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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)

OMB No 1545-1150

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

B Check if applicable

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

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

FRATERNAL ORDER OF POLICE
TUCSON LODGE NO. 1, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 17629

City or town, state or country, and ZIP + 4

TUCSON, AZ 85731-7629

D Employer identification number

86-0216729

E Telephone number

(520) 696-0974

F Group Exemption

Number ► 1199

- 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

J Tax-exempt status (check only one) — 501(c)(8) ◀ (insert no.) 4947(a)(1) or 527H Check ► if the organization is not

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 133,390.

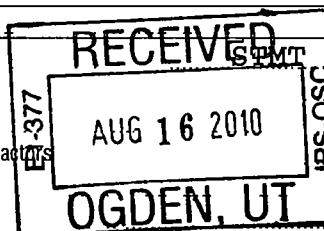
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	44,147.
2 Program service revenue including government fees and contracts	2	1,315.
3 Membership dues and assessments	3	79,817.
4 Investment income	4	-5,614.
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"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	8,779.
b Less: direct expenses other than fundraising expenses	6b	25,623.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-16,844.
7a Gross sales of inventory, less returns and allowances	7a	248.
b Less: cost of goods sold	7b	1,117.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-869.
8 Other revenue (describe ► MISC INCOME)	8	4,698.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	106,650.
10 Grants and similar amounts paid (attach schedule)	10	28,840.
11 Benefits paid to or for members	11	94,946.
12 Salaries, other compensation, and employee benefits	12	3,200.
13 Professional fees and other payments to independent contractors	13	2,924.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	2,524.
16 Other expenses (describe ►)	16	5,977.
17 Total expenses. Add lines 10 through 16	17	138,411.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-31,761.
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	214,005.
20 Other changes in net assets or fund balances (attach explanation)	20	6,321.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	188,565.

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	212,906.	22 184,007.
23 Land and buildings		23
24 Other assets (describe ►)	1,099.	24 4,558.
25 Total assets	214,005.	25 188,565.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	214,005.	27 188,565.



FRATERNAL ORDER OF POLICE
TUCSON LODGE NO. 1, INC.

Form 990-EZ (2009)

86-0216729

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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.

Yes	No
33	X
34	X

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 0.

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
b Did the organization file Form 1120-POL for this year?

37b	X
38a	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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
39b	N/A

39 Section 501(c)(7) organizations. Enter:

39b	N/A
40b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b	N/A
40e	X

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
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

► N/A

► N/A

41 List the states with which a copy of this return is filed. ► AZ

42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► (520) 696-0974
Located at ► P.O. BOX 17629, TUCSON, AZ ZIP + 4 ► 85731-7629

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)?

Yes	No
42b	X

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: ►

42c	X
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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

Yes	No
44	X
45	X

Form 990-EZ (2009)

FRATERNAL ORDER OF POLICE
TUCSON LODGE NO. 1, INC.

Form 990-EZ (2009)

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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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

	Yes	No
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 ►

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 S. EARLEY	Date 8/11/10	Type or print name and title S. EARLEY TREASURER	
Paid Preparer's Use Only	Preparer's signature Carr, Regier & Monroe, L.L.P.	Date 8/11/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr) EIN ► Phone ► no. 520 624-8229
	Firm's name (or yours if self-employed), address, and ZIP + 4 REGIER CARR & MONROE, L.L.P. 4801 E BROADWAY BLVD, STE 501 TUCSON, AZ 85711-3609			

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

► Yes No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
SUPPLIES		845.
POSTAGE AND SHIPPING		1,164.
CONFERENCE		630.
BANK CHARGE		2,511.
OTHER EXPENSE		580.
OFFICER RELATED EXPENSE		247.
TOTAL TO FORM 990-EZ, LINE 16		5,977.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES	939.	1,982.
LIQUOR LICENSE	150.	150.
SECURITY DEPOSIT	10.	10.
LOAN RECEIVABLE FROM METRO LODGE	0.	2,416.
TOTAL TO FORM 990-EZ, LINE 24	1,099.	4,558.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	3
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AFFILIATE'S NAME	AFFILIATES ADDRESS
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FOP METROLodge, INC	3445 N DODGE BLVD TUCSON, AZ 85716
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PURPOSE OF PAYMENT	AMOUNT
--------------------	--------

OCCUPANCY	500.
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AFFILIATE'S NAME	AFFILIATES ADDRESS
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NATIONAL FOP	2100 GARDINER LANE LOUISVILLE, KY 40205
--------------	--

PURPOSE OF PAYMENT	AMOUNT
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PER CAPITA TAX	6,048.
----------------	--------

AFFILIATE'S NAME	AFFILIATES ADDRESS
------------------	--------------------

STATE FOP	PO BOX 30897 TUCSON, AZ 85715
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PURPOSE OF PAYMENT	AMOUNT
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PER CAPITA TAX	6,023.
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TOTAL INCLUDED ON FORM 990-EZ, LINE 10	12,571.
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FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
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UNREALIZED GAIN	6,321.
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TOTAL TO FORM 990-EZ, LINE 20	6,321.
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FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
DONATIONS VARIOUS PO BOX 17629 TUCSON, AZ 85731-7629	NONE	10,729.
SCHOLARSHIP	NONE	5,540.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		16,269.

FORM 990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	248
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	248
4. COST OF GOODS SOLD (LINE 13)	1,117
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-869

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	939
7. MERCHANDISE PURCHASED	2,160
8. COST OF LABOR	
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	3,099
12. INVENTORY AT END OF YEAR	1,982
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,117

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

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

990-EZ PG 2

STATEMENT 8

TO PROVIDE RETIRED AND ACTIVE POLICE OFFICERS OPPORTUNITIES TO SERVE TUCSON.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 9

DESCRIPTION

GRANTS EXPENSES

MEMBER INSURANCE AND BENEFITS

TOTAL TO FORM 990-EZ, LINE 31

Form 4562

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

FRATERNAL ORDER OF POLICE
TUCSON LODGE NO. 1, INC.

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

FORM 990-EZ PAGE 1

Identifying number
86-0216729**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	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	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
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	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	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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	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 ► <input type="checkbox"/>		

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 2009 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

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	
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 instr	22	0.
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	

**FRATERNAL ORDER OF POLICE
TUCSON LODGE NO. 1, INC.**

Form 4562 (2009)

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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
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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

25

26 Property used more than 50% in a qualified business use.

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

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.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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
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42 Amortization of costs that begins during your 2009 tax year

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

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 and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization FRATERNAL ORDER OF POLICE TUCSON LODGE NO. 1, INC.	Employer identification number 86-0216729
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 17629	
	City, town or post office, state, and ZIP code For a foreign address, see instructions TUCSON, AZ 85731-7629	

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 ORGANIZATION

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.

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.

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.

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)