Enclosed is your Federal 2017 Exempt Organization Income Tax Return. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2018 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Sufficient time must be allowed for the Internal Revenue Service to receive the return by the due date. If there is any doubt that the return will reach the Internal Revenue Service on time, send the tax return by registered or certified mail. Be sure to retain the sender's postmarked receipt to prove that the return was mailed before the due date.

The return was prepared from data furnished to us and should be reviewed by you to ensure that there are no omissions or misstatements of material fact. We sincerely appreciate this opportunity to serve you.

Sincerely,

[Signature]

SAGEBIEL, RAVENBURG & SCHUH, PC
## Short Form
**Return of Organization Exempt From Income Tax**

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

For the 2017 calendar year, or tax year beginning 2017, and ending

**C**

**Name change**

MOVE TEXAS ACTION FUND
1023 NORTH PINE STREET
SAN ANTONIO, TX 78202-1203

**D**

**Employer Identification number**

46-3339204

**E**

**Telephone number**

(210) 396-0845

**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:** MOVESANANTONIO.ORG

**J**

**Tax-exempt status (check only one)**

- 501(C)(3)
- 501(C)(4) □ (insert no.)
- 4947(a)(1) or □ 527

**K**

**Form of organization:**

- Corporation □
- Trust □
- Association □
- Other □

**L**

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

- □ $ 135,624.

### 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.

**X**

1. Contributions, gifts, grants, and similar amounts received.
   - 1
   - 124,547.

2. Program service revenue including government fees and contracts.
   - 2
   - 

3. Membership dues and assessments.
   - 3
   - 

4. Investment income.
   - 4
   - 

5. Gross amount from sale of assets other than inventory.
   - □ 5a
   - □

   - b Less: cost or other basis and sales expenses.
     - □ 5b
     - □

   - c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a).
     - □ 5c
     - □

6. Gaming and fundraising events.
   - □ a Gross income from gaming (attach Schedule G if greater than $15,000).
     - □ 6a
     - □

   - b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000).
     - □ 6b
     - □ 10,311.

   - c Less: direct expenses from gaming and fundraising events.
     - □ 6c
     - □

   - □ d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).
     - □ 6d
     - □ 10,311.

7. Gross sales of inventory, less returns and allowances.
   - □ 7a
   - □

   - b Less: cost of goods sold.
     - □ 7b
     - □

   - c Gross profit (or loss) from sales of inventory (Subtract line 7b from line 7a).
     - □ 7c
     - □

8. Other revenue (describe in Schedule O).
   - □ 8
   - □ 766.

9. Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8.
   - □ 9
   - □ 135,624.

    - □ 10
    - □

11. Benefits paid to or for members.
    - □ 11
    - □

12. Salaries, other compensation, and employee benefits.
    - □ 12
    - □ 77,922.

13. Professional fees and other payments to independent contractors.
    - □ 13
    - □ 43,728.

14. Occupancy, rent, utilities, and maintenance.
    - □ 14
    - □ 4,668.

15. Printing, publications, postage, and shipping.
    - □ 15
    - □ 23,317.

16. Other expenses (describe in Schedule O).
    - □ 16
    - □ 23,317.

17. Total expenses. Add lines 10 through 16.
    - □ 17
    - □ 149,635.

18. Excess or (deficit) for the year (Subtract line 17 from line 9).
    - □ 18
    - □ -14,011.

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
    - □ -14,402.

20. Other changes in net assets or fund balances (explain in Schedule O).
    - □ 20
    - □ -12,297.

    - □ 21
    - □ -40,710.

---

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.
**Part II Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings, and investments</td>
<td>6,343.22</td>
<td>13,116.00</td>
</tr>
<tr>
<td>Land and buildings</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Total assets</td>
<td>6,843.25</td>
<td>13,616.00</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>21,245.26</td>
<td>54,326.00</td>
</tr>
<tr>
<td>Net assets or fund balances</td>
<td>-14,402.27</td>
<td>-40,110.00</td>
</tr>
</tbody>
</table>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part III.

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

<table>
<thead>
<tr>
<th>Grant</th>
<th>if this amount includes foreign grants, check here</th>
<th>28a</th>
<th>115,325</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Other program services (describe in Schedule O)</td>
<td>30a</td>
<td>115,325</td>
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</tr>
</tbody>
</table>

**Total program service expenses (add lines 28a through 31a)**

32 | 115,325 |

**Part IV List of Officers, Directors, Trustees, and Key Employees**

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2109A-NISC; if not paid, enter 0)</th>
<th>(d) Health benefits contributions to employee benefit plans and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coda Rayo-Garza</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Chair</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>George Salinas</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vice Chair</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Desi Canela</td>
<td></td>
<td></td>
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<tr>
<td>Director</td>
<td></td>
<td></td>
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<tr>
<td>Edward Munjia</td>
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<tr>
<td>Director</td>
<td></td>
<td></td>
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<tr>
<td>Eduardo Zerbe</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
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<tr>
<td>Brecia Berry</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
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<tr>
<td>Thea Seterbo</td>
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<tr>
<td>Director</td>
<td></td>
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<tr>
<td>Kelli O'Keefe</td>
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<tr>
<td>Secretary</td>
<td></td>
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<tr>
<td>Roger Garza</td>
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<tr>
<td>Director</td>
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<tr>
<td>Jessica Ramirez</td>
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<tr>
<td>Director</td>
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<tr>
<td>Joaquin Guerra</td>
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<tr>
<td>Director</td>
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<tr>
<td>Jorge Villarreal</td>
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<tr>
<td>Director</td>
<td></td>
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<tr>
<td>H. Drew Galloway</td>
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<td></td>
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<tr>
<td>Executive Dir.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>40</td>
<td>46,825</td>
</tr>
</tbody>
</table>
Part V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. □

33 Did the organization engage in any significant activity not previously reported to the IRS? □ Yes □ No 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). □ Yes □ No 34 X

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)? □ Yes □ No 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? □ If 'No,' provide an explanation in Schedule O. □ Yes □ No 35b X

c 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 □ Yes □ No 35c X

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. □ Yes □ No 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. □ Yes □ No 37a 0

b Did the organization file Form 1120-POL for this year? □ Yes □ No 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ Yes □ No 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. □ Yes □ No 38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 □ Yes □ No 39a N/A

gross receipts, included on line 9, for public use of club facilities □ Yes □ No 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: □ Yes □ No 40a N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule U, Part I □ Yes □ No 40b X

C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. □ Yes □ No 40c 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. □ Yes □ No 40d 0

e 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. □ Yes □ No 40e X

41 List the states with which a copy of this return is filed □ NONE

42a The organization's books are in care of □ Yes □ No 42a X

H. DREW GALLOWAY
Located at □ 1023 NORTH PINE STREET SAN ANTONIO TX
Telephone no. □ (210) 396-0845 ZIP + 4 □ 78202-1203

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 X

If 'Yes,' enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? □ Yes □ No 42c X

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 □ Yes □ No 43 X

and enter the amount of tax-exempt interest received or accrued during the tax year. □ Yes □ No 43 N/A

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

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ □ Yes □ No 44b X

c Did the organization receive any payments for indoor tanning services during the year? □ Yes □ No 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? □ Yes □ No 44d X

If 'No,' provide an explanation in Schedule O. □ Yes □ No 44e X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? □ Yes □ No 45a X

b 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 H may need to be completed instead of Form 990-EZ (see instructions). □ Yes □ No 45b X
Part VI  Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
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<tr>
<td>48</td>
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<td>49</td>
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<tr>
<td>50</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2) (Medicare-Misc)</th>
<th>(d) Health benefits; contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Total number of other employees paid over $100,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total number of other independent contractors each receiving over $100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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.

Signature of officer

H. DREW GALLOWAY

Type or print name and title

EXECUTIVE DIRECTOR

Print/Type preparer's name

DOUGLAS T. BROWNE

Preparer's signature

P00963089

Firm's name

SAGEBIEL, RAVENBURG & SCHUH, PC

Firm's EIN

74-2676458

P.00963089

Firm's address

7800 W IH 10 STE 630
SAN ANTONIO, TX 78230-4750

Phone no.

210-979-7600

May the IRS discuss this return with the preparer shown above? See instructions.

- Yes
- No
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE
MISCELLANEOUS INCOME ............................................................... $ 766.
TOTAL $ 766.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES
ADVERTISING AND PROMOTION ...................................................... $ 2,243.
CONFERENCES, CONVENTIONS, AND MEETINGS ......................... 551.
OFFICE EXPENSES ................................................................. 5,520.
SUPPLIES ........................................................................... 14,017.
TRAVEL .............................................................................. 986.
TOTAL $ 23,317.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES
PRIOR PERIOD ADJUSTMENTS........................................................ $ -12,297.
TOTAL $ -12,297.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS
SECURITY DEPOSIT .................................................................. $ 500.
TOTAL $ 500.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES
ACCOUNTS PAYABLE AND ACCRUED EXPENSES ..................... $ 10,444.
UNSECURED NOTES AND LOANS PAYABLE ................................. 10,801.
TOTAL $ 21,245.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
THE ORGANIZATION EXISTS TO PROMOTE CIVIC ENGAGEMENT AMONG UNDERREPRESENTED YOUTH.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
MOVE SAN ANTONIO IS A GRASSROOTS ORGANIZATION GIVING YOUNG PEOPLE A VOICE IN POLITICS. OUR THREE PROGRAM AREAS INCLUDE CIVIC ENGAGEMENT, LEADERSHIP DEVELOPMENT, AND PROGRESSIVE ADVOCACY. IN 2017, WE REGISTERED OVER 5,500 PEOPLE TO VOTE IN BEXAR COUNTY, TEXAS AND ENCOURAGED THEM TO VOTE IN LOCAL ELECTIONS. WE TRAINED OVER 30 YOUNG ORGANIZERS AND HELPED ENCOURAGE OVER 200 VOLUNTEERS TO GET
FORM 990-EZ, PART III, LINE 28 · STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INVOLVED IN OUR COMMUNITY.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOVE SAN ANTONIO</td>
<td>46-3339204</td>
</tr>
</tbody>
</table>

Number, street, and room or suite number. If a P.O. box, see instructions.

110 E. HOUSTON, 7TH FLOOR

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SAN ANTONIO, TX 78205

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of H. Drew Galloway

Telephone No. (210) 396-0845 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 6-month extension of time until 11/15 2018 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- X calendar year 2017 or
- tax year beginning __________, 20 ___ and ending __________, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason:

- Initial return
- Final return

- Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ 0.

3b If this application is for Forms 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.

3c 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)