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Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**  
**(except black lung benefit trust or private foundation)**

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization, number and street, city, town, state, and ZIP code  <b>ST JOSEPH CONSTRUCTION ASSOCIATION</b>  <b>2400 FREDERICK AVE SUITE 411</b> <b>SAINT JOSEPH MO 64506</b>	<b>D</b> Employer identification number  <b>44-0185890</b>
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<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► <b>MODIFIED CA</b>
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<b>I</b> Website: ►	<b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Sch B (Form 990, 990-EZ, or 990-PF)
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<b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are normally <b>not</b> more than \$25,000 A 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
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<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$5000,000 or more, file Form 990 instead of Form 990-EZ	► \$ <b>36,108.</b>
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<b>Part I</b> <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I)																																																																																											
<b>Revenue</b>  <b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <b>9</b> <b>10</b> <b>11</b> <b>12</b> <b>13</b> <b>14</b> <b>15</b> <b>16</b> <b>17</b> <b>18</b> <b>19</b> <b>20</b> <b>21</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td> <td style="width: 10%;">1</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td style="text-align: right;"><b>13,614.</b></td> </tr> <tr> <td>4</td> <td style="text-align: right;">924.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">5a</td> <td></td> </tr> <tr> <td style="text-align: right;">5b</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">►</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">6a</td> <td style="text-align: right;">20,261.</td> </tr> <tr> <td style="text-align: right;">6b</td> <td style="text-align: right;">14,807.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">7a</td> <td></td> </tr> <tr> <td style="text-align: right;">7b</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">►</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">8</td> <td style="text-align: right;">1,309.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">9</td> <td style="text-align: right;">21,301.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">10</td> <td style="text-align: right;">2,000.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">11</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">12</td> <td style="text-align: right;">9,930.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">13</td> <td style="text-align: right;">420.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">14</td> <td style="text-align: right;">2,429.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">15</td> <td style="text-align: right;">397.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">16</td> <td style="text-align: right;">892.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">17</td> <td style="text-align: right;">16,068.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">18</td> <td style="text-align: right;">5,233.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">19</td> <td style="text-align: right;">30,587.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">20</td> <td style="text-align: right;">(1,171.)</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">21</td> <td style="text-align: right;">34,649.</td> </tr> </table>	1	1	2		3	<b>13,614.</b>	4	924.			5a		5b				►				6a	20,261.	6b	14,807.			7a		7b				►				8	1,309.			9	21,301.			10	2,000.			11				12	9,930.			13	420.			14	2,429.			15	397.			16	892.			17	16,068.			18	5,233.			19	30,587.			20	(1,171.)			21	34,649.
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<b>Part II</b> <b>Balance Sheets.</b> 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)																																	
<b>Net Assets</b>  <b>18</b> <b>19</b> <b>20</b> <b>21</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">(A) Beginning of year</td> <td style="width: 50%;">(B) End of year</td> </tr> <tr> <td style="text-align: right;">31,287.</td> <td style="text-align: right;">22</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">23</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">24</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">31,287.</td> <td style="text-align: right;">25</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">25</td> <td style="text-align: right;">34,649.</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">700.</td> <td style="text-align: right;">26</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">30,587.</td> <td style="text-align: right;">27</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">34,649.</td> <td></td> </tr> </table>	(A) Beginning of year	(B) End of year	31,287.	22			23				24				31,287.	25			25	34,649.			700.	26			30,587.	27			34,649.	
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction.

Form 990-EZ (2009)

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

**What is the organization's primary exempt purpose? PROMOTE CONSTRUCTION IND**

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, and other relevant information for each program title.

## Expenses

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

28 ORGANIZED MONTHLY MEETING FOR THE PURPOSE OF FACILITATING COOPERATION OF MEMBERS AND ADVANCEMENT OF THE REGIONAL CONSTRUCTION INDUSTRY

(Grants \$  ) If this amount includes foreign grants, check here

28a

29 PROMOTE HIGHER EDUCATION BY PROVIDING SEMI-ANNUAL SCHOLARSHIPS FOR STUDENTS SELECTED BY THE LOCAL COLLEGES

(Grants \$  ) If this amount includes foreign grants, check here

29a

2,000.

30

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

Other program services (attach schedule) \_\_\_\_\_  
(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

21 -

**32. Total program service expenses (add lines 20a through 21a)**

31a

2/202

**Part IV - List of Officers, Directors, Trustees, and Key Employees**

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> 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	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes", complete Schedule L, Part I	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		
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	40e	X
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>ST JOSEPH CONSTRUCTION</u> Telephone no ► <u>816-232-7297</u> Located at ► <u>2400 FREDERICK AVE MO SAINT JOSEPH</u> ZIP + 4 ► <u>64506</u>		
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)?	42b	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
49b		49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

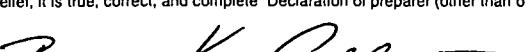
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>None</u>				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	 Signature of officer	 Date			
	 Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	 Shirley A. Pankau	Date 08/03/2010	Check if self- employed <input checked="" type="checkbox"/>	Preparer's Identifying No. (See instr) 487-36-3446
	Firm's name (or yours if self-employed), address, and ZIP + 4	SHIRLEY A PANKAU, EA LLC 3420 ASHLAND AVE SAINT JOSEPH MO 64506-		EIN ►43-1383966	
					Phone no. ►816-279-6001
May the IRS discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**ST JOSEPH CONSTRUCTION ASSOCIATION**

**Employer identification number**  
44-0185890

## Part II

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

Form 990-EZ filers are not required to complete this part.

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

<input type="checkbox"/> a	Mail solicitations	<input type="checkbox"/> e	Solicitation of non-government grants
<input type="checkbox"/> b	Internet and email solicitations	<input type="checkbox"/> f	Solicitation of government grants
<input type="checkbox"/> c	Phone solicitations	<input type="checkbox"/> g	Special fundraising events
<input type="checkbox"/> d	In-person solicitations		

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?	(iv) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		<table border="1" data-bbox="753 797 990 831"> <thead> <tr> <th data-bbox="753 797 836 819">Yes</th><th data-bbox="836 797 990 819">No</th></tr> </thead> </table>	Yes	No			
Yes	No						
none							

Total

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

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

Revenue		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (add col (a) through col (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	<i>None</i>			
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				►
	11 Net income summary Combine line 3, column (d), and line 10				►

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes 0 . 0 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 . 0 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 . 0 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain \_\_\_\_\_

9a	
----	--

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain \_\_\_\_\_

10a	
-----	--

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11	
12	

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

 Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Yes No

13a	0.00 %
13b	0.00 %

15a

17a

US 990	Other Expenses	2009		
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
BANK FEE	4 .			
PAYROLL TAXES	888 . 892 .			

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

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

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

Type or print	Name of Exempt Organization <b>ST JOSEPH CONSTRUCTION ASSOCIATION</b>	Employer identification number <b>44-0185890</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>2400 FREDERICK AVE SUITE 411</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SAINT JOSEPH MO 64506</b>	

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

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **ST JOSEPH CONSTRUCTION**  
Telephone No ► **816-232-7297** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUG 15, 20 10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
►  calendar year **2009** 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 \$ <input type="text"/>
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 \$ <input type="text"/>
c <b>Balance Due.</b> 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 \$ <input type="text"/>

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

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

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