🖸	<u> </u>
Not	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previou	usly filed	Form 8	868.		
• If	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no co	pies n	eded).		
-	Name of Exempt Organization	. 11.2	Emple	yer iden	tification nui	mber
Тур	GOVERNMENT EMPLOYEES AFGE AFG-CIO	运生 自				
prin	DVAMC AFGE 1699		23	3-268	8734	
File by	Number, street, and room or suite no. If a P.O. box, see instructions.		For IR	S use only	у	
filing t	he HIII MIDI HIV DUVD			تنالين س	1 70	
return ınstru	See City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILKES-BARRE, PA 18711					
Che	ck type of return to be filed (File a separate application for each return):		_			
X	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 104 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 472	=	= -	m 5227 m 6069	Form	8870
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a	previous	ly filed	Form 88		
	PRESIDENT, YOLANDA RIGGSBEE	·				
TI	ne books are in the care of \triangleright 1111 EAST END BLVD - WILKESBARRE, P	A 18	711			
T	elephone 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, chec	k this
box	▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and Ell	Ns of all n	nembe	rs the exte	ension is for.	
4	I request an additional 3-month extension of time until November 15, 2010.					
5	For calendar year 2009, or other tax year beginning, and e	ending				·
6	If this tax year is for less than 12 months, check reason: Initial return Final return Final return	m		hange in a	accounting p	eriod
7	State in detail why you need the extension					
	Information necessary to complete an accurate retu	rn is	no	t ava	ilable	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	$\overline{}$				
	nonrefundable credits. See instructions.	j	8a	\$		
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate	ed	1/2 -			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid]-				
	previously with Form 8868.	Γ	8b	\$		
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo	osit				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instr.	uctions	8c	\$	N/A	
	Signature and Verification					
Under it is tr	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a ue, correct, and complete, and that I am authorized to prepare this form.	and to the b	est of r	ny knowled /	lge and belief,	
Signa	ture AGENT		Date 1	- 8/1	ı 110	
		-		Form	£868 (Rev. 4	-2009)

923832

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

			
• If y	/ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box /ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3-month extension on a previously	form)	
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A co	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and coi	nplete	
Part I	only		
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a nincome tax returns.	n exter	nsion of time
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or concust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fully completed and click on e-file for Chanties & Nonprofits.	ically incolid	f (1) you want the additional ated Form 990-T. Instead,
Туре		Emp	loyer identification number
print		•	
	DVAMC AFGE 1699	2	3-2688734
File by due da filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
retum, instruc	566		
Chec	k type of return to be filed (file a separate application for each return):		
		700	
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
H	Form 990-EZ Form 990-T (trust other than above) Form 6		
片	Form 990-PF Form 1041-A Form 8		
	Tolli 3504 E Tolli 1041 A E Tolli 1041 A		
	PRESIDENT, YOLANDA RIGGSBEE		
• Th	e books are in the care of > 1111 EAST END BLVD - WILKESBARRE, PA 18	711	
Te	lephone No. ▶ FAX No. ▶		<u></u>
	he organization does not have an office or place of business in the United States, check this box		
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
box J	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension will cover.
_	the second of th	1	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un		The extension
	August 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for:	above.	IIIa axraii2i0ii
	is for the organization's return for: X Calendar year 2009 or Organization's return for: W&I - FIELD ASSISTANCE Organization's return for: ganization's return for: Organization's return for: Organization's r		
	► Lax year beginning SCRANT and ending 18503		
	344)/		- '
2	If this tax year is for less than 12 months, check reason: MAY 1 4 2010 Final return Final return		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-FI, 990-PF, 990-FI, 990-PF, 990-FI, 990-PF,		
	nonrefundable credits. See instructions. 17307	3a	\$
	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	\$
	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).	<u> </u>	
	See instructions.	3с	\$ N/A
Cauti	on. 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.

923831

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