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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

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

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

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

**2009**

**Open to Public Inspection**

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

B Check if applicable
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions.

C
SHRM NM STATE COUNCIL
8710 LA SALA DEL SUR NE
ALBUQUERQUE, NM 87111

D Employer identification number
85-0373836

E Telephone number
505 275-5959

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 [X] Cash [ ] Accrual
Other (specify) ►

H Check ► [X] 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 ► $ 60,619.

## 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 | 2,148. |
| | 2 | Program service revenue including government fees and contracts | 2 | 47,257. |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 277. |
| | 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 | 10,937. |
| | 9 | **Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► | 9 | 60,619. |
| 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 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | 3,879. |
| | 16 | Other expenses (describe ► SEE STATEMENT 2 ) | 16 | 29,369. |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | 17 | 33,248. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 27,371. |
| | 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 | 83,159. |
| | 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 | 110,530. |

RECEIVED
246 AUG 16 2010 IRS-OSC
OGDEN, UT

SCANNED SEP 07 2010

## 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 | 83,159. | 22 | 110,530. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ► _____ ) | | 24 | |
| 25 | **Total assets** | 83,159. | 25 | 110,530. |
| 26 | **Total liabilities** (describe ► _____ ) | 0. | 26 | 0. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 83,159. | 27 | 110,530. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **990-EZ** (2009)

TEEA0803L 01/30/10

gs 17

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

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

What is the organization's primary exempt purpose? SEE STATEMENT 3

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

28 (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 |
|---|---|---|---|---|
| SEE STATEMENT 4 | | 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 ► WENDY SHANNON Telephone no ► 505 275-5959

Located at ► 8710 LA SALA DEL DUR NE ALBUQUERQUE NM ZIP + 4 ► 87111

| | | | 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 | | | |
| 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? | | |
| 49b | 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 8/13/10 Date

► WENDY SHANNON Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ► Kim Burleson Date 8/10/10 Check if self-employed ► ☐ Preparer's Identifying Number (See instructions) P00014990

Firm's name (or yours if self-employed), address, and ZIP + 4 ► BALKCOM, PEARSALL & PARRISH CPAS, P.A.
1201 EUBANK NE, SUITE 4
ALBUQUERQUE, NM 87112

EIN ► 85-0218454

Phone no ► (505) 293-0173

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

SHRM NM STATE COUNCIL 85-0373836

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

| | |
|---|---|
| SPONSORSHIP INCOME | $ 10,937. |
| TOTAL | $ 10,937. |

**STATEMENT 2**
**FORM 990-EZ, PART I, LINE 16**
**OTHER EXPENSES**

| | |
|---|---|
| ADVERTISING AND PROMOTION | $ 1,260. |
| BANK CHARGES | 619. |
| BOOKS | 50. |
| CONFERENCE VENUE | 12,611. |
| GIFTS | 89. |
| MEALS | 1,636. |
| OFFICE EXPENSES | 2,048. |
| PER DIEM | 1,029. |
| SOFTWARE | 150. |
| SPEAKER FEES | 701. |
| TRAVEL | 6,968. |
| WEBSITE DEVELOPMENT | 2,208. |
| TOTAL | $ 29,369. |

**STATEMENT 3**
**FORM 990-EZ, PART III**
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE THE MISSION OF THE SOCIETY FOR HUMAN RESOURCES MANAGEMENT (SHRM), TO SERVE THE NEEDS OF HUMAN RESOURCES PROFESSIONALS AND ADVANCE THE HUMAN RESOURCES PROFESSION. WE AIM TO CONNECT HUMAN RESOURCE PROFESSIONALS THROUGHOUT NEW MEXICO, TO PROVIDE SUPPORT TO AFFILIATE SHRM CHAPTERS IN OUR STATE, AND TO ACT AS A CONDUIT IN THE COMMUNICATION NETWORK BETWEEN NATIONAL SHRM AND LOCAL CHAPTERS. WE ARE VOLUNTEER LEADERS DEDICATED TO THE HUMAN RESOURCES PROFESSION.

**STATEMENT 4**
**FORM 990-EZ, PART IV**
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPENSATION | CONTRIBUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| WENDY SHANNON<br>8710 LA SALA DEL SUR NE<br>ALBUQUERQUE, NM 87111 | VICE PRESIDENT<br>3.00 | $ 0. | $ 0. | $ 0. |
| DENNELL SANDOVAL-NEWHALL<br>7500 JEFFERSON ST NE CY1<br>ALBUQUERQUE, NM 87109 | SEC/TREASURER<br>1.50 | 0. | 0. | 0. |

**STATEMENT 4 (CONTINUED)**
**FORM 990-EZ, PART IV**
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | CONTRI-BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| BETH JAMES<br>4300 SAN MATEO BLVD NE ST A220<br>ALBUQUERQUE, NM 87110 | DIRECTOR<br>0 | $ 0. | $ 0. | $ 0. |
| NANCY NEWELL<br>1219 SEABISCUIT DR SE<br>ALBUQUERQUE, NM 87123 | PRESIDENT<br>3.00 | 0. | 0. | 0. |
| RENE YODER<br>PO BOX 30001 MSC 3 HRS<br>LAS CRUCES, NM 88003 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| ROSEANNE SWOBODA<br>4491 CERRILLOS ROAD<br>SANTA FE, NM 87504 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| VICKI LUSK<br>845 N MOTEL BLVD<br>LAS CRUCES, NM 88007 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| AMY REHFELD<br>4321 YALE NE<br>ALBUQUERQUE, NM 87107 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| SHAY BIERLY<br>1204 CENTRAL AVE SW<br>ALBUQUERQUE, NM 87102 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| RANDY RICHARDSON<br>2920 CARLISLE NE STE B3<br>ALBUQUERQUE, NM 87110 | DIRECTOR<br>0.10 | 0. | 0. | 0. |
| ED DE JESUS<br>2501 BUENA VISTA SE<br>ALBUQUERQUE, NM 87106 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| ILENE COLINA<br>100 SUN AVENUE NE STE 500<br>ALBUQUERQUE, NM 87109 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| DENISE MONTOYA<br>1700 LOMAS BLVD MSC01 1224<br>ALBUQUERQUE, NM 87131 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| ALICE KILBORN<br>2222 UPTOWN LOOP #5305<br>ALBUQUERQUE, NM 87110 | DIRECTOR<br>1.00 | 0. | 0. | 0. |

**STATEMENT 4 (CONTINUED)**
**FORM 990-EZ, PART IV**
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | CONTRI-BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| CHARLENE SCOTT<br>305 S OLIVER DRIVE<br>AZTEC, NM 87410 | DIRECTOR<br>1.00 | $ 0. | $ 0. | $ 0. |
| PAULA SCHRIMSHER<br>3516 PLACITA DEL SUENOS SE<br>RIO RANCHO, NM 87124 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| WENDY RUIZ<br>2918 MAJESTIC RIDGE<br>LAS CRUCES, NM 88001 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| MANDY UTLEY<br>50 COUNTY ROAD 4990<br>BLOOMFIELD, NM 87401 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| AMANDA TINSLEY<br>1700 LOUISIANA BLVD NE<br>ALBUQUERQUE, NM 87110 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| PATTY LONGDON<br>601 COMANCHE RD NE<br>ALBUQUERQUE, NM 87107 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| RUTH BRYANT<br>WHITE SANDS<br>LAS CRUCES, NM 88001 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| JOHN WILLIAMS<br>1361 POTASH MINES ROAD<br>CARLSBAD, NM 88220 | DIRECTOR<br>0.50 | 0. | 0. | 0. |
| | TOTAL | $ 0. | $ 0. | $ 0. |

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** | Name of Exempt Organization | Employer identification number |
|---|---|---|
| File by the due date for filing your return See instructions | HUMAN RESOURCES MANAGEMENT ASSOC OF NEW MEXICO | 85-0373836 |
| | Number, street, and room or suite number If a P O box, see instructions<br>8710 LA SALA DEL SUR NE | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>ALBUQUERQUE, NM 87111 | |

**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 ► WENDY SHANNON

Telephone No ► 505 275-5959 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 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)