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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

2010

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 2010, **and ending** 2010

B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC.	51-0083101
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	P O BOX 8158	(302) 479-5515
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number
<input type="checkbox"/> Amended return	WILMINGTON DE 19803	
<input type="checkbox"/> Application pending		

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 (ck only one) — 501(c)(3) 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 66,622.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		1	2
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
	1 Contributions, gifts, grants, and similar amounts received	1	5,417.
	2 Program service revenue including government fees and contracts	2	28,953.
	3 Membership dues and assessments	3	31,857.
	4 Investment income	4	378.
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	17.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,622.
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	28,000.
	13 Professional fees and other payments to independent contractors	13	1,800.
	14 Occupancy, rent, utilities, and maintenance	14	3,078.
	15 Printing, publications, postage, and shipping	15	3,984.
	16 Other expenses (describe in Schedule O) See Form 990-EZ Part I, Line 16 Other Expenses	16	35,811.
	17 Total expenses. Add lines 10 through 16	17	72,673.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,051.
	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	118,099.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	112,048.

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

Form **990-EZ** (2010)

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18

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	116,674.	110,953.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	1,425.	1,095.
25 Total assets	118,099.	112,048.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	118,099.	112,048.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

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

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

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

28 <u>QUARTERLY AND ANNUAL MEETINGS ARE CONDUCTED IN ORDER TO KEEP FAMILY PHYSICIANS ABREAST OF CURRENT EVENTS IN THE MEDICAL PROFESSION. CURRENT RESEARCH AND PRACTICES.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,604.
29 <u>CONTINUING MEDICAL EDUCATION IS OFFERED TO ENCOURAGE MEMBERS TO LEARN NEW TECHNIQUES, PRACTICES, RESEARCH AND FINDINGS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	600.
30 <u>SUNDRY OTHER EXPENDITURES TO PROMOTE THE MEDICAL PROFESSION.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	55,469.
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	72,673.

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

Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation	(e) Expense account and other allowances
<u>BEVERLY DIEFFENBACH</u> <u>P O BOX 8158</u> <u>WILMINGTON DE 19803</u>	EXECUTIVE DIRECTOR 16.00	28,000.	0.	
<u>HEATHER ZINZELLA COX, M.D.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	PRESIDENT 2.00	0.	0.	
<u>OMAR A. KHAN, M.D.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	PRESIDENT ELECT 2.00	0.	0.	
<u>JOSEPH HILL KIM, D.O.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	VICE PRESIDENT 2.00	0.	0.	
<u>JAMES M. GILL, M.D., M.P.H.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	SECRETARY 1.00	0.	0.	
<u>KAREN L. MCGHEE, D.O.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	ASSISTANT SECRETARY 1.00	0.	0.	
<u>M. DIANA METZGER M.D.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	TREASURER 1.00	0.	0.	
<u>WILLIAM B. FUNK M.D.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	ASSISTANT TREASURER 1.00	0.	0.	
<u>HUGH BONNER III, M.D.</u> <u>PO BOX 8158</u> <u>WILMINGTON DE 19803</u>	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

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

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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		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?		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 tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 ▶ _____		
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 40e		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of ▶ BEVERLY DIEFFENBACH Telephone no ▶ (302) 733-3356
 Located at ▶ 16 SOUTHAMPTON PARISH ROAD LANDENBERG PA ZIP + 4 ▶ 19350

	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: ▶ _____		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: ▶ _____		X

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**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 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?

	Yes	No
47		
48		
49a		
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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here
 Signature of officer: Beverly Dieffenbach Date: 7/20/11
 Type or print name and title: Beverly Dieffenbach, Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: JAMES R. ZDIMAL, CPA Preparer's signature: [Signature] Date: 7-15-11 Check if self-employed PTIN:
 Firm's name: HAGGERTY & HAGGERTY P.A. Firm's EIN:
 Firm's address: 510 PHILADELPHIA PIKE WILMINGTON DE 19809-2169 Phone no: (302) 762-6380

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

Additional Information

ATTACHED STATEMENT

The mission of the DELAWARE ACADEMY OF FAMILY PHYSICIANS
IS TO PROMOTE EXCELLANCE IN HEALTH CARE AND THE BETTERRMNT
OF THE HEALTH OF THE PEOPLE OF DELAWARE. PURPOSES IN SUPPORT OF THIS MISSION ARE

- TO PROVIDE RESPONSIBLE ADVOCACY FOR AND EDUCATION OF PATIENTS
- TO PROMOTE THE SCIENCE AND ART OF FAMILY MEDICINE
- TO PROMOTE AND MAINTAIN HIGH STANDARDS AMONG PHYSICIANS
- TO PROVIDE ADVOCY , REPENSATION, AND LEADERSHIP FOT THE SPECIALITY
OF FAMILY PRACTICE

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
SUNDRY	17.
Total	17.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
CONFERENCES	1,000.
ANNUAL MEETING	15,538.
QUARTERLY MEETINGS	1,066.
DUES	0.
CONTINUING MEDICAL EDUCATION	600.
GERIATRIC SEMINAR	2,783.
INSURANCE	2,433.
PAYROLL TAXES	2,401.
RESIDENT DUES	1,458.
MENTAL HEALTH SEMINAR	0.
MISCELLANEOUS	25.
SPORTS MEDICINE SEMINAR	5,355.
WED LECTURE SERIES	2,222.
AWARDS AND SCHOLARSHIPS	600.
Depreciation	330.
Amortization	0.
Total	35,811.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> REBECCA JAFFE M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JULIO E. NAVARRO M.D. PO BOX 8158 WILMINGTON DE 19803 Foreign city _____ Foreign country _____	Title BOARD MEMBER Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DOMINGO C. SINGSON M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SOMA PADMALINGAM M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAVID A. SIMPSON, M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ANNE NELSON WALTON, M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARGARET L. SAVOY, M.D., M.P.H. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CEDRIC T. BARNES, D.O. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LINDSAY ASHKENASE, M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> ELLEN FINNEY, M.D. PO BOX 8158 WILMINGTON DE 19803	Title BOARD MEMBER Hours/Week 1.00	0.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable - Net	765.	
EQUIPMENT5 NET OF DEPRECIATION-	660.	
Total	<u>1,425.</u>	

ENVELOPE POSTMARK DATE MAR 12 2011

Form **8868**
(Rev. January 2011)

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	DELAWARE ACADEMY OF FAMILY PHYSICIANS, INC.	51-0083101
	Number, street, and room or suite number. If a P O box, see instructions	
	P O BOX 8158, City, town or post office, state, and ZIP code. For a foreign address, see instructions	DE 19803

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ BEVERLY DIEFFENBACH

Telephone No ▶ (302) 479-5515 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 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 10 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

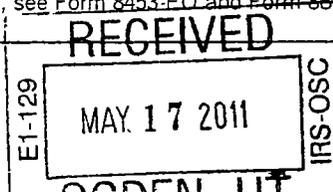
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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, 990-T, 4720, or 6069, 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, 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 Paperwork Reduction Act Notice, see Instructions.

FIFZ0501 11/15/10



Form **8868** (Rev. 1-2011)