

Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning , 2005, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Clark-Skamania Flyfishers	D Employer identification number 31 1602426
		Number and street (or P O box, if mail is not delivered to street address), Room/suite PO BOX 644	E Telephone number (360) 993-2424
		City or town, state or country, and ZIP + 4 Vancouver, WA 98666-0644	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: ▶ www.clark-skamania-flyfishers.org

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

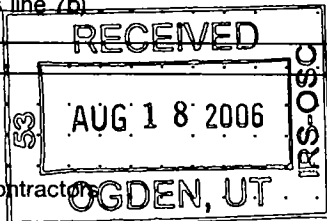
J Organization type (check only one)— 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	840
	2	Program service revenue including government fees and contracts	2	1336
	3	Membership dues and assessments	3	4320
	4	Investment income	4	605
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	25291
6b	Less: direct expenses other than fundraising expenses	6b	9748	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	15543	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	22644	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	12800
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	602
	16	Other expenses (describe ▶ Supplies, education, insurance, dues)	16	7918
17	Total expenses (add lines 10 through 16)	17	21320	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	1324
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36015
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	37339



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36015	22 37339
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	36015	25 37339
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36015	27 37339

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421

Form **990-EZ** (2005)

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? promote sport of flyfishing and conservation of fish		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Provide support to other organizations that promote conservation of fish, education and research for conservation, and the sport of flyfishing		
	(Grants \$ 12800) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13988
29	Provide education for club members and the general public about flyfishing, fly tying, rod building, net making, and other aspects of the sport through classes, club meetings, club outings, a monthly newsletter, and other activities		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6006
30	Provide opportunities for members to volunteer for conservation and research projects in cooperation with state agencies and other fish conservation groups: These projects include redd counts, wild steelhead snorkel surveys, habitat surveys, fish habitat restoration, and more.		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	19994

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dennis Ward PO Box 644, Vancouver, WA 98666-644	President / 3	0	N/A	N/A
Timothy Buckley PO Box 644, Vancouver, WA 98666-644	Vice President / 3	0	N/A	N/A
Denny Way PO Box 644, Vancouver, WA 98666-644	Vice President / 3	0	N/A	N/A
Jack Whitney PO Box 644, Vancouver, WA 98666-644	Secretary / 2	0	N/A	N/A

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			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	33		✓
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	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
b	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," attach an explanation.	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			N/A
d	Enter amount of tax on line 40c reimbursed by the organization			N/A

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ **NONE**

42a The books are in care of ▶ **Chris Bice, Treasurer** Telephone no. ▶ **(360) 695-5616**
 Located at ▶ **5100 Sunset Lane, Vancouver, WA** ZIP + 4 ▶ **98663-1548**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If "Yes," enter the name of the foreign country: ▶ _____

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 year: \$ _____

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer
	▶ <i>M. Dennis Way</i> Signature of officer ▶ M DENNIS WAY - 1ST Type or print name and title
Paid Preparer's Use Only	Preparer's signature ▶
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Supplementary Information—(See separate instructions.)

Name of the organization

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000 . ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) **1** Yes No
 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.
- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)
 - a Sale, exchange, or leasing of property? **2a** Yes No
 - b Lending of money or other extension of credit? **2b** Yes No
 - c Furnishing of goods, services, or facilities? **2c** Yes No
 - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** Yes No
 - e Transfer of any part of its income or assets? **2e** Yes No
- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** Yes No
- b Do you have a section 403(b) annuity plan for your employees? **3b** Yes No
- c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? **3c** Yes No
- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** Yes No
- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** Yes No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	415	435	310	1200	2360
16 Membership fees received	4860	4870	2345	3100	15175
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25228	21284	16871	13746	77129
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	354	94	120	403	971
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	30857	26683	19646	18449	95635
24 Line 23 minus line 17	5629	5399	2775	4703	18506
25 Enter 1% of line 23	309	267	196	184	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) 0 (2003) 0 (2002) 0 (2001) 0

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2004) 0 (2003) 0 (2002) 0 (2001) 0

c Add. Amounts from column (e) for lines: 15 <u>2360</u> 16 <u>15175</u> 17 <u>77129</u> 20 _____ 21 _____	27c	94664
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	27d	0
e Public support (line 27c total minus line 27d total)	27e	94664
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	95635
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.0 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.0 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CLARK SKAMANIA FLYFISHERS

EIN 31-1602426

2005 Form 990-EZ, attached statements

Form 990-EZ, Part I
Line 6

Special events and fundraisers

1. Annual Banquet and Auction

The club puts on an annual event that includes a banquet, auctions, and raffle. Local businesses are invited to make donations of items or services for a called auction, a silent auction, and as raffle prizes. Members donate items as well. Members volunteer to organize and put on the event. Receipts from this event include ticket sales for the dinner and receipts from the auctions and raffles. The income from this event is the primary source of funding the grants and donations that Clark-Skamanian Flyfishers make to other organizations for various fish conservation, education, research, and sport-enhancing projects.

2. Raffles at the monthly meetings

Each monthly meeting ends with a raffle of fly-fishing related items. Most raffle prizes are donated.

Schedule of special events receipts and expenses:

	<u>Event 1</u>	<u>Event 2</u>	<u>Total</u>
Gross Receipts	23785	1506	25291
Less: Contributions	0	0	0
Gross Revenue	23785	1506	25291
Less: Direct Expenses	9695	53	9748
Net Income	14090	1453	15543

CLARK SKAMANIA FLYFISHERS

EIN 31-1602426

Form 990-EZ, Part I

Line 10

List of grant recipients:	Amount
Henry's Fork Project Orvis Dept IN, PO Box 798, Manchester, VT 05254 Purpose: habitat restoration of Henry's Fork in Idaho	1500
Northwest Women Flyfishers PO Box 31020, Seattle, WA 98103 Purpose: facilities enhancement, Yakima River Canyon	500
Oregon Shores Conservation Coalition PO Box 1344, Depoe Bay, OR 97341 Purpose: habitat restoration on Miami River	300
Oregon Chapter American Fisheries Society PO Box 722, Corvallis, OR 97339 Purpose: support educational symposium on Cutthroat trout	500
Columbia Spring Environmental Education Center 12208 SE Evergreen Hwy, Vancouver, WA 98683 Purpose: support interpretive educational stream	5000
Lower Columbia River Fish Enhancement Group 12404 SE Evergreen Hwy, Vancouver, WA 98683 Purpose: habitat restoration on tributaries of lower Columbia River	5000

Form 990-EZ, Part IV

List of Officers continued:

Name and address	Title and hrs per week	Compensation
Chris Bice PO Box 644, Vancouver, WA 98666-0644	Treasurer / 2	0

As for all officers, there were no contributions to benefit plans or deferred compensation plans, nor any expense account allowances

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.*

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization Clark Skamania Flyfishers	Employer identification number 31-1602426
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. PO Box 644	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Vancouver, WA 98666-0644	

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

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Chris Bice

Telephone No. ▶ 360-695-5616 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until August 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2005 or
 ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year 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 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 \$ _____

c **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 \$ _____

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.