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**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)

**2009**Open to Public  
Inspection

► 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.

**A For the 2009 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_**

<input type="checkbox"/> 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	<b>C Name of organization</b>	<b>D Employer identification number</b>
	<b>ARKANSAS ECONOMIC DEVELOPMENT FOUNDATION</b>	
	Number and street (or P O box, if mail is not delivered to street address)	
	P. O. BOX 1784	
	City or town, state or country, and ZIP + 4	
	LITTLE ROCK, AR 72203	

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

**G Accounting method**  Cash  Accrual  
Other (specify) ►

**I Website:** ► N/A

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

**J Tax-exempt status** (check only one) —  501(c) ( 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 ► \$ 47,304.**

**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 45,833.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 971.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c
	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)	7c	
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)	8	
8 Other revenue (describe ► MISCELLANEOUS )	500.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 47,304.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 15,996.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► )	16 71,903.
	17 Total expenses. Add lines 10 through 16	17 87,899.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <40,595.
	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)	19 278,702.
	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	21 238,107.

**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	239,812.	22 213,085.
23 Land and buildings		23
24 Other assets (describe ► )	39,862.	24 26,278.
25 Total assets	279,674.	25 239,363.
26 Total liabilities (describe ► ACCOUNTS PAYABLE )	972.	26 1,256.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	278,702.	27 238,107.

75

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

## Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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

28 ORGANIZED SEVERAL EVENTS TO ATTRACT PROSPECTIVE BUSINESSES,  
AND PROMOTE ECONOMIC DEVELOPMENT IN ARKANSAS.

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

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

1

29

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

30

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

1

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

3

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

3

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

(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 & deferred compensation	(e) Expense account and other allowances
GUS VRATSINAS	PRESIDENT	0.00	0.	0.
MIKE AKIN	BOARD MEMBER	0.00	0.	0.
NIEL CROWSON	BOARD MEMBER	0.00	0.	0.
WALLACE FOWLER	BOARD MEMBER	0.00	0.	0.
STEVE LUELFF	BOARD MEMBER	0.00	0.	0.
DON RODGERS	SECRETARY	0.00	0.	0.
TOM SCHUECK	TREASURER	0.00	0.	0.
FRANK THOMAS	VICE PRESIDENT	0.00	0.	0.
SHARON TRUSTY	BOARD MEMBER	0.00	0.	0.
ARCHIE SCHAFFER III	BOARD MEMBER	0.00	0.	0.

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 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?  
 b If "Yes," has it filed 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 ► 37a | 0 .  
 b Did the organization file Form 1120-POL for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) 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 ► 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

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 ► AR

42a The organization's books are in care of ► GUS VRATSINAS Telephone no ► 501-376-0017  
 Located at ► PO BOX 1784, LITTLE ROCK, AR ZIP + 4 ► 72203

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 ► 43 | N/A

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

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40e		X

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2009)

**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.

<p>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</p> <p>47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II</p> <p>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</p> <p>49a Did the organization make any transfers to an exempt non-charitable related organization?</p> <p>b If "Yes," was the related organization a section 527 organization?</p> <p>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"</p>	<b>Yes</b> <b>No</b> 46 47 48 49a 49b
--	--

(a) Name and address of each employee paid more than \$100,000  N/A	(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

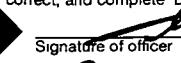
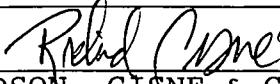
f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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"

N/A

(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 ► \_\_\_\_\_

<b>Sign Here</b>	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	<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instr) <b>N/A</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	 Date <b>5-18-10</b>	<input type="checkbox"/> Check if self-employed	EIN ► _____
	Firm's name (or yours if self-employed) address, and ZIP + 4	11412 HURON LANE	<input type="checkbox"/> Phone no	(501) 221-1000

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

►  Yes  No

Form 990-EZ (2009)

## Depreciation and Amortization

## (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

ARKANSAS ECONOMIC DEVELOPMENT FOUND

Identifying number

Business or activity to which this form relates

## All Business Activities

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	NA

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the smaller of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	

## Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	1,675
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions	22	1,675
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
2006 Toyota Avalon	12/06/05	100.00%	37,783	37,783	5.0	200DBMO			1,675		
		%									
27 Property used 50% or less in a qualified business use								S/L-			
		%									
		%							S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28		1,675	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

## ARKANSAS ECONOMIC DEVELOPMENT FOUNDATION

74-2390527

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
ENTERTAINMENT-OTHER	9,937.
ENTERTAINMENT-PROSPECTS	2,901.
ENTERTAINMENT-TRAVEL	34,785.
OFFICE SUPPLIES	11,078.
DUES	697.
AUTO EXPENSE	3,588.
DEPRECIATION	1,675.
MISCELLANEOUS	882.
UPGRADE TO AEDC OFFICE	6,360.
TOTAL TO FORM 990-EZ, LINE 16	71,903.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	11,850.	0.
PREPAID EXPENSES	1,343.	1,285.
OTHER DEPRECIABLE ASSETS	26,669.	24,993.
TOTAL TO FORM 990-EZ, LINE 24	39,862.	26,278.

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 3**

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

TO SUPPLEMENT APPROPRIATIONS BY THE STATE LEGISLATURE FOR DEVELOPMENT OF THE STATE'S RESOURCES AND ATTRACTING NEW BUSINESSES TO THE STATE OF ARKANSAS.

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	Employer identification number
File by the due date for filing your return. See instructions	ARKANSAS ECONOMIC DEVELOPMENT FOUNDATION	74-2390527
	Number, street, and room or suite no. If a P O box, see instructions	
	P.O. BOX 1784	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LITTLE ROCK, AR 72203	

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

**GUS VRATSINAS**

- The books are in the care of ► PO BOX 1784 - LITTLE ROCK, AR 72203
- Telephone No. ► 501-376-0017 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 <u>AUGUST 15, 2010</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for.	<input type="checkbox"/> calendar year <u>2009</u> or	<input type="checkbox"/> tax year beginning _____, and ending _____.
2	If this tax year is for less than 12 months, check reason. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> 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	\$ <u>N/A</u>

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)