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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 private foundations)

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** , 2013, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	STELLA TEAGARDEN TRST FOR LIBERTY CEMETERY		35-6057401
	000639		<b>E Telephone number</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		(765) 747-1500
	200 EAST JACKSON STREET		<b>F Group Exemption Number</b>
	City or town, state or province, country, and ZIP or foreign postal code		

**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:** ▶ \_\_\_\_\_

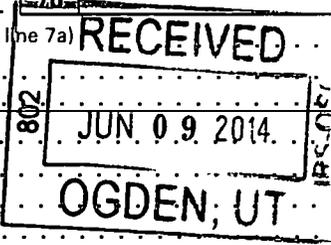
**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( 13 ) ◀ (insert no)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 36,446.**

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	5,477.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	30,969.
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	20,099.
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	10,870.
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	16,347.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	4,132.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,804.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	7,936.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	8,411.
	<b>19</b> 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) . . . . .	<b>19</b>	219,989.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	228,400.



ENVELOPE  
POSTMARK DATE JUN 14 2014

SCANNED JUN 25 2014

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

ME 24



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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of FIRST MERCHANTS TRUST COMPANY Telephone no. (765) 747-1500 Located at 200 E JACKSON STREET; MUNCIE, IN ZIP + 4 47305
42b 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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
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.
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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).

		Yes	No
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. . . . .	46		X

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 N/A  
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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 . . . . .	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 title of each employee	(b) 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

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 business address of each independent contractor	(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.

<b>Sign Here</b>	<i>Kirstin L. Bates</i> Signature of officer	05/14/2014 Date
	KIRSTIN L. BATES Type or print name and title	TRUST OFFICER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name TRACY O OSBORNE	Preparer's signature <i>Tracy Osborne</i>	Date MAY 15 2014	Check <input type="checkbox"/> if self-employed	PTIN P00054497
	Firm's name ▶ FIDUCIARY TAX SERVICES, LLC	Firm's EIN ▶ 274374744		Phone no 765-288-3651	
	Firm's address ▶ 400 S WALNUT STREET SUITE 200, MUNCIE, IN 47305				

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

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

**2013**

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

Employer identification number

STELLA TEAGARDEN TRST FOR LIBERTY CEMETERY

35-6057401

**PART IV(A) - OFFICERS, KEY EMPLOYEES**

**LINE 32**

TRUSTEE FEES \$3053.64

Name of the organization STELLA TEAGARDEN TRST FOR LIBERTY CEMETERY	Employer identification number 35-6057401
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FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	557.	124.
SAVINGS	9,198.	9,846.
INVESTMENTS - PUBLICLY TRADED SECURITIES	210,234.	218,430.
TOTALS	219,989.	228,400.

Name of the organization

Employer identification number

STELLA TEAGARDEN TRST FOR LIBERTY CEMETERY

35-6057401

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

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Net Income is distributed to the Liberty Cemetery Association  
for daily operations

DATE OPENED-09/18/1969 FEE DUE -M-MAY FEE SCHED-AS RTN PWR-NONE INV POWERS-FULL INV OBJ-GROWTH  
 CRITICAL DT-00/00/0000 FEE TYPE -DEDUCT TAXLOIS -YES OWN TIME DEP -N OWN TIME DEP -N  
 OFFICER -BATES PROXY OWNER-01522 OBO FEE PYMT -12/09/2013 TAX Y/E -DEC COM TRUST FND-N COM TRUST FND-Y  
 INV OFFICER-TERHUNE INV INCOME -YES SITUS -IN NON INC PROP -N NON INC PROP -N  
 NO OF BENE -01 PRIN INVAS -NO TAX SV -YES REAL ESTATE -N REAL ESTATE -N  
 ACCT STATUS-ACTIVE AUTO OVRDFT-YES MDB ELEC -NONE OWN STOCK -N OWN STOCK -N  
 VOTING AUTH -SOLE STMT DUE -S-DEC CASH SWEEP-YES BUSINESS INT -N BUSINESS INT -N  
 INVEST DISC -FULL REVW DUE -A-JUN INF RPTG -APPLICABLE 1098 & 1099MISC(NONEMP COMP) ONLY

SECURITY NAME	S&P/MDY	SHARES OR PAR	RTNG	DISC	INVT	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	EST ANNUAL INCOME	CURR YLD MAT	CURR YLD MAT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
***CASH***						123.98						0.0			123.98
INCOME CASH						0.00						0.0			0.00
PRINCIPAL CASH						123.98							124		123.98
***TOTAL CASH***															

\*\*\*CASH EQUIVALENTS \*\*\* MISC CASH EQUIV-TXBL  
 OTHER MISC CASH EQUIV-TXBL  
 FED GOV'T OBLIG INCOME  
 FUND 05 2,203.37 FULL 2,203.37 2,203 0 0.0 0.7 2,203 1.000\* 2,203.37  
 FEDERATED GOV'T OBLIG PRIN  
 FUND 05 7,642.61 FULL 7,642.61 7,643 1 0.0 2.3 7,643 1.000\* 7,642.61  
 TOTAL OTHER MISC CASH EQUIV-TXBL 9,845.98 9,846 1 0.0 3.0 9,846 9,845.98 9,845.98  
 TOTAL MISC CASH EQUIV-TXBL 9,845.98 9,846 1 0.0 3.0 9,846 9,845.98 9,845.98  
 \*\*\*TOTAL CASH EQUIVALENTS \*\*\* 9,845.98 9,846 1 0.0 3.0 9,846 9,845.98 9,845.98

\*\*\*FIXED INCOME SECURITIES \*\*\* COMMON BOND FUNDS  
 MATURITY (0 - 5 YRS)  
 INTERMEDIATE TERM INCOME FD  
 FOR PERS TR ACCTS 8,418.161 FULL 67,223.52 67,224 2,498 3.5 21.3 73,710 8.427 70,939.48

TAXABLE BOND FUNDS  
 MATURITY (0 - 5 YRS)  
 FED INTERMEDIATE GOVERNMENT  
 CORPORATE FUND 186.567 FULL 2,000.00 2,000 38 2.0 0.6 2,000 10.460 1,951.49  
 FEDERATED TOTAL RETURN BOND 238.845 FULL 2,784.93 2,785 89 3.4 0.8 2,730 10.890 2,601.02  
 VANGUARD SHORT TERM INVEST  
 ADMIRAL CLASS 1,054.238 FULL 11,300.00 11,300 215 1.9 3.4 11,300 10.700 11,280.35

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SECURITY NAME	SHARES OR PAR	S&P/MDY RING	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	CURR YLD MAT	CURR YLD	% MKT VAL	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
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TOTAL MATURITY (0 - 5 YRS)				16,084.93	16,085	342	2.2	4.8	16,030			15,832.86
TOTAL TAXABLE BOND FUNDS				16,084.93	16,085	342	2.2	4.8	16,030			15,832.86
***TOTAL FIXED INCOME SECURITIES	***			83,308.45	83,309	2,840	3.3	26.1	89,740			86,772.34

\*\*\*EQUITIES LARGE/MULTI- CAP EQUITY FUNDS

NOT CLASSIFIED	SHARES OR PAR	S&P/MDY RING	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	CURR YLD MAT	CURR YLD	% MKT VAL	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
FEDERATED CLOVER VALUE INSTL FUND	5,240.977		FULL	49,356.01	72,063	823	0.7	34.3	86,476	21.790		114,200.89
VANGUARD EQUITY INCOME FUND ADMIRAL CLASS	276.535		FULL	14,000.00	14,000	437	2.5	5.2	13,998	62.380		17,250.25
TOTAL NOT CLASSIFIED				63,356.01	86,063	1,260	1.0	39.5	100,474			131,451.14
TOTAL LARGE/MULTI- CAP EQUITY FUNDS				63,356.01	86,063	1,260	1.0	39.5	100,474			131,451.14

MID CAP EQUITY FUNDS

NOT CLASSIFIED	SHARES OR PAR	S&P/MDY RING	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	CURR YLD MAT	CURR YLD	% MKT VAL	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
S&P MID-CAP 400 GROWTH ETF ISHARES	92	NR	FULL	9,888.01	9,888	122	0.9	4.1	10,526	150.190		13,817.48
S&P MID-CAP 400 VALUE ETF ISHARES	65	NR	FULL	4,916.91	4,917	112	1.5	2.3	5,729	116.230		7,554.95
S&P 400 MID-CAP ETF SPDR	159		FULL	19,817.12	19,817	414	1.1	11.7	29,826	244.200		38,827.80
TOTAL NOT CLASSIFIED				34,622.04	34,622	648	1.1	18.1	46,081			60,200.23
TOTAL MID CAP EQUITY FUNDS				34,622.04	34,622	648	1.1	18.1	46,081			60,200.23

SMALL CAP EQUITY FUNDS

NOT CLASSIFIED	SHARES OR PAR	S&P/MDY RING	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	CURR YLD MAT	CURR YLD	% MKT VAL	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
S&P SMALL CAP 600 CORE ETF ISHARES	186	NR	FULL	14,291.29	14,291	203	1.0	6.1	15,014	109.130		20,298.18

INTERNATIONAL EQUITY FUNDS

NOT CLASSIFIED	SHARES OR PAR	S&P/MDY RING	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	ANNUAL INCOME	CURR YLD MAT	CURR YLD	% MKT VAL	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
VANGUARD FTSE ALL WRLD EX-US ETF	322	NR	FULL	14,932.82	14,933	435	2.7	4.9	14,732	50.730		16,335.06



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

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**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](http://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

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>STELLA TEAGARDEN TRST FOR LIBERTY CEMETERY 000639</b>	Employer identification number (EIN) or  <b>35-6057401</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>200 EAST JACKSON STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MUNCIE, IN 47305</b>	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 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 ▶ FIRST MERCHANTS TRUST COMPANY

Telephone No. ▶ (765) 747-1500 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 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2013 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.	<b>3a</b>	\$
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.	<b>3b</b>	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.