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Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

- 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 Jul 1, 2009, and ending Jun 30, 2010

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending.

C Name of organization: Fraternal Order Of Police Lodge #70
Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 470
City or town, state or country, and ZIP + 4: Crownsville MD 21032

D Employer identification number: 52-1357088

E Telephone number: (410) 766-5400

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: ☒ Cash ☐ Accrual. Other (specify):

H Check ☒ 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) — ☒ 501(c) (8) (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. \$ 357,702.

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	<u>2,436.</u>
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	<u>286,148.</u>
4 Investment income	4	<u>7,479.</u>
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	<u>13.</u>
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>-13.</u>
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 \$ <u> </u> of contributions reported on line 1)	6a	<u>34,160.</u>
b Less direct expenses other than fundraising expenses	6b	<u>12,396.</u>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>21,764.</u>
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: <u>See Other Revenue Statement</u>)	8	<u>27,479.</u>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>345,293.</u>
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	<u>19,416.</u>
13 Professional fees and other payments to independent contractors	13	<u>182,403.</u>
14 Occupancy, rent, utilities, and maintenance	14	<u>1,009.</u>
15 Printing, publications, postage, and shipping	15	<u>7,809.</u>
16 Other expenses (describe: <u>See Other Expenses Statement</u>)	16	<u>138,658.</u>
17 Total expenses. Add lines 10 through 16	17	<u>349,295.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-4,002.</u>
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	<u>767,226.</u>
20 Other changes in net assets or fund balances (attach explanation) <u>See L-20 Stmt</u>	20	<u>3,796.</u>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>767,020.</u>

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.)

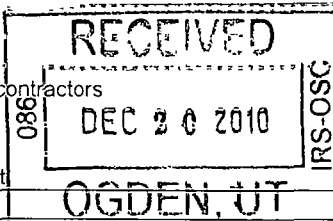
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>260,141.</u>	<u>316,257.</u>
23 Land and buildings	<u>282,582.</u>	<u>268,963.</u>
24 Other assets (describe: <u>See L-24 Stmt</u>)	<u>225,669.</u>	<u>182,814.</u>
25 Total assets	<u>768,392.</u>	<u>768,034.</u>
26 Total liabilities (describe: <u>See L-26 Stmt</u>)	<u>1,166.</u>	<u>1,014.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>767,226.</u>	<u>767,020.</u>

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? Awareness to the community in matters relating to and part of law enforcement
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

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

28 Legal Services-General Membership

(Grants \$ 0.) If this amount includes foreign grants, check here

28 a	182,403.
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29 Life Insurance-General Membership

(Grants \$ 0.) If this amount includes foreign grants, check here

29a	27,977.
-----	---------

30 Conventions-General Membership

(Grants \$ 0.) If this amount includes foreign grants, check here

30 a	7,683.
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31 Other program services (attach schedule)

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

31 a

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

32	218,063.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)
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[illegible]

Part V Other Information (Note the statement requirements in the instrs 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

	Yes	No
33		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

34		X
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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

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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
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35b		
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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
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.

37a		
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b Did the organization file **Form 1120-POL** for this year?

37b		X
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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
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b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b		
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39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a		
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b Gross receipts, included on line 9, for public use of club facilities

39b		
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40a** _____, section 4912 **40a** _____, section 4955 **40a** _____

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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		
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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 **40c** _____

40c		
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d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40d** _____

40d		
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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
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41 List the states with which a copy of this return is filed **41** _____

42a The organization's books are in care of **42a** Mark Conklin Telephone no **42a** (443) 255-1471
Located at **42a** P.O. Box 470 Crownsville MD ZIP + 4 **42a** 21032

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 **42b** _____

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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 ?

42c		X
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If 'Yes,' enter the name of the foreign country **42c** _____

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** ☐

43		
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44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
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
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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.

	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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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

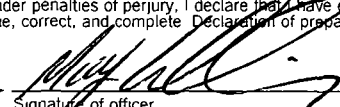
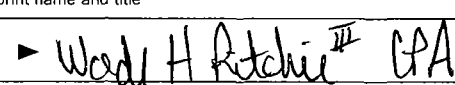
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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		12-13-2010 Date		
Paid Preparer's Use Only	 Preparer's signature		11/18/10 Date	<input type="checkbox"/> Check if self employed	700105489 Preparer's Identifying Number (See instructions)
	CLARK & ANDERSON, P.A. Firm's name (or yours if self employed), address, and ZIP + 4		52-1175264 EIN		
	7678 QUARTERFIELD RD, SUITE 101 GLEN BURNIE MD 21061		Phone no ▶		
	May the IRS discuss this return with the preparer shown above? See instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

BAA

Form 990-EZ (2009)

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf Tournament (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts	34,160.			34,160.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	34,160.			34,160.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	126.			126.
	6 Rent/facility costs				
	7 Food and beverages	3,101.			3,101.
	8 Entertainment				
	9 Other direct expenses	9,169.			9,169.
	10 Direct expense summary Add lines 4- through 9 in column (d)				12,396.
	11 Net income summary Combine lines 3, column (d) and line 10				21,764.

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				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 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		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a**

%

b An outside facility**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 contact with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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 ▶ \$ _____

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

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

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

Fraternal Order Of Police Lodge #70

Identifying number

52-1357088

Business or activity to which this form relates

Form 990 / Form 990EZ

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	
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 (see instrs)	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	14,110.
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		530.	5.0 yrs	MQ	200 DB	27.
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	S/L

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 instructions	22	14,137.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 07/07/09

Form 4562 (2009)

Page 2 - N/A

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return
Fraternal Order Of Police Lodge #70

Employer Identification No
52-1357088

Line 24 - Other Assets:	Beginning of Year	End of Year
Investments-Morgan Stanley	224,602.	178,230.
Unrealized Gain/Loss	541.	4,338.
Other asset	526.	246.
Totals to Form 990-EZ, Part II, line 24	225,669.	182,814.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Payroll taxes	1,166.	1,014.
Totals to Form 990-EZ, Part II, line 26	1,166.	1,014.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Rent Income	24,692.
Other income	2,787.
Total	27,479.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Activities	7,671.
Auto Expense	192.
Board of Directors Expense	1,230.
Charities	6,020.
Conventions/Seminars	7,683.
Dues-Grand Lodge	9,212.
Dues-State Lodge	3,852.
Life Insurance	27,977.
Presidential Expenses	5,830.
License & Permits	200.
Office expense	8,660.
Meeting Expense	1,157.
Supplies	4,817.
Payroll tax expense	1,485.
Unemployment taxes	293.
Public Relations	155.
Rental Expenses	47,012.
Accounting Fees	3,841.
Workmans Comp Insurance	331.
Depreciation	1,040.
Total	138,658.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized Gains/Losses on Securities	3,796.
Total	3,796.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service► **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	Employer identification number
	Fraternal Order Of Police Lodge #70	52-1357088
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. Box 470	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Crownsville	MD 21032

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

- The books are in the care of ► Mark Conklin

Telephone No ► (443) 255-1471 FAX No ► (410) 923-0788

- 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 Feb 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
► ☒ tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10

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)