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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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, 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

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning **2011**, and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C **GMDA INC.**
GREATER MILWAUKEE DENTAL ASSOCIATION
6737 W. WASHINGTON ST. #2360
WEST ALLIS, WI 53214

D Employer identification number: 26-3238681

E Telephone number: (414) 276-9911

F Group Exemption Number:

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: WWW.GMDA.ORG

J Tax-exempt status (ck only one) - 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527

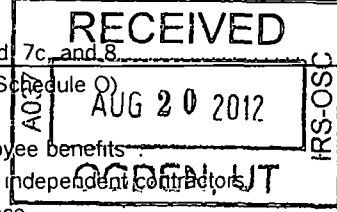
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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. **\$ 108,202.**

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

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

| | | | |
|----|--|----|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | |
| 2 | Program service revenue including government fees and contracts | 2 | 62,835. |
| 3 | Membership dues and assessments | 3 | 43,843. |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| 5b | Less cost or other basis and sales expenses | 5b | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 | Gaming and fundraising events | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| 6b | 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 | |
| 6c | Less direct expenses from gaming and fundraising events | 6c | |
| 6d | 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 | |
| 7b | Less cost of goods sold | 7b | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) SEE SCHEDULE O | 8 | 1,524. |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 108,202. |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 3,878. |
| 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 | 5,013. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | 56,136. |
| 15 | Printing, publications, postage, and shipping | 15 | 7,650. |
| 16 | Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 13,371. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 86,048. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 22,154. |
| 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 | 172,267. |
| 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 | 194,421. |



SCANNED SEP 06 2012

ORGANIZATION

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

Form 990-EZ (2011)

Handwritten initials: A 25

Part V Other Information (Note the Schedule A and personal benefit contract 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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III | | X |
| 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 |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37 a | 0. |
| b Did the organization file Form 1120-POL for this year? | 37 b | X |
| 38 a 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? | 38 a | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved | 38 b | N/A |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 | 39 a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities | 39 b | N/A |
| 40 a 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 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 | 40 b | |
| 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 | 40 e | X |
| 41 List the states with which a copy of this return is filed | NONE | |

42 a The organization's books are in care of RICHARD A. MUELLER Telephone no. (414) 425-1510
 Located at 6737 W. WASHINGTON ST. #2360 WEST ALLIS WI ZIP + 4 53214

| | 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: _____ | 42 b | X |
| 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 _____ | 42 c | 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

| | Yes | No |
|---|------|----|
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 a | 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 | 44 b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44 c | 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 | 44 d | |
| 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 a | X |
| b 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 instructions) | 45 b | X |

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 |
|----|-----|----|
| 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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

| | Yes | No |
|----|-----|----|
| 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

e 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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

e 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: *[Signature]* Date: 8/14/2012
 DR. RICHARD MUELLER TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: PETER R. BRAY, CPA
 Preparer's signature: *[Signature]* Date: 8/07/12
 Check if self-employed PTIN: P00131210
 Firm's name: BRAY & COMPANY, CPA, LLC
 Firm's address: 11707 WEST NORTH AVENUE WAUWATOSA, WI 53226
 Firm's EIN: 39-1915910
 Phone no: 414-771-9611

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization **GMDA INC.**
GREATER MILWAUKEE DENTAL ASSOCIATION

Employer identification number
26-3238681

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

THE GMDA IS THE PROFESSIONAL ASSOCIATION OF DENTISTS FROM THE MILWAUKEE AREA

DEDICATED TO SERVING BOTH THE PUBLIC AND MEMBERS OF THE PROFESSION OF DENTISTRY.

THE GMDA PROMOTES THE PUBLIC'S HEALTH THROUGH COMMITMENT OF MEMBER DENTISTS TO

PROVIDE HIGH-QUALITY ORAL HEALTH CARE AND PROMOTES ACCESSIBLE ORAL HEALTH CARE FOR
EVERYONE.

THE GMDA PROMOTES THE PROFESSION OF DENTISTRY BY ENHANCING THE INTEGRITY AND

ETHICS OF THE PROFESSION, PROVIDING EDUCATIONAL OPPORTUNITIES, STRENGTHENING THE

PATIENT/DENTIST RELATIONSHIP, AND MAKING MEMBERSHIP A FOUNDATION OF SUCCESSFUL

PRACTICE. GMDA MEMBERS ALSO BELONG TO THE AMERICAN DENTAL ASSOCIATION & WISCONSIN
DENTAL ASSOCIATION, AND ADHERE TO THEIR CODE OF ETHICS.

GMDA INC.
GREATER MILWAUKEE DENTAL ASSOCIATION

26-3238681

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

| | | | |
|----------------------|-------|----|---------------|
| MISCELLANEOUS INCOME | | \$ | 1,524. |
| | TOTAL | \$ | <u>1,524.</u> |

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

| | | | |
|--|-------|----|----------------|
| ANNUAL MEETING | | \$ | 197. |
| CE PROGRAM | | | 500. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | | | 5,485. |
| GKAS PROGRAM | | | 1,011. |
| HOLIDAY PARTY | | | 2,140. |
| OFFICE EXPENSES | | | <u>4,038.</u> |
| | TOTAL | \$ | <u>13,371.</u> |

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

| | | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|-------|------------------|----------------|
| ACCOUNTS RECEIVABLE | \$ | 425. | \$ 0. |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 400. | 250. |
| | TOTAL | <u>\$ 825.</u> | <u>\$ 250.</u> |

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

| | | <u>BEGINNING</u> | <u>ENDING</u> |
|---------------------------------------|-------|-------------------|-------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | | \$ 12,958. | \$ 11,800. |
| | TOTAL | <u>\$ 12,958.</u> | <u>\$ 11,800.</u> |

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>PROGRAM SERVICE EXPENSES</u> |
|--|---------------|---|
| SMILE DAY - JOINT COMMUNITY SERVICE TO STRENGTHEN THE PATIENT/DENTIST RELATIONSHIP INCLUDES FOREIGN GRANTS: NO | | 10,210. |
| ANNUAL MEETING - PROVIDE CONTINUED EDUCATIONAL OPPORTUNITIES AND ENHANCE THE INTEGRITY AND ETHICS OF THE PROFESSION INCLUDES FOREIGN GRANTS: NO | | 4,962. |
| GIVE KIDS A SMILE (GKAS) PROGRAM - JOINT COMMUNITY SERVICE TO STRENGTHEN THE PATIENT/DENTIST RELATIONSHIP. | | 1,011. |

GMDA INC.
GREATER MILWAUKEE DENTAL ASSOCIATION

26-3238681

FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS | PROGRAM SERVICE EXPENSES |
|-----------------------------|--------|--------------------------------|
| INCLUDES FOREIGN GRANTS: NO | | |
| TOTAL \$ | | \$ 16,183. |

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 | HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC | EXPENSE ACCOUNT & OTHER ALLOWANCES |
|---|--|-------------------|--|---|
| DR. MICHAEL GRADY 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | PRESIDENT 0 | \$ | 0. \$ | 0. \$ 0. |
| DR. LISA TEEL 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | | 0. | 0. 0. |
| DR. LYNNE BROCK 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | PRESIDENT 0 | | 0. | 0. 0. |
| DR. CHAN TRAN 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | PRESIDENT ELECT 0 | | 0. | 0. 0. |
| DR. MICHAEL GRADY 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | | 0. | 0. 0. |
| DR. NANCY LARSON 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | | 0. | 0. 0. |
| DR. RICHARD MUELLER 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | TREASURER 0 | | 0. | 0. 0. |
| DR. RUSSELL DUNKEL 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | SECRETARY 0 | | 0. | 0. 0. |
| DR. LYNN LEPAK-MCSORLEY 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | VICE PRESIDENT 0 | | 0. | 0. 0. |

GMDA INC.
GREATER MILWAUKEE DENTAL ASSOCIATION

26-3238681

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

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC | EXPENSE ACCOUNT & OTHER ALLOWANCES |
|--|--|-------------------|--|---|
| DR. CONRAD NENN 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | \$ 0. | \$ 0. | \$ 0. |
| DR. ANGELA LUECK 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | 0. | 0. | 0. |
| DR. JULIE WILLS 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | 0. | 0. | 0. |
| DR. CHESKA AVERY 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | 0. | 0. | 0. |
| DR. ROBERT HAFNER 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | 0. | 0. | 0. |
| DR. CHARLES LENDARUZZI 6737 W. WASHINGTON ST. #2360 WEST ALLIS, WI 53214 | DIRECTOR 0 | 0. | 0. | 0. |
| | TOTAL | \$ 0. | \$ 0. | \$ 0. |

Application for Extension of Time To File an Exempt Organization Return

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.

Enter filer's identifying number, see instructions

| | | |
|---|---|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | GMDA INC. GREATER MILWAUKEE DENTAL ASSOCIATION | <input checked="" type="checkbox"/> 26-3238681 |
| | Number, street, and room or suite number. If a P O box, see instructions | Social security number (SSN) |
| | 6737 W. WASHINGTON ST. #2360 | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | WEST ALLIS, WI 53214 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| 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 | 01 | 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 ▶ RICHARD A. MUELLER -----

Telephone No ▶ (414) 425-1510 ----- 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 8/15, 20 12, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- ▶ calendar year 20 11 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.