

**Return of Organization Exempt From Income Tax**

**2005**

Open to Public Inspection

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)

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** \_\_\_\_\_ **and ending** \_\_\_\_\_

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

**C Name of organization**  
 Skillpoint Alliance  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 5930 Middle Fiskville Road 507.6  
 City or town, state or country, and ZIP + 4  
 Austin, TX 78752

**D Employer identification number**  
 74-2704188

**E Telephone number**  
 (512) 323-6773

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website** ▶ www.skillpointalliance.org

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

**K Check here** ▶  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.**

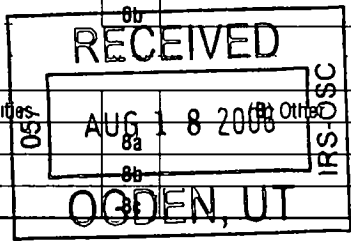
**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,106,755.**

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

*H and I are not applicable to section 527 organizations.*  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ N/A  
**H(c)** Are all affiliates included? (If "No," attach a list) N/A  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ N/A

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	927,171.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	1,057,228.	
	d	Total (add lines 1a through 1c) (cash \$ 1,984,399. noncash \$ _____)	1d	1,984,399.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	95,931.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,554.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ _____)	7			
8a	Gross amount from sales of assets other than inventory	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	20,871.		
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,106,755.		
Expenses	13	Program services (from line 44, column (B))	13	1,564,146.	
	14	Management and general (from line 44, column (C))	14	108,478.	
	15	Fundraising (from line 44, column (D))	15	36,412.	
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	1,709,036.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	397,719.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	896,078.	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	<800.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,292,997.	



SCANNED SEP 1 2006

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc **	25 50,432.	38,977.	8,066.	3,389.
26 Other salaries and wages	26 795,865.	747,683.	24,535.	23,647.
27 Pension plan contributions	27			
28 Other employee benefits	28 109,482.	102,214.	3,052.	4,216.
29 Payroll taxes	29 75,132.	70,098.	2,104.	2,930.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 73,146.	68,141.	4,775.	230.
34 Telephone	34 8,005.	7,571.	339.	95.
35 Postage and shipping	35 2,490.	2,353.	105.	32.
36 Occupancy	36 45,812.	43,128.	2,378.	306.
37 Equipment rental and maintenance	37 1,708.	1,588.	113.	7.
38 Printing and publications	38 40,462.	39,986.	414.	62.
39 Travel	39 14,249.	14,177.	70.	2.
40 Conferences, conventions, and meetings	40 41,648.	34,007.	7,468.	173.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 5,712.	5,231.	481.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g See Statement 2	43g 444,893.	388,992.	54,578.	1,323.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,709,036.	1,564,146.	108,478.	36,412.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

\*\* See Statement 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ To develop a qualified workforce.	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> To promote school to work transitions through apprenticeships, internships, summer hire programs, Tech-Prep and other similar programs.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,564,146.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,564,146.

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	94,214.	329,978.
	46 Savings and temporary cash investments	383,265.	394,669.
	47 a Accounts receivable	84.	
	b Less allowance for doubtful accounts		84.
	48 a Pledges receivable	486,173.	
	b Less allowance for doubtful accounts		486,173.
	49 Grants receivable	162,159.	162,895.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	18,396.	18,389.
	54 Investments - securities Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		95,000.
	55 a Investments - land, buildings, and equipment basis		
b Less: accumulated depreciation			
56 Investments - other	0.	0.	
57 a Land, buildings, and equipment: basis	47,456.		
b Less: accumulated depreciation Stmt 4	5,712.	41,744.	
58 Other assets (describe )			
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	<b>1,072,868.</b>	<b>1,528,932.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	118,718.	128,409.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <b>Agency funds</b> )	58,072.	107,526.
<b>66 Total liabilities.</b> Add lines 60 through 65)	<b>176,790.</b>	<b>235,935.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	371,999.	540,289.
	68 Temporarily restricted	524,079.	752,708.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	<b>896,078.</b>	<b>1,292,997.</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	<b>1,072,868.</b>	<b>1,528,932.</b>	





**Part VI Other Information** (continued)

	Yes	No
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**82 a** Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a	X	
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**b** If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.

(See instructions in Part III)

82b

**83 a** Did the organization comply with the public inspection requirements for returns and exemption applications?

83a	X	
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**b** Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A

83b		
-----	--	--

**84 a** Did the organization solicit any contributions or gifts that were not tax deductible? N/A

84a		
-----	--	--

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A

84b		
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**85 501(c)(4), (5), or (6) organizations a** Were substantially all dues nondeductible by members? N/A

85a		
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**b** Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A

85b		
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If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

**c** Dues, assessments, and similar amounts from members

85c

N/A

**d** Section 162(e) lobbying and political expenditures

85d

N/A

**e** Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

N/A

**f** Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

N/A

**g** Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A

85g		
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**h** If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A

85h		
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**86 501(c)(7) organizations** Enter **a** Initiation fees and capital contributions included on line 12

86a

N/A

**b** Gross receipts, included on line 12, for public use of club facilities

86b

N/A

**87 501(c)(12) organizations** Enter: **a** Gross income from members or shareholders

87a

N/A

**b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)

87b

N/A

**88** At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

If "Yes," complete Part IX

88		X
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**89 a 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.

**b 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 become aware of an excess benefit transaction from a prior year?

If "Yes," attach a statement explaining each transaction

89b		X
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**c** Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

**d** Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

**90 a** List the states with which a copy of this return is filed ▶ None

**b** Number of employees employed in the pay period that includes March 12, 2005

90b

22

**91 a** The books are in care of ▶ Ana Martinez Telephone no ▶ (512) 323-6773  
Located at ▶ 5930 Middle Fiskville Road, Austin, TX ZIP + 4 ▶ 78752

**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
91b		X

If "Yes," enter the name of the foreign country ▶ N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the United States?

91c		X
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If "Yes," enter the name of the foreign country ▶ N/A

**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-** Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶

92

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N/A

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue.					
a Career Fair					95,931.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,554.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Other			01	20,871.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		26,425.	95,931.
105 Total (add line 104, columns (B), (D), and (E))					122,356.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	The College and Career Fair allows students and adults access to employers. Students are also exposed to universities and colleges, and can participate in regional orientations and in-depth panel sessions.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

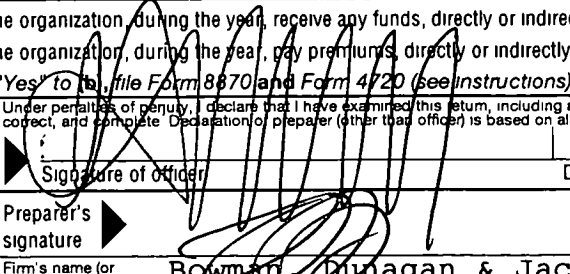
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated**


(a) Did the organization, during the year, receive any funds, directly or indirectly,  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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 info.

Signature of Officer:  Date: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self-employed), address, and ZIP + 4: **Bowman, Dunagan & Jack**  
**3724 Jefferson, Suite 3**  
**Austin, TX 78731**

523163  
02-03-06



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization: **Skillpoint Alliance** Employer identification number: **74 2704188**

**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
Hannah Gourgey 5930 Middle Fiskville Road, Austin, T	Deputy Dir. 40.00	77,533.	6,135.	
Ana Martinez 5930 Middle Fiskville Road, Austin, T	CFO 40.00	71,654.	11,090.	
Thomas Serafin 5930 Middle Fiskville Road, Austin, T	VP - Adult Workforce 40.00	55,287.	10,192.	
Heath Hignight 5930 Middle Fiskville Road, Austin, T	COO/VP-YCC 40.00	54,800.	5,568.	
Mary Timmons 5930 Middle Fiskville Road, Austin, T	VP-Marketing & Fundr 40.00	54,800.	11,076.	
Total number of other employees paid over \$50,000 ▶	0			

**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
U.T. Ray Marshall Center P. O. Box 7159, Austin, TX 78713	Develop High School Graduate D	145,593.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**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 ▶	0	

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

	Yes	No
<b>1</b> 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 ) 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		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> 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 )		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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 V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
_____			
_____			
_____			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
_____			
_____			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred )															
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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	Amount Of Depreciation
1	NEC ELITE IPK TELEPHONE SYSTEM	060305	SL	7.00	16	10,966.			10,966.			914.
2	FOUR DELL COMPUTERS	050605	SL	5.00	16	3,988.			3,988.			532.
3	TWO DELL COMPUTERS	071805	SL	5.00	16	1,694.			1,694.			141.
4	PARADIGM FUNDRAISING SOFTWARE	080105		36M	42	4,150.			4,150.			576.
5	SPSS SOFTWARE	110505		36M	42	1,499.			1,499.			83.
6	MIP - PRO DATA IMPORT/EXPORT	031105		36M	42	1,195.			1,195.			332.
7	DELL POWEREDGE 2800 SERVER	081805	SL	5.00	16	3,031.			3,031.			202.
8	MIP - PRO FORM DESIGNER	061705		36M	42	895.			895.			149.
9	WEBSITE DEVELOPMENT	081205		36M	42	20,038.			20,038.			2,783.
	* Total 990 Page 2 Depr & Amort					47,456.		0.	47,456.	0.	0.	5,712.

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Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
<u>Description</u>		<u>Amount</u>	
Revenue recognized from donated use of facilities		20,735.	
Expense recognized from donated use of facilities		<21,535.>	
Total to Form 990, Part I, line 20		<800.>	

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Form 990	Other Expenses			Statement 2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Professional services	374,427.	321,470.	52,027.	930.
Advertising & marketing	2,739.	1,720.	920.	99.
Payroll processing	1,196.	751.	402.	43.
Miscellaneous	2,256.	1,418.	755.	83.
Insurance	6,994.	6,748.	246.	
Subscriptions and memberships	4,408.	4,225.	65.	118.
Internet service	3,874.	3,661.	163.	50.
Sponsorships	45,575.	45,575.		
Direct Client Assistance	3,424.	3,424.		
<b>Total to Fm 990, ln 43</b>	<b>444,893.</b>	<b>388,992.</b>	<b>54,578.</b>	<b>1,323.</b>

Form 990

Officer Compensation Allocation  
Part II, Line 25

Statement 3

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Margo Dover	50,112.	320.		50,432.
A. Program Services	38,730.	247.		38,977.
B. Management and General	8,015.	51.		8,066.
C. Fundraising	3,367.	22.		3,389.
Total Program Services				38,977.
Total Management and General				8,066.
Total Fundraising				3,389.
Total Officer, etc., Compensation included on Parts V-A and V-B				<u>50,432.</u>

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Form 990      Depreciation of Assets Not Held for Investment      Statement      4

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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
NEC ELITE IPK TELEPHONE SYSTEM	10,966.	914.	10,052.
FOUR DELL COMPUTERS	3,988.	532.	3,456.
TWO DELL COMPUTERS	1,694.	141.	1,553.
PARADIGM FUNDRAISING SOFTWARE	4,150.	576.	3,574.
SPSS SOFTWARE	1,499.	83.	1,416.
MIP - PRO DATA IMPORT/EXPORT	1,195.	332.	863.
DELL POWEREDGE 2800 SERVER	3,031.	202.	2,829.
MIP - PRO FORM DESIGNER	895.	149.	746.
WEBSITE DEVELOPMENT	20,038.	2,783.	17,255.
Total to Form 990, Part IV, ln 57	47,456.	5,712.	41,744.

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Form 990	Other Securities	Statement	5
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<u>Security Description</u>	<u>Cost/FMV</u>	<u>Other Securities</u>
Certificate of deposit	FMV	95,000.
To Form 990, line 54, Col B		95,000.

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Form 990

Part V-A - List of Officers, Directors,  
Trustees and Key Employees

Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Alison Barnes 11400 Burnet Road Austin, TX 78758	Director 0.25	0.	0.	0.
Jonathan Betcher 6103 Mesa Drive Austin, TX 78731	Director 0.25	0.	0.	0.
Bernard Blanchard 5301 Ross Road Del Valle, TX 78617	Director 0.25	0.	0.	0.
Don Brown 1200 East Anderson Austin, TX 78752	Director 0.25	0.	0.	0.
David Escamilla P.O. Box 1748 Austin, TX 78767	Director 0.25	0.	0.	0.
Rodney Gibbs 816 Congress Avenue, Suite 600 Austin, TX 78701	Director 0.25	0.	0.	0.
Rosalinda Hernandez 1111 W. 6th Street, Building A, 4th Floor Austin, TX 78703	Director 0.25	0.	0.	0.
Raymond Hartfield 712 E. Huntland Drive, RM 329 Austin, TX 78752	Director 0.25	0.	0.	0.
Jose Marrero 4005 Lullwood Austin, TX 78722	Director 0.25	0.	0.	0.
Michael McDonald P.O. Box 1088 Austin, TX 78767	Director 0.25	0.	0.	0.

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Bill McLellan 101 Westlake Drive, Suite 106 Austin, TX 78746	Director 0.25	0.	0.	0.
Mike Midgley 5930 Middle Fiskville Road Austin, TX 78752	Director 0.25	0.	0.	0.
Perry Moore 601 University, JCK 1060 San Marco, TX 78666	Director 0.25	0.	0.	0.
Joseph Parker 2211 E. Martin Luther King, Jr. Blvd Austin, TX 78702	Director 0.25	0.	0.	0.
Allyson Peerman 5204 E. Ben White, Mailstop 529 Austin, TX 78741	Director 0.25	0.	0.	0.
Geronimo Rodriguez 816 Congress Avenue, Suite 1280 Austin, TX 78701	Director 0.25	0.	0.	0.
Victoria Rodriguez 1 University Station, G0400 Austin, TX 78712	Director 0.25	0.	0.	0.
Marcia Silverberg 1201 West 38th Street Austin, TX 78705	Director 0.25	0.	0.	0.
Yung Tran P.O. Box 9350 Austin, TX 78766	Director 0.25	0.	0.	0.
James Walsh 8212 Barton Club Drive Austin, TX 78735	Director 0.25	0.	0.	0.
Milton Wright P.O. Box 83100 Round Rock, TX 78683	Director 0.25	0.	0.	0.
Margo Dover 5930 Middle Fiskville Road Austin, TX 78752	President/CEO 40.00	50,112.	320.	0.
Totals Included on Form 990, Part V-A		<u>50,112.</u>	<u>320.</u>	<u>0.</u>

Schedule A	Other Income			Statement 7
Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount
Other income	2,401.	8,402.	15,845.	2,100.
Total to Schedule A, line 22	2,401.	8,402.	15,845.	2,100.

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Skillpoint Alliance

Form 990 Page 2

Identifying number  
74-2704188

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,789.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,789.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If 'Yes,' is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2005 tax year:					
See Statement 8					3,923.
<b>43</b> Amortization of costs that began before your 2005 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b> 3,923.

Form 4562

Part VI - Amortization

Statement 8

(a) Description of Costs	(b) Date Began	(c) Amortizable Amount	(d) Code Section	(e) Period/ Percent	(f) Amortization this year
PARADIGM FUNDRAISING SOFTWARE	08/01/05	4,150.		36M	576.
SPSS SOFTWARE	11/05/05	1,499.		36M	83.
MIP - PRO DATA IMPORT/EXPORT	03/11/05	1,195.		36M	332.
MIP - PRO FORM DESIGNER	06/17/05	895.		36M	149.
WEBSITE DEVELOPMENT	08/12/05	20,038.		36M	2,783.
Total to Form 4562, line 42					3,923.

# 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](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization	Employer identification number
	Skillpoint Alliance	74-2704188
	Number, street, and room or suite no. If a P.O. box, see instructions 5930 Middle Fiskville Road, No. 507.6	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Austin, TX 78752	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 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 ▶ Ana Martinez  
Telephone No. ▶ (512) 323-6773 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 \_\_\_\_\_, and ending \_\_\_\_\_.
- 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 \$ N/A

**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.