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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number		
		KENTUCKY THOROUGHbred FARM MANAGERS' CLUB, INC.		61-1076634		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		1005 RICHMOND RD			(859) 296-4279	
		City or town, state or country, and ZIP + 4		F Group Exemption Number ▶		
		LEXINGTON, KY 40502				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ KTFMC.ORG

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (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 ▶ \$ 234,620.

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	27,866.
3	Membership dues and assessments	3	32,885.
4	Investment income	4	23.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	54,958.
6b	Less: direct expenses other than fundraising expenses	6b	25,636.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	29,322.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 2)	8	118,888.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	208,984.
10	Grants and similar amounts paid (attach schedule)	10	49,800.
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	5,353.
14	Occupancy, rent, utilities, and maintenance	14	1,677.
15	Printing, publications, postage, and shipping	15	62,348.
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	75,508.
17	Total expenses. Add lines 10 through 16	17	194,686.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,298.
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	5,849.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-16,967.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,180.

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	5,584.	3,092.
23 Land and buildings		
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)	265.	88.
25 Total assets	5,849.	3,180.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,849.	3,180.

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02-08-10

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

Form 990-EZ (2009)

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KENTUCKY THOROUGHBRED FARM MANAGERS'
CLUB, INC.

61-1076634

Page 3

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	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	N/A	
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 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
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		
41 List the states with which a copy of this return is filed. KY		
42a The organization's books are in care of LINDA W. SERAFINI Telephone no. 859-948-7321 Located at 1005 RICHMOND RD, LEXINGTON, KY ZIP + 4 40502		
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		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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

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STATEMENT 9

THE CLUB'S PRIMARY PURPOSE IS TO PROVIDE A FORUM FOR LOCAL FARM MANAGERS OF THOROUGHBRED HORSE FARMS TO MEET AND DISCUSS INDUSTRY ISSUES. THE CLUB HOLDS TEN MEETINGS A YEAR WITH SPEAKERS ON VARIOUS INDUSTRY ISSUES. IT ALSO RAISES MONEY FOR LOCAL CHARITIES THROUGH A GOLF TOURNAMENT FOR ITS MEMBERS. THE CLUB GAVE \$48,800 TO LOCAL CHARITIES AND PRESENTED \$1,000 IN SCHOLARSHIPS. THE CLUB ALSO PUBLISHES A DIRECTORY AND FILES A 990-T.



Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

Employer identification number
61-1076634

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.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

☐ Yes ☐ No

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

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

[illegible]

KENTUCKY THOROUGHBRED FARM MANAGERS'

Schedule G (Form 990 or 990-EZ) 2009 **CLUB, INC.**

61-1076634 Page **2**

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		GOLF SCRAMBLE	SPORTING CLAY SHOT	1		
		(event type)	(event type)	(total number)		
1	Gross receipts	37,035.	17,485.	438.	54,958.	
2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	37,035.	17,485.	438.	54,958.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,775.	11,861.		25,636.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(25,636)
	11	Net income summary. Combine line 3, column (d), and line 10				29,322.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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. _____

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

b If "No," explain _____

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

b If "Yes," explain. _____

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? _____

	Yes	No
9a		
10a		
11		
12		

KENTUCKY THOROUGHBRED FARM MANAGERS'

Schedule G (Form 990 or 990-EZ) 2009

CLUB, INC.

61-1076634 Page **3**

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	%
13b	%

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

Name ► _____

Address ► _____

15a Does the organization have a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Yes	No
15a	
17a	

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADMINISTRATION COSTS		19,225.	
LIABILITY INSURANCE		508.	
WORKMEN'S COMP		543.	
AUTO INSURANCE		758.	
D&O INSURANCE		1,437.	
OFFICE SUPPLIES		528.	
TELEPHONE		906.	
ADVERTISING		1,300.	
BOARD MEETING		902.	
MEMBERSHIP DINNER		37,703.	
DINNER DANCE MEETING		8,159.	
NEWSLETTER		1,899.	
GIFTS/FLOWERS		320.	
ANNUAL FEES		4.	
BANK CHARGES		1,316.	
TOTAL TO FORM 990-EZ, LINE 16		75,508.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION		AMOUNT	
FINANCE CHARGE		44.	
ADVERTISING INCOME		118,844.	
TOTAL TO FORM 990-EZ, LINE 8		118,888.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T			
2008 990T TAX PAID		-4,690.	
2009 990T ESTIMATES PAID		-12,277.	
TOTAL TO FORM 990-EZ, LINE 20		-16,967.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
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DESCRIPTION	AMOUNT
DEPRECIATION	177.
OTHER EXPENSES	1,500.
TOTAL TO FORM 990-EZ, LINE 14	1,677.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
-------------	-----------------------------	-----------	---

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRANT BLUE GRASS FARMS CHAPLAINCY 1450 N BROADWAY STE 305 LEXINGTON, KY 40505	NONE	500.
GRANT BLUEGRASS TOMORROW P O BOX 34185 LEXINGTON, KY 40588	NONE	500.
GRANT FAYETTE ALLIANCE 601 W SHORT ST, LEXINGTON, KY 40507	NONE	500.
GRANT MAXWELL H GLUCK CTR.-GEN FUND 805 S LIMESTONE ST., LEXINGTON, KY 405360339	NONE	1,500.
GRANT GRAYSON-JOCKEY CLUB FOUNDATION 821 CORPORATE DR., LEXINGTON, KY 40503	NONE	1,000.
GRANT HORSE FARM WORKERS' EDUCATIONAL ASSIST. P O BOX 66, VERSAILLES, KY 40383	NONE	7,100.

GRANT HOSPICE OF THE BLUEGRASS 2312 ALEXANDRIA DRIVE, LEXINGTON, KY 40503	NONE	500.
GRANT JESSAMINE CO HUMANE SOCIETY 3035 LEXINGTON RD, NICHOLASVILLE, KY 40356	NONE	150.
GRANT KEEP 4047 IRON WORKS PKWY, STE. 130, LEXINGTON, KY 40511	NONE	2,000.
GRANT KEMI PO BOX 910628 LEXINGOTN, KY 40591	NONE	20,100.
GRANT KY EQUINE HUMANE CENTER 1713 CATNIP HILL ROAD, NICHOLASVILLE, KY 40356	NONE	2,000.
GRANT LEX-FAY HUMANE SOCIETY 1600 OLD FRANKFORT PK, LEXINGTON, KY 40510	NONE	150.
GRANT NICHOLAS COUNTY ANIMAL WELFARE PO BOX 184 CARLISLE, KY 40311	NONE	150.
GRANT DUSTIN MALLORY FUND C/O CHASE BANK, 1785 ALEXANDRIA DR, LEXINGOTN, KY 40504	NONE	2,500.
GRANT OLD FRIENDS 1841 PAYNES DEPOT RD, GEORGETOWN, KY 40324	NONE	1,000.
GRANT PAWS P O BOX 222, PARIS, KY 403620222	NONE	150.

GRANT KY HIGH SCHOOL RODEO ASSOC 8223 US HWY 62, CALVERT CITY, KY 42029	NONE	1,000.
GRANT SCOTT CO ANIMAL CONTROL & SHELTER 1185 LONG LICK PIKE, GEORGETOWN, KY 40324	NONE	150.
GRANT SWERCZEK UK VET SCIENCE ROOM 105 LEXINGOTN, KY 40546	NONE	1,000.
GRANT THOROUGHBRED RETIREMENT FUND-TRF KY 4809 IRON WORKS PIKE LEXINGOTN, KY 40511	NONE	6,200.
GRANT UNIV. OF KENTUCKY HORSE RACING CLUB 905 GARRIGUS BUILDING LEXINGOTN, KY 40546	NONE	500.
GRANT WOODFORD HUMANE SOCIETY P O BOX 44, VERSAILLES, KY 40383	NONE	150.
SCHOLARSHIP	NONE	500.
SCHOLARSHIP	NONE	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		49,800.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 7

THE CLUB PUBLISHES A MEMBER AND FARM DIRECTORY OF HORSE FARMS IN THE
LEXINGTON AND CENTRAL KENTUCKY AREA. THERE ARE APPROXIMATELY 3500 COPIES
DISTRIBUTED TO INTERESTED PARTIES.

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STATEMENT 8

THE CLUB HOLDS ANNUAL GOLF AND SPORTING CLAY TOURNAMENTS ORGANIZED BY VOLUNTEERS TO RAISE MONEY FOR LOCAL CHARITIES AND SCHOLARSHIPS. DURING 2009 \$48,800 WAS GIVEN TO CHARITIES, AND \$1,000 WAS GIVEN IN SCHOLARSHIPS.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **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	Name of Exempt Organization KENTUCKY THOROUGHBRED FARM MANAGERS' CLUB, INC.	Employer identification number 61-1076634
	Number, street, and room or suite no. If a P.O. box, see instructions 1005 RICHMOND RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40502	

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 |

LINDA W. SERAFINI

- The books are in the care of ► **1005 RICHMOND RD - LEXINGTON, KY 40502**
Telephone No. ► **859-948-7321** FAX No. ► ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, 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 _____, and ending _____

- 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	\$
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	\$
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	\$ N/A

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.

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

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