

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
LIFEQUEST OF ARKANSAS
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 251615
 City or town, state or country, and ZIP + 4
LITTLE ROCK, AR 72225

D Employer identification number
71-0554516

E Telephone number
(501) 225-6073

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) _____

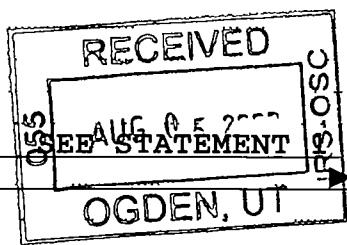
I Website: **LIFEQUESTOFARKANSAS.ORG**
J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 260,851.**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received	109,791.																										
	2	Program service revenue including government fees and contracts	120,872.																										
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																											
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																											
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)								27,979.																			
	b	Less: direct expenses other than fundraising expenses								16,420.																			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										11,559.																		
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe INTEREST INCOME)														2,209.														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															244,431.													
Expenses	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe _____)																											
	17	Total expenses. Add lines 10 through 16																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												
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)																												
20	Other changes in net assets or fund balances (attach explanation)																												
21	Net assets or fund balances at end of year. Combine lines 18 through 20																												



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	205,547.	22	137,655.	
23	Land and buildings	6,087.	23	10,336.	
24	Other assets (describe _____)		24		
25	Total assets	211,634.	25	147,991.	
26	Total liabilities (describe UNEARNED INCOME)	0.	26	11,008.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	211,634.	27	136,983.	

SCANNED AUG 17 2009

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	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 unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X

41 List the states with which a copy of this return is filed. ▶ AR

42a The books are in care of ▶ JANE GORDON Telephone no. ▶ 501 225-6073
 Located at ▶ 3805 W. 12TH STREET #205, LITTLE ROCK, AR ZIP + 4 ▶ 72204

		Yes	No
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.		X
42c	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 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating 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(s) a section 527 organization?
50 Complete this table for the 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."

Table with 5 columns: (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 & deferred compensation, (e) Expense account and other allowances. Content: NONE

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: NONE

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: Ann C. Leek
Date: July 23, 2009
Type or print name and title: Ann C. Leek, Executive Director

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 7/21/09 Check if self-employed: [] Preparer's Identifying Number (See instr):
Firm's name (or yours if self-employed), address, and ZIP + 4: JEFFREY PHILLIPS MOSLEY & SCOTT, P.A. 11300 CANTRELL ROAD, SUITE 301 LITTLE ROCK, ARKANSAS 72212
EIN: Phone no.: 501-227-5800

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	115,664.	146,135.	187,704.	191,620.	109,791.	750,914.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	106,108.	147,696.	96,828.	134,640.	120,872.	606,144.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	221,772.	293,831.	284,532.	326,260.	230,663.	1357058.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						1357058.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	221,772.	293,831.	284,532.	326,260.	230,663.	1357058.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,866.	8,871.	4,420.	2,217.	2,210.	20,584.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,866.	8,871.	4,420.	2,217.	2,210.	20,584.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			8,192.	12,825.	11,559.	32,576.
13 Total support (Add lines 9, 10c, 11, and 12)						1410218.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.23 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	93.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.46 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	2.08 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
DUES	795.
INSURANCE	6,026.
MEALS	20,633.
MARKETING	1,759.
SERVICE EXPENSES	105.
EDUCATION CLASS EXPENSE	4,088.
MIDTOWN ADVENTURE SERIES EDUCATION EXPENSES	1,739.
TRAVEL	27,748.
COMPUTER	1,383.
BANK CHARGES	111.
OFFICE SUPPLIES	2,596.
TELEPHONE	2,858.
STURGIS EXPENSES	2,368.
THIRD AGE INIT EXPENSES	19,983.
EQUIPMENT	118.
DEPRECIATION	12,844.
TOTAL TO FORM 990-EZ, LINE 16	105,154.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEANNE ANDREWS	DIRECTOR 0.00	0.	0.	0.
JANE MCCAIN	CHAIR EMERITUS 0.00	0.	0.	0.
MARY ELLEN GUISE	DIRECTOR 0.00	0.	0.	0.
JOHN OSTNER	DIRECTOR 0.00	0.	0.	0.
DON RIGGIN	CHAIRMAN 0.00	0.	0.	0.
DOROTHY SITTON	AIL DIRECTOR 0.00	0.	0.	0.
ANN LE ^E AK	EXECUTIVE DIRECTOR 40.00	42,570.	4,070.	0.
MARCELLINE GIROIR	DIRECTOR 0.00	0.	0.	0.
PATRICIA MONOSON	DIRECTOR 0.00	0.	0.	0.
STEVE HANCOCK	DIRECTOR 0.00	0.	0.	0.
ROBERT MOORE	VICE-CHAIRMAN 0.00	0.	0.	0.
JAN SHOREY	DIRECTOR 0.00	0.	0.	0.
MARY FRANCES COTHAM	SECRETARY 0.00	0.	0.	0.
GERALDINE RAYFORD	DIRECTOR 0.00	0.	0.	0.

LIFEQUEST OF ARKANSAS

71-0554516

CHESTER STOR THZ	DIRECTOR			
	0.00	0.	0.	0.
ROBIN SUDDERTH	DIRECTOR			
	0.00	0.	0.	0.
BETTY SCULL	DIRECTOR			
	0.00	0.	0.	0.
JACK HOLT	DIRECTOR			
	0.00	0.	0.	0.
ANNETTE CONNAWAY	DIRECTOR			
	0.00	0.	0.	0.
DICK WILLIAMS	DIRECTOR			
	0.00	0.	0.	0.
TOM WITTENBERG	DIRECTOR			
	0.00	0.	0.	0.
DAN WOJCIK	TREASURER			
	0.00	0.	0.	0.
RUTHE KAPLAN	DIRECTOR			
	0.00	0.	0.	0.
TURNER LLOYD	DIRECTOR			
	0.00	0.	0.	0.
DAVID MONTAGUE	DIRECTOR			
	0.00	0.	0.	0.
ART PFEIFER	DIRECTOR			
	0.00	0.	0.	0.
JANE GORDON	INTERIM EXECUTIVE DIRECTOR			
	5.00	2,500.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>45,070.</u>	<u>4,070.</u>	<u>0.</u>

TO ASSIST OLDER ADULTS TO LIVE IN THEIR OWN HOMES, TO ENHANCE LIFE SATISFACTION THROUGH LEARNING CLASSES, HEALTH SUPPORT GROUPS, MEALS ON WHEELS, AND MEDICAL TRANSPORTATION.

TO ENHANCE LIFE'S JOURNEY THROUGH THE MIDDLE AND LATER YEARS THROUGH
LIFE-LONG LEARNING AND MEANINGFUL VOLUNTEERISM WITHIN A COMMUNITY OF PEERS.

LifeQuest of Arkansas 71-0554516
Schedule of Fixed Assets

<u>Asset</u>	<u>12/31/2006</u>	<u>Additions</u>	<u>Deletions</u>	<u>12/31/2007</u>
Furniture & Equipment	46,899	17,093	0	63,992
Accumulated Depreciation	(40,812)	(12,844)	0	(53,656)
Net Assets	<u>6,087</u>			<u>10,336</u>

m 8868

v April 2009

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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).

Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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 listed 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 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.

Name of Exempt Organization	Employer identification number
LIFEQUEST OF ARKANSAS	71-0554516
Number, street, and room or suite no. If a P.O. box, see instructions.	
600 PLEASANT VALLEY DRIVE, , NO. 205	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
LITTLE ROCK, AR 72227	

Check type of return to be filed (file a separate application for each return)

- Form 990
- Form 990-T (corporation)
- Form 4720
- Form 990-BL
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 5227
- Form 990-EZ
- Form 990-T (trust other than above)
- Form 6069
- Form 990-PF
- Form 1041-A
- Form 8870

JANE GORDON

The books are in the care of ► **3805 W. 12TH STREET #205 - LITTLE ROCK, AR 72204**

Telephone No ► **501 225-6073** 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

► 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

I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► calendar year **2008** or

► tax year beginning _____, and ending _____

If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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	\$	
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	\$	
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	\$	N/A

INTERNAL REVENUE SERVICE
FAST-FIELD SERVICE
LITTLE ROCK ASSISTANCE CENTER
LITTLE ROCK, AR 72201
MAY 14 2009

RECEIVED
35407

Information. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8879-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.