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Form **990-EZ**

# 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

**2009**

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**
CALIFORNIA CONSTRUCTION ADVANCEMENT PROG
3095 BEACON BLVD.
WEST SACRAMENTO, CA 95691

**D** Employer identification number: 23-7401101

**E** Telephone number: 916-371-2422

**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 [X] Accrual Other (specify) ►

**H** Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ► N/A

**J** Tax-exempt status (check only one) – [X] 501(c) ( 6 ) ◄ (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 ► $ 296,882.

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

| | | | | |
|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 95,000. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 191,692. |
| | 4 | Investment income | 4 | 5,190. |
| | 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 ln 5b from ln 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 | | |
| | b | Less: direct expenses other than fundraising expenses 6b | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| | 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 ► SEE STATEMENT 1 ) | 8 | 5,000. |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► | 9 | 296,882. |
| EXPENSES | 10 | Grants and similar amounts paid (attach schedule) SEE STATEMENT 2 | 10 | 301,000. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 19,150. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ► SEE STATEMENT 3 ) | 16 | 7,063. |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | 17 | 327,213. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -30,331. |
| | 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 | 316,437. |
| | 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 | 286,106. |

## 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 | 351,885. | 22 | 368,308. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ► SEE STATEMENT 4 ) | 47,500. | 24 | |
| 25 | **Total assets** | 399,385. | 25 | 368,308. |
| 26 | **Total liabilities** (describe ► SEE STATEMENT 5 ) | 82,948. | 26 | 82,202. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 316,437. | 27 | 286,106. |

**Part II Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? PROMOTE THE CONSTRUCTION INDUSTRY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 ADVANCED THE CONSTRUCTION INDUSTRY THROUGH FINANCIAL SUPPORT OF GRANTEES WHOSE PROGRAMS EDUCATE THE PUBLIC, BUILD GOODWILL, AND PROMOTE AWARENESS.

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 28a

29

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $ ) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| CARL BAUER<br>63 COVERED BRIDGE ROAD<br>CARMICHAEL, CA 95608 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| JOHN MESSNER<br>15 BUSINESS PARK WAY, #101<br>SACRAMENTO, CA 95828 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| PATSY FITZPATRICK<br>3095 BEACON BLVD<br>WEST SACRAMENTO, CA 95691 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| DON PFLUGER<br>8001 FOLSOM BLVD./SUITE 211<br>SACRAMENTO, CA 95826 | TREASURER<br>1.00 | 0. | 0. | 0. |
| MICHAEL NAVIN<br>3095 BEACON BLVD.<br>WEST SACRAMENTO, CA 95691 | ADMINISTRATOR<br>2.00 | 0. | 0. | 0. |
| J. QUETNICK<br>100 EL CAMINO REAL,SUITE 202<br>BURLINGAME, CA 94010 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| RICHARD MOSEMAN<br>3687 EAGLE PARKWAY<br>REDDING, CA 96001 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| DAVE MCCOSKER<br>3911 LAURA ALICE WAY<br>CONCORD, CA 94520 | TRUSTEE<br>1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 | 33 | | X |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | 34 | | 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? | 35a | | X |
| b | If 'Yes,' has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 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 | 36 | | 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? | 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? | 38a | | 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 ► 0. | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0. | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 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 ► MICHAEL NAVIN Telephone no ► 916-371-2422

Located at ► 3095 BEACON BLVD, WEST SACRAMENTO ZIP + 4 ► 95691

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► | 42b | | 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: ► | 42c | | X |

| | | | | |
|---|---|---|---|---|
| 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 | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? 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 | | X |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | | Yes | No |
|---|---|---|---|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | |
| 47 | Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | | |
| b | If 'Yes,' was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than $100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans 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 — Date: 11-8-10

► Michael Nevin — CFO/Administrator

Type or print name and title

**Paid Preparer's Use Only**

| | | | | |
|---|---|---|---|---|
| Preparer's signature ► | Debbie M. Ask, CPA<br>DEBBIE MCCARDLE ASK, C.P.A. | Date 10/28/10 | Check if self-employed ► ☐ | Preparer's Identifying Number (See instructions) P00052634 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► | JOHN WADDELL & CO., CPAS<br>3416 AMERICAN RIVER DRIVE, #A<br>SACRAMENTO, CA 95864 | | EIN ► 94-2329070<br>Phone no ► (916) 488-2460 | |

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

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

| | | |
|---|---|---|
| REFUNDS OF PRIOR GRANTS | | $ 5,000. |
| | TOTAL | $ 5,000. |

**STATEMENT 2**
**FORM 990-EZ, PART I, LINE 10**
**GRANTS AND SIMILAR AMOUNTS PAID**

| | | |
|---|---|---|
| DONEE'S NAME: | CRIME PREVENTION - NC | |
| CASH AMOUNT GIVEN: | | $ 55,000. |
| DONEE'S NAME: | CRIME PREVENTION - CENTRL | |
| CASH AMOUNT GIVEN: | | $ 14,000. |
| DONEE'S NAME: | CIRB | |
| CASH AMOUNT GIVEN: | | $ 4,000. |
| DONEE'S NAME: | PACIFIC LEGAL FNDTN | |
| CASH AMOUNT GIVEN: | | $ 16,000. |
| DONEE'S NAME: | AGC-TRIP | |
| RELATIONSHIP OF DONEE: | AFFILIATE | |
| CASH AMOUNT GIVEN: | | $ 16,000. |
| DONEE'S NAME: | AGC-WFD | |
| RELATIONSHIP OF DONEE: | AFFILIATE | |
| CASH AMOUNT GIVEN: | | $ 80,000. |
| DONEE'S NAME: | AGC - LEGISLATIVE PROGRAM | |
| RELATIONSHIP OF DONEE: | AFFILIATE | |
| CASH AMOUNT GIVEN: | | $ 95,000. |
| DONEE'S NAME: | AGC - SAFETY MANUAL | |
| CASH AMOUNT GIVEN: | | $ 4,000. |
| DONEE'S NAME: | H.E.R.O. | |
| CASH AMOUNT GIVEN: | | $ 17,000. |

**STATEMENT 3**
**FORM 990-EZ, PART I, LINE 16**
**OTHER EXPENSES**

| | | |
|---|---|---|
| CONFERENCES, CONVENTIONS, AND MEETINGS | | $ 4,634. |
| INSURANCE | | 1,191. |
| OFFICE EXPENSES | | 1,238. |
| | TOTAL | $ 7,063. |

**STATEMENT 4**
**FORM 990-EZ, PART II, LINE 24**
**OTHER ASSETS**

| | BEGINNING | ENDING |
|---|---|---|
| DUE FROM AGC | $ 47,500. | $ 0. |
| TOTAL | $ 47,500. | $ 0. |

**STATEMENT 5**
**FORM 990-EZ, PART II, LINE 26**
**TOTAL LIABILITIES**

| | BEGINNING | ENDING |
|---|---|---|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | $ 82,948. | $ 0. |
| GRANTS PAYABLE | 0. | 82,202. |
| TOTAL | $ 82,948. | $ 82,202. |

- 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 |
|---|---|---|
| | CALIFORNIA CONSTRUCTION ADVANCEMENT PROG | 23-7401101 |
| | Number, street, and room or suite number If a P O box, see instructions | For IRS use only |
| | JOHN WADDELL & CO., CPAS<br>3416 AMERICAN RIVER DRIVE, #A | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| | SACRAMENTO, CA 95864 | |

**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 |
| [X] 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 ► MICHAEL NAVIN
  Telephone No ► 916-371-2422 FAX No ► 916-456-7672
- 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 , 20 10

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 INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE. AN EXTENSION OF TIME IS RESPECTFULLY REQUESTED IN ORDER TO FILE A COMPLETE AND ACCURATE 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 ► Debra M. Day CPA Title ► Date ► 8/7/10

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing *(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

**Type or print**

File by the due date for filing your return See instructions

| Name of Exempt Organization | Employer identification number |
|---|---|
| CALIFORNIA CONSTRUCTION ADVANCEMENT PROG | 23-7401101 |

Number, street, and room or suite number If a P O box, see instructions
3095 BEACON BLVD.

City, town or post office, state, and ZIP code For a foreign address, see instructions
WEST SACRAMENTO, CA 95691

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

| | | |
|---|---|---|
| [ ] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (section 401(a) or 408(a) trust) | [ ] Form 5227 |
| [X] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ► MICHAEL NAVIN

Telephone No ► 916-371-2422 FAX No. ► 916-456-7672

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for.

► [X] calendar year 20 09 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | |
|---|---|---|
| **3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | **3a** | $ 0. |
| **b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | **3b** | $ 0. |
| **c Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | **3c** | $ 0. |

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev 4-2009)