

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

Form **990-EZ**

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. 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

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization: **PARTICIPANT INCORPORATED**
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **253 EAST HOUSTON STREET**
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10002**

D Employer identification number: **26-0017746**

E Telephone number: **212-254-4334**

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.PARTICIPANTINC.ORG**

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

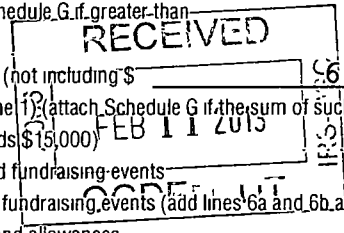
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 **▶ \$ 187,255.**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$625. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less: direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O) SEE SCHEDULE O				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				



SCANNED MAR 01 2013

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

Form **990-EZ** (2011)

GA B

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 Sch. 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:
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?
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
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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46

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 Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 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
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

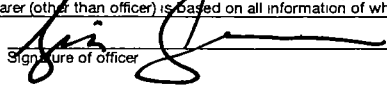
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

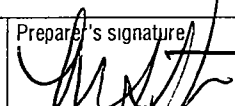
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Date 1 FEB 13
 Signature of officer 
 Type or print name and title LIA GANSITANO, DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date <u>2/1/13</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00298107</u>
	Firm's name	▶ <u>LUTZ AND CARR, CPAS LLP</u>		Firm's EIN	▶ <u>13-1655065</u>
	Firm's address	▶ <u>300 EAST 42ND STREET NEW YORK, NY 10017</u>		Phone no.	<u>212-697-2299</u>

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization PARTICIPANT INCORPORATED	Employer identification number 26-0017746
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/>		

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	123,853.	183,881.	198,519.	218,011.	165,800.	890,064.
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	49,020.	35,282.	20,113.	8,532.	14,548.	127,495.
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 through 5	172,873.	219,163.	218,632.	226,543.	180,348.	1017559.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	64,136.	87,000.	115,600.	104,000.	55,000.	425,736.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					7,000.	7,000.
c Add lines 7a and 7b	64,136.	87,000.	115,600.	104,000.	62,000.	432,736.
8 Public support (Subtract line 7c from line 6)						584,823.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	172,873.	219,163.	218,632.	226,543.	180,348.	1017559.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6.	479.			6,400.	6,885.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6.	479.			6,400.	6,885.
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)					7.	7.
13 Total support (Add lines 9, 10c, 11, and 12)	172,879.	219,642.	218,632.	226,543.	186,755.	1024451.

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 2011 (line 8, column (f) divided by line 13, column (f))	15	57.09 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.67 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.07 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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

2011 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LEASEHOLD IMPROVEMENTS	VARIABLES	VARIABLES	.000	16	105,951.			105,951.	24,251.		2,304.
2	EQUIPMENT	VARIABLES	VARIABLES	.000	16	20,621.			20,621.	15,812.		188.
	* TOTAL 990-EZ PG 1 DEPR.					126,572.		0.	126,572.	40,063.	0.	2,492.

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

PARTICIPANT INCORPORATED

Employer identification number
26-0017746

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	50.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	50.
4. COST OF GOODS SOLD (LINE 13)	0.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	50.

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

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SPACE RENTALS	700.
LENDING FEE	5,700.
MISCELLANEOUS INCOME	7.
TOTAL TO FORM 990-EZ, LINE 8	6,407.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	2,492.
OTHER EXPENSES	111,470.
TOTAL TO FORM 990-EZ, LINE 14	113,962.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROGRAM MATERIALS AND SUPPLIES	13,462.
OFFICE EXPENSES	2,236.
TELEPHONE AND INTERNET	3,588.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PARTICIPANT INCORPORATED Employer identification number 26-0017746

<u>TRAVEL AND HOSPITALITY</u>	<u>5,202.</u>
<u>INSURANCE</u>	<u>2,864.</u>
<u>MISCELLANEOUS</u>	<u>2,653.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>30,005.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>PREPAID EXPENSES</u>	<u>8,870.</u>	<u>0.</u>
<u>LOAN RECEIVABLE</u>	<u>1,000.</u>	<u>1,000.</u>
<u>SECURITY DEPOSIT</u>	<u>16,000.</u>	<u>16,000.</u>
<u>OTHER DEPRECIABLE ASSETS</u>	<u>83,613.</u>	<u>84,017.</u>
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	<u>109,483.</u>	<u>101,017.</u>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</u>	<u>110.</u>	<u>217.</u>
<u>LOANS PAYABLE</u>	<u>58,172.</u>	<u>59,787.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>58,282.</u>	<u>60,004.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF PARTICIPANT
INC. IS TO SERVE ARTISTS THROUGH IN-DEPTH CONSIDERATION, PRESENTATION,
AND THE PUBLISHING OF CRITICAL WRITING; AND TO INTRODUCE THIS WORK INTO
PUBLIC CONTEXTS THROUGH EXHIBITIONS, SCREENINGS, PERFORMANCES, AND
EDUCATIONAL PROGRAMS. OUR MISSION BUILDS UPON ALTERNATIVE SPACE
METHODOLOGIES, PARTICULARLY A COMMITMENT TO INDERDISCIPLINARY,
INTERGENERATIONAL EXHIBITION MAKING, AND AN INSISTENCE UPON PLACING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

PARTICIPANT INCORPORATED

Employer identification number

26-0017746

TOGETHER, IN ONE SPACE, WORK FROM VARIOUS MEDIUMS-ENCOURAGING THE
COEXISTENCE OF VISUAL AND TIME-BASED ART.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

2011 EXHIBITIONS AND PUBLIC PROGRAMS

FROM JANUARY 23 - FEBRUARY 27, 2011 PARTICIPANT INC

PRESENTED GLEN FOGEL, WITH ME... YOU, A ROOM-FILLING INSTALLATION MADE

UP OF FIVE SEQUENCED LARGE-SCALE PROJECTIONS. USING THE PHOTOGRAPHY AND

DISPLAY STYLE OF HOME SHOPPING NETWORK AS A VISUAL STARTING POINT,

FOGEL EMBARKED ON A PROJECT TO VIDEOTAPE WEDDING AND ENGAGEMENT RINGS

IN HIS FAMILY'S POSSESSION. THE VIDEO INSTALLATION IS PAIRED WITH

PAINTINGS OF ENLARGED LOVE LETTERS WRITTEN TO THE ARTIST, OFTEN ABOUT

HIM. TOGETHER WITH THIS ONGOING SERIES OF TROMPE L'OEIL LOVE LETTERS,

WITH ME... YOU IS PART OF AN EVOLVING PORTRAIT OF THE ARTIST AS

PORTRAYED BY HIMSELF AND OTHERS. HERE, THE ICON OF THE RING, IN ALL ITS

OVERWROUGHT SENTIMENTALITY, BECOMES PROBLEMATIZED BY THE IMPACT OF THE

ARTIST'S DETAILED REVELATIONS OF HIS INTIMATE RELATIONSHIPS. AT THE

SAME TIME, THE RING'S STATUS AS A SYMBOL OF LOVE IS CALLED INTO

QUESTION THROUGH ITS ASSOCIATION WITH THE REALM OF COMMODIFICATION AND

COMMERCIAL DISPLAY. WITH ME... YOU CONTINUED THE ARTIST'S CAREER-LONG

INQUIRY INTO THE INTERSECTION OF PERSONAL DRIVES AND SOCIAL RULES, AND

FOREFRONTS A TENSE AMBIVALENCE BETWEEN THE RING AS BELOVED FAMILIAL

ARTIFACT AND SYMBOL OF STATE-SPONSORED RELATIONS. THIS EXHIBITION THEN

TRAVELED TO THE CONTEMPORARY ARTS MUSEUM, HOUSTON (OCTOBER 14, 2011 -

DECEMBER 31, 2011).

FROM MARCH 6 - APRIL 10, 2011, PARTICIPANT INC PRESENTED THE FIRST NEW

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

PARTICIPANT INCORPORATED

Employer identification number

26-0017746

YORK SOLO EXHIBITION OF F.P. BOUE, INFINITE INSTANT. KNOWN FOR HIS TIME-BASED WORK, PARTICULARLY IN SMALL GAUGE FILM, BOUE INCORPORATES THE ELEMENT OF TIME INTO HIS MANIFOLD CONSTRUCTIONS OF ARCHITECTURAL EXPERIENCE IN INFINITE INSTANT. THIS SITE-SPECIFIC INSTALLATION INCLUDES SCULPTURAL ELEMENTS, FILMS, DRAWINGS AND, AS NOTED BY DAN SHERER, ESSAYIST FOR A COMPANION PUBLICATION, "IS MOTIVATED BY A CONCERN WITH THE RECIPROCAL TRANSLATION BETWEEN THE TWO-DIMENSIONAL REPRESENTATION OF ARCHITECTURE AND ITS THREE-DIMENSIONAL REALITY..." IN ADDITION TO STRUCTURES SCALED TO THE EXHIBITION SPACE ITSELF, IN PARTICULAR UNDER-UTILIZED VERTICAL SPACE, BOUE PRODUCES MODEL-LIKE CONSTRUCTS RESEMBLING KNOWN OR OBSCURE BUILDINGS IN SWITZERLAND AND NORTHERN ITALY, RENDERED IN COMMON MATERIALS SUCH AS CARDBOARD, CINDERBLOCKS, AND HOMASOTE PANELS.

FROM MAY 1 - JUNE 5, 2011, PARTICIPANT INC PRESENTED SURVIVAL AIDS, A MAJOR SOLO EXHIBITION BY HUNTER REYNOLDS. REYNOLDS IS A NEW YORK ARTIST AND ACTIVIST WHO HAS BEEN LIVING WITH HIV/AIDS SINCE 1984. SURVIVAL AIDS SPANS TWO DECADES OF REYNOLDS' WORK, INCORPORATING KEY ELEMENTS OF HIS ONGOING PRACTICE-THE BLOOD SPOT SERIES, MUMMIFICATION PERFORMANCES, AND PHOTO WEAVINGS. REFLECTING A PRESENT STATE OF THE HIV/AIDS CRISIS, REYNOLDS RECONFIGURES HISTORICAL MATERIAL, PERFORMANCE REMNANTS, AND A VAST COLLECTION OF NEWSPAPER CLIPPINGS RELATED TO HIV/AIDS IN A NEW SITE-SPECIFIC INSTALLATION.

IN 1987, REYNOLDS BECAME A MEMBER OF ACT UP AND IN 1989 CO-FOUNDED ART POSITIVE, AN AFFINITY GROUP TO FIGHT HOMOPHOBIA AND CENSORSHIP IN THE ARTS. BETWEEN 1989 AND 1993, REYNOLDS CLIPPED EVERY HIV/AIDS AND LGBT-RELATED ARTICLE HE FOUND IN THE NEW YORK TIMES AS PART OF A SERIES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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OF ART WORKS CALLED DIALOGUE TABLES AND ACTIVIST MEDIA INSTALLATIONS.

FOR THE PAST 17 YEARS, THEY HAVE BEEN KEPT IN BOXES. AS PART OF A

PROCESS OF REVISITING OLDER BODIES OF WORK IN PREPARATION FOR HIS NEW

INSTALLATION, THE BOXES WERE OPENED TO FIND SEVERAL HUNDRED COLLECTED

ARTICLES. REYNOLDS METHODICALLY SCANNED, ARRANGED, AND ALTERED THESE

HEADLINES AND STORIES TO PRODUCE A MONUMENTAL SERIES OF HIS SIGNATURE

PHOTO WEAVINGS FOR SURVIVAL AIDS. TWENTY 60 X 48 INCH PIECES, EACH

COMPOSED OF 120 INDIVIDUAL PHOTOGRAPHS, SEWN TOGETHER TO RESEMBLE

QUILTS OR TAPESTRIES, FRAMED THE EXHIBITION. SURVIVAL AIDS MAPPED OUR

COLLECTIVE MEMORY WHILE BRINGING TOGETHER FACETS OF THE ARTIST'S

IDENTITY AS A PERSON LIVING WITH ADVANCED HIV AND AN ACTIVIST WHO HAS

RELENTLESSLY CHRONICLED THE AIDS PANDEMIC.

ON MAY 7, 2011, IN COLLABORATION WITH VISUAL AIDS, PARTICIPANT INC

PRESENTED A PANEL DISCUSSION AND MUMMIFICATION PERFORMANCE BY REYNOLDS,

ON THE OCCASION OF THE FESTIVAL OF IDEAS FOR THE NEW CITY, NEW MUSEUM.

THE PANELISTS INCLUDED VIRGINIA SOLOMON, DAVID DEITCHER, NATHAN LEE,

AND ANTHONY VITI.

FROM JUNE 9 - JULY 17, 2011, PARTICIPANT INC PRESENTED UNDEAD, A SOLO

EXHIBITION CONSISTING OF TWO RECENT BODIES OF WORK BY JOHN JURAYJ.

UNTITLED (FAMILY BAGGAGE) IS A SERIES OF SCULPTURES THAT ADDRESSES

EMOTIONAL LOSS AND PUBLIC ANXIETY, TAKING AS ITS STARTING POINT PIECES

OF LUGGAGE THAT THE ARTIST'S PARENTS USED WHEN TRAVELING THROUGH THE

MIDDLE EAST IN THE 1960S. CAST IN BLACK PLASTER AND GUNPOWDER, THE

METHOD OF FABRICATION LEAVES FLAWS SUGGESTING PASSAGE AND DISRUPTION,

WHILE THE CHOICE OF MATERIAL IMPLIES AGGRESSIVE POTENTIAL, REFLECTIVE

OF CURRENT CONCERNS. THE SAME PIECE OF LUGGAGE, A TRUNK, IS CAST

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NUMEROUS TIMES, ELUDING MIMESIS IN FAVOR OF A SEQUENCE OF ITERATIONS.

THESE "GHOST OBJECTS," IN THEIR EVOCATION OF TOMBSTONES OR MEMORIALS,

MAINTAIN AN AURA THAT BELIES THE OPTIMISM IMPLICIT IN THEIR ORIGINAL

ERA, A TIME WHEN INTERNATIONAL TRAVEL HELD THE PROMISE OF

SOPHISTICATION, SEX APPEAL, AND MOBILITY FOR THE ASPIRANT MIDDLE CLASS

OF THE '60S.

THE ACCOMPANYING SERIES OF PAINTINGS, UNTITLED (UNDEAD), MAINTAINED A

VERY SIMPLE AIM: TO RESTORE IMAGES OF THOSE KILLED IN THE LEBANESE

CIVIL WAR INTO AN AFTERLIFE OF PAINTING. THESE WORKS INCORPORATE

GUNPOWDER AND INK, SILK-SCREENED ON POLISHED STAINLESS STEEL PANELS.

PAINTING, DECLARED DEAD ENUMERABLE TIMES OVER THE LAST CENTURY, HAS

REPEATEDLY RETURNED AS SPECTRAL PRESENCE INHABITING VARIOUS AFTERLIVES.

ON JULY 26, 2011 PARTICIPANT INC LAUNCHED AN EVENT SERIES, SEE YOU NEXT

TUESDAY WITH A READING BY K8 HARDY, A PERFORMANCE BY DYNASTY HANDBAG

AND A DJ SET BY GENESIS & LADY JAYE BREYER P-ORRIDGE.

FROM SEPTEMBER 18 - OCTOBER 23, 2011, PARTICIPANT INC PRESENTED

TRANSITIONAL EFFECTS, A SOLO EXHIBITION BY SADIE BENNING. RECENTLY

FOCUSED ON INSTALLATIONS THAT INCLUDE DRAWINGS, PAINTINGS, VIDEO, AND

SOUND WORKS, BENNING'S PRACTICE EXPLORES NOTIONS OF ABSTRACTION,

IDENTITY, AND THE LEGACY OF MINIMALISM AS AN IRRESOLUTE FORM, OFTEN

CONTESTED BY ITS ORIGINAL PRACTITIONERS. WELL-KNOWN AS A FILM/VIDEO

ARTIST, BENNING'S ARRIVAL AT OBJECTMAKING OCCURRED THROUGH ANOTHER

MEDIUM, VIDEO-MUCH LIKE DONALD JUDD AND DAN FLAVIN'S PRACTICE EVOLVED

FROM PAINTING, AND ROBERT MORRIS' PHYSICALIZED SCULPTURE GREW FROM HIS

BACKGROUND IN PERFORMANCE. INFORMED BY SOURCE MATERIALS AVAILABLE

GROWING UP IN THE '80S, BENNING'S DRAWINGS AND PAINTINGS ARE AS MUCH A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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PART OF HER DAILY LIFE AS MAKING VIDEO, SAMPLING IN MUSIC, ZINES AND COMICS, EMBODYING THE PLEASURES AND DANGERS OF SUPPOSEDLY INHERITING EVERYTHING. HER GEOMETRIC WORKS IN PAINTING AND SCULPTURE REPRESENT A LONG-DEVELOPING PARALLEL TO HER VISUAL AND AUDITORY STORYTELLING THROUGH VIDEO, POSITING HER ENGAGEMENT WITH ABSTRACTION AS A PERFORMANCE-BASED EXCHANGE, IN BOTH ITS PRODUCTION AND RECEPTION. ALTHOUGH LANGUAGE IS RECEDING, BENNING'S OBJECT-BASED WORK IS OFTEN ACCOMPANIED BY AUDIO, EITHER IN THE FORM OF CASSETTES OR HOMEMADE RECORDS. THE SINGLE-CHANNEL VIDEO, OLD WAVES, RECORD ONE, OLD WAVES, RECORD TWO, SHOT ON A 1960S BLACK AND WHITE TUBE CAMERA AND COMPRISED OF HANDWRITTEN TEXT AND MUSIC FROM A PAIR OF POP RECORDS MADE BY THE ARTIST, WAS ALSO ON VIEW AS PART OF TRANSITIONAL EFFECTS.

FROM OCTOBER 30 - DECEMBER 18, 2011, PARTICIPANT INC PRESENTED THE FALL OF THE HOUSE OF WHIMSY, THE FIRST SOLO EXHIBITION OF JUSTIN VIVIAN BOND, INCLUDING PAINTINGS, PHOTOGRAPHS, AND INSTALLATIONS INCORPORATING ELEMENTS OF BOND'S FORMER SECOND AVENUE LOFT, NOW DEMOLISHED. A PIANO, RECORD PLAYER, COUCH, AND VANITY, AMONG OTHER PERSONAL EFFECTS, CREATE AN INTIMATE CONTEXT FOR BOND'S DELICATE PENCIL AND WATERCOLOR PORTRAITS OF FRIENDS, LOVERS, RADICAL FAERIES. AS WELL, IT SERVED AS A SPACE IN WHICH IMPROMPTU PERFORMANCES OCCURED. THE SCRIPTED ENVIRONMENT OF THE EXHIBITION WAS MIMICRED IN BOND'S PHOTOGRAPHS OF THE FORMER LOFT, PROVIDING GLIMPSES OF LIFE IN THIS HOUSE OF WHIMSY. UNLIKE BOND'S SOLITARY CHILDHOOD IMAGININGS OF IT, THIS NOW PLACELESS DREAM HOUSE IS POPULATED BY WHIMSICAL/SUBVERSIVE FIGURES, RENDERED IN BOND'S PORTRAITS.

FOR PERFORMA 11, PARTICIPANT INC PRESENTED FULL MOON TRANIFESTATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

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SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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CIRCLE WITH JUSTIN VIVIAN BOND AND FRIENDS ON NOVEMBER 10. AS WELL, ON
DECEMBER 1, 2011 ON THE OCCASION OF WORLD AIDS DAY, WE HOSTED A
SCREENING OF UNTITLED BY JIM HODGES, CARLOS MARQUES DA CRUZ, AND ENCKE
KING FOLLWED BY A PERFORMANCE BY JUSTIN VIVIAN BOND.

FINALLY, ON DECEMBER 16, 2011 PARTICIPANT INC PRESENTED A MAJOR
PERFORMANCE BY RON ATHEY AND JULIE TOLENTINO TITLED,
RESONATE/OBLITERATE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions PARTICIPANT INCORPORATED	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-0017746
	Number, street, and room or suite no. If a P O box, see instructions 253 HOUSTON STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10002	

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-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **253 HOUSTON STREET - NEW YORK, NY 10002**

Telephone No **(212) 254-4334**

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return

Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.

8a 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	8a	\$	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 and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **DIRECTOR**

Date

Product: Exempt Extension

Category: Additional Extension

Name: PARTICIPANT
INCORPORATED

IRS Center: Ogden

e-Postmark: 8/3/2012 12:21:20
PM

FEIN: 26-0017746

Notification:

Fiscal Year Begin Date: 1/1/2011

Fiscal Year End Date: 12/31/2011

Return History					
DCN	DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/ (DUE)
	8/3/2012	Upload Started			
	8/3/2012	Ready to Release by Customer			
	8/3/2012	Released for Transmission - Validation in Progress		759420	
	8/3/2012	Ready to transmit - Validation Complete			
	8/3/2012	Transmitted to FD	133321201221607dce33		
	8/3/2012	Accepted by FD on 8/3/2012			

Application for Extension of Time To File an Exempt Organization Return

▶ **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	Name of exempt organization or other filer, see instructions PARTICIPANT INCORPORATED	Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-0017746
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 253 HOUSTON STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10002	

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 (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ▶ **253 HOUSTON STREET - NEW YORK, NY 10002**
 Telephone No. ▶ **(212) 254-4334** 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 **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2011** or
 ▶ tax year beginning _____, and ending _____

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

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