

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning , and ending

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization: Chamber of Commerce of Springdale Arkansas, 202 W. Emma, Springdale, AR 72764

D Employer identification number: 71-0029639, E Telephone number: 479-872-2222, F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Website: www.springdale.com

J Organization type (check only one): 501(c)(6)

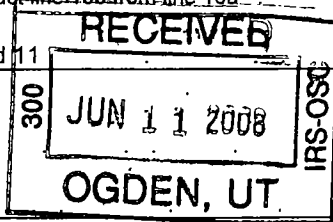
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 922,944

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Amount. Includes revenue from contributions, program services, and expenses, ending with net assets of 957,907.

SCANNED JUL 09 2008



**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 (See the instructions.)

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 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A	288,320	114,434	172,156	1,730
25 b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
25 c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	144,750	52,564	91,391	795
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	49,697	17,164	32,224	309
30	Professional fundraising fees	423,808			423,808
31	Accounting fees	20,896		20,896	
32	Legal fees				
33	Supplies	30,526	12,375	18,027	124
34	Telephone	9,896	2,969	6,729	198
35	Postage and shipping	4,690	1,407	3,189	94
36	Occupancy	13,202		13,202	
37	Equipment rental and maintenance	22,334		22,334	
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	43,533		43,533	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	24,909		24,909	
43	Other expenses not covered above (itemize):				
43 a	See attached statement	397,600	248,156	149,142	302
43 b	.....				
43 c	.....				
43 d	.....				
43 e	.....				
43 f	.....				
43 g	.....				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,474,161	449,069	597,732	427,360

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 \$ \_\_\_\_\_

**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? <b>Business &amp; Economic Development</b> 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>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a Promote business, tourism &amp; industrial development within Springdale, Arkansas</b> ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	449,069
<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 Other program services (attach schedule)</b> (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... <input type="checkbox"/>	449,069

**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)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	660,059	45	524,143	
	46	Savings and temporary cash investments	66,855	46	326,623	
	47 a	Accounts receivable	86,595			
		b Less allowance for doubtful accounts	570	90,147	47c	86,025
	48 a	Pledges receivable				
		b Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a	Other notes and loans receivable (attach schedule)				
		b Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	3,347	53	8,001	
	54 a	Investments—publicly-traded securities			54a	
		b Investments—other securities (attach schedule)			54b	
	55 a	Investments—land, buildings, and equipment basis				
		b Less: accumulated depreciation (attach schedule)			55c	
	56	Investments—other (attach schedule)			56	
	57 a	Land, buildings, and equipment: basis	675,818			
		b Less accumulated depreciation (attach schedule)	351,908	342,589	57c	323,910
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> See attached statement )			58		
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,162,997	59	1,268,702		
Liabilities	60	Accounts payable and accrued expenses	5,807	60	4,844	
	61	Grants payable		61		
	62	Deferred revenue	252,030	62	297,767	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe <input checked="" type="checkbox"/> Payroll and related taxes payable )	9,345	65	8,184	
	66	<b>Total liabilities.</b> Add lines 60 through 65	267,182	66	310,795	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	40,211	67	68,361	
	68	Temporarily restricted	855,604	68	889,546	
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	895,815	73	957,907		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,162,997	74	1,268,702		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	922,944
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify) .....	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	922,944
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): .....	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	922,944

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,474,161
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify) .....	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,474,161
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): .....	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,474,161

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See 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 plans	(E) Expense account and other allowances
Name <u>Perry Webb</u> Str <u>202 W. Emma Ave</u> City <u>Springdale</u> ST <u>AR</u> ZIP <u>72764</u>	Title <u>President/CEO</u> Hr/WK <u>40</u>	<u>133,508</u>		
Name <u>Bill Rogers</u> Str <u>202 W. Emma Ave</u> City <u>Springdale</u> ST <u>AR</u> ZIP <u>72764</u>	Title <u>VP Development</u> Hr/WK <u>40</u>	<u>54,768</u>		
Name <u>Rhonda Hughes</u> Str <u>202 W. Emma Ave</u> City <u>Springdale</u> ST <u>AR</u> ZIP <u>72764</u>	Title <u>VP Operations</u> Hr/WK <u>40</u>	<u>52,492</u>		
Name <u>Joy Heuer</u> Str <u>202 W. Emma Ave</u> City <u>Springdale</u> ST <u>AR</u> ZIP <u>72764</u>	Title <u>VP Programs</u> Hr/WK <u>40</u>	<u>47,552</u>		
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			
Name <u>N/A</u> Str City ST ZIP	Title Hr/WK			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions		X
<b>d</b> Does the organization have a written conflict of interest policy?	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST ZIP _____				

**Part VI Other Information (See the instructions.)**

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions)		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	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?		X
<b>b</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)		
	<b>82b</b> N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6)</b> Were substantially all dues nondeductible by members?		X
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b> N/A	
<b>h</b>	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?	<b>85h</b> N/A	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88 a</b>	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	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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	<b>89b</b> N/A	
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
<b>e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b> N/A	
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> AR		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	10
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name Perry Webb Telephone no. <input type="checkbox"/> (479) 872-2222 Located at <input type="checkbox"/> 202 W Emma City Springdale ST AR ZIP + 4 <input type="checkbox"/> 72764		
<b>b</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)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	<b>91b</b>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country ▶

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 N/A

**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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					177,400
94 Membership dues and assessments					387,630
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	10,699	
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					273,235
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a Centerpiece magazine	541800	56,715			
b Web page sponsorships	541800	17,265			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		73,980		10,699	838,265
105 Total (add line 104, columns (B), (D), and (E))					922,944

Note: Line 105 plus line 1e, 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)

▼

**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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b>	Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

<b>107</b>	Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
			X

**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 information of which preparer has any knowledge.

Signature of officer: *Ferry Webb* Date: \_\_\_\_\_

Type or print name and title: FERRY WEBB

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 6/3/2008 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: S & Fiser & Company EIN: 71-0749699 Preparer's SSN or PTIN (See Gen Inst X): P00245131

112 E Emma Ave, Springdale, AR 72764 Phone no: (479) 751-4851

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Leadership Springdale	FeatherFest	Golf Tournament		
1a Number of special events					
2 Gross receipts	29,739	92,179	41,183	110,134	273,235
3 Less contributions					
4 Gross revenue	29,739	92,179	41,183	110,134	273,235
5 Less direct expenses					
6 Net income or (loss)	29,739	92,179	41,183	110,134	273,235

**Line 20 (990) - Other Changes in Net Assets or Fund Balances**

613,309

Description		Total
1	Interest Income from Temporarily Restricted Net Assets	20,401
2	Temporarily Restricted Contributions	592,908
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part II, Line 43 (990) - Other Expenses**

397,600

248,156

149,142

302

	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Training	45,988	45,988		
2	Vehicle mileage allowance	3,602	1,108	2,469	25
3	Insurance	48,591	18,396	29,918	277
4	Membership	108,335		108,335	
5	Special Events	125,763	125,763		
6	Miscellaneous	20,503	15,164	5,339	
7	Web page maintenance	41,737	41,737		
8	Credit card fees	3,081		3,081	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Part IV, Line 65 (990) - Other Liabilities**

9,345

8,184

Description		Beginning	End
1	Payroll and related taxes payable	9,345	8,184
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part VII, Line 103 (990) - Other Revenue**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Other Revenue Description					
b Centerpiece magazine	541800	56,715			
c Web page sponsorships	541800	17,265			
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

SPRINGDALE CHAMBER OF COMMERCE [7395]  
Depreciation Expense

Financial

01/01/2007 - 12/31/2007

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
<b>Building and Improvements</b>												
001		building	07/01/96	MSL / MM	39.0000	250,000.00	100.0000	0.00	0.00	68,003.61	6,376.52	74,380.13
002		land improve	07/01/96	SL / N/A	20.0000	21,220.44	100.0000	0.00	0.00	10,698.62	1,061.02	11,759.64
003		land improve	07/01/97	SL / N/A	20.0000	10,907.14	100.0000	0.00	0.00	5,459.59	545.36	6,004.95
004		land improve	07/01/97	SL / N/A	20.0000	86,971.00	100.0000	0.00	0.00	43,485.50	4,348.55	47,834.05
005		land improve	07/01/97	SL / N/A	20.0000	585.22	100.0000	0.00	0.00	292.60	29.26	321.86
006		land improve	07/01/97	SL / N/A	7.0000	1,491.00	100.0000	0.00	0.00	1,491.00	0.00	1,491.00
007		land improve	07/01/97	SL / N/A	20.0000	2,510.01	100.0000	0.00	0.00	1,234.08	125.50	1,359.58
008		land improve	07/01/97	SL / N/A	20.0000	2,917.50	100.0000	0.00	0.00	1,422.33	145.88	1,568.21
009		land improve	07/01/97	SL / N/A	20.0000	56,898.00	100.0000	0.00	0.00	27,500.60	2,844.90	30,345.50
010		land improve	07/01/97	SL / N/A	20.0000	8,130.50	100.0000	0.00	0.00	3,862.03	406.53	4,268.56
011		land improve	07/01/97	SL / N/A	20.0000	24,493.00	100.0000	0.00	0.00	11,532.12	1,224.65	12,756.77
012		land improve	07/01/97	SL / N/A	20.0000	9,312.00	100.0000	0.00	0.00	4,384.40	465.60	4,850.00
013		land improve	07/01/97	SL / N/A	20.0000	2,674.50	100.0000	0.00	0.00	1,259.29	133.73	1,393.02
014		land improve	07/01/97	SL / N/A	20.0000	2,750.00	100.0000	0.00	0.00	1,271.88	137.50	1,409.38
015		land improve	07/01/97	SL / N/A	20.0000	185.10	100.0000	0.00	0.00	85.64	9.26	94.90
016		land improve	07/01/97	SL / N/A	20.0000	612.63	100.0000	0.00	0.00	425.78	30.63	456.41
017		land improve	07/01/97	SL / N/A	20.0000	1,720.93	100.0000	0.00	0.00	788.79	86.05	874.84
018		land improve	07/01/01	M / HY	5.0000	1,040.40	100.0000	0.00	0.00	1,040.40	0.00	1,040.40
099		Front Office Imp	03/31/06	SL / N/A	15.0000	4,583.00	100.0000	0.00	0.00	229.15	305.53	534.68
<b>Subtotal: Building and Improvements</b>						<b>489,002.37</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>184,467.41</b>	<b>18,276.47</b>	<b>202,743.88</b>
Less dispositions and exchanges:						0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Net for: Building and Improvements</b>						<b>489,002.37</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>184,467.41</b>	<b>18,276.47</b>	<b>202,743.88</b>
<b>Equipment</b>												
019		equipment	07/01/95	SL / N/A	5.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
020		equipment	07/01/95	SL / N/A	5.0000	50.00	100.0000	0.00	0.00	50.00	0.00	50.00
021		equipment	07/01/96	M / HY	5.0000	730.00	100.0000	0.00	0.00	730.00	0.00	730.00
022		equipment	07/01/97	SL / N/A	5.0000	3,699.59	100.0000	0.00	0.00	3,699.59	0.00	3,699.59
023		equipment	07/01/97	M / HY	5.0000	2,775.35	100.0000	0.00	0.00	2,775.35	0.00	2,775.35
024		equipment	07/01/97	SL / N/A	7.0000	6,398.38	100.0000	0.00	0.00	6,398.38	0.00	6,398.38
025		equipment	07/01/97	SL / N/A	5.0000	2,363.25	100.0000	0.00	0.00	2,363.25	0.00	2,363.25
026		equipment	07/01/97	M / HY	5.0000	705.59	100.0000	0.00	0.00	705.59	0.00	705.59
027		equipment	07/01/97	SL / N/A	7.0000	4,792.50	100.0000	0.00	0.00	4,792.50	0.00	4,792.50
028		equipment	07/01/97	SL / N/A	7.0000	554.87	100.0000	0.00	0.00	554.87	0.00	554.87
029		equipment	07/01/97	SL / N/A	7.0000	457.95	100.0000	0.00	0.00	457.95	0.00	457.95
030		equipment	07/01/97	SL / N/A	7.0000	275.83	100.0000	0.00	0.00	275.83	0.00	275.83
031		equipment	07/01/97	SL / N/A	7.0000	319.50	100.0000	0.00	0.00	319.50	0.00	319.50
032		equipment	07/01/97	SL / N/A	7.0000	10,080.78	100.0000	0.00	0.00	10,080.78	0.00	10,080.78
033		equipment	07/01/97	SL / N/A	5.0000	1,295.75	100.0000	0.00	0.00	1,295.75	0.00	1,295.75
034		equipment	07/01/97	SL / N/A	7.0000	201.84	100.0000	0.00	0.00	201.84	0.00	201.84
035		equipment	07/01/97	SL / N/A	5.0000	1,315.28	100.0000	0.00	0.00	1,315.28	0.00	1,315.28
036		equipment	07/01/97	SL / N/A	5.0000	475.00	100.0000	0.00	0.00	475.00	0.00	475.00
037		equipment	07/01/97	SL / N/A	5.0000	1,252.58	100.0000	0.00	0.00	1,252.58	0.00	1,252.58
038		equipment	07/01/98	SL / N/A	5.0000	918.06	100.0000	0.00	0.00	918.06	0.00	918.06
039		equipment	07/01/98	SL / N/A	5.0000	457.97	100.0000	0.00	0.00	457.97	0.00	457.97

71-0029639  
01/01/2007 - 12/31/2007  
Sorted: DEPARTMENT

Financial

01/01/2007 - 12/31/2007

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
040		equipment	07/01/98	SL / N/A	5	3,723.34	100.0000	0.00	0.00	3,723.34	0.00	3,723.34
041		equipment	07/01/98	SL / N/A	5	974.55	100.0000	0.00	0.00	974.55	0.00	974.55
042		computer equip	05/31/98	SL / N/A	5	1,070.52	100.0000	0.00	0.00	1,070.52	0.00	1,070.52
043		micron netframe	01/31/99	SL / N/A	5	6,108.54	100.0000	0.00	0.00	6,005.02	0.00	6,005.02
044		digital camera	03/16/99	SL / N/A	5	548.87	100.0000	0.00	0.00	548.87	0.00	548.87
045		mcafee total viri	12/15/99	SL / N/A	3	505.40	100.0000	0.00	0.00	505.40	0.00	505.40
046		day tape drive	03/23/00	M / HY	5	1,103.86	100.0000	0.00	0.00	1,103.86	0.00	1,103.86
047		1600 mhz 2500	08/28/00	SL / N/A	5	9,022.64	100.0000	0.00	0.00	9,022.64	0.00	9,022.64
048		office 2000 soft	10/10/00	SL / N/A	3	1,464.22	100.0000	0.00	0.00	1,464.22	0.00	1,464.22
049		2 dell 800 mhz	12/28/00	SL / N/A	5	2,148.20	100.0000	0.00	0.00	2,148.20	0.00	2,148.20
050		computer softw.	02/23/01	M / HY	3	1,857.32	100.0000	0.00	0.00	1,857.32	0.00	1,857.32
051		dell computer	11/10/01	SL / N/A	5	1,065.04	100.0000	0.00	0.00	1,065.04	0.00	1,065.04
052		computer equip	03/13/02	SL / N/A	5	1,293.12	100.0000	0.00	0.00	1,250.00	43.12	1,293.12
093		computers	03/11/03	SL / N/A	7	6,612.67	100.0000	0.00	0.00	3,621.23	944.67	4,565.90
094		projector	05/28/03	SL / N/A	7	2,419.65	100.0000	0.00	0.00	1,238.61	345.66	1,584.27
095		american expre:	09/10/03	SL / N/A	7	4,165.21	100.0000	0.00	0.00	1,983.43	595.03	2,578.46
096		Dell Computer	07/21/04	SL / N/A	7	1,100.77	100.0000	0.00	0.00	380.02	157.25	537.27
097		Computer	01/10/05	SL / N/A	5	8,496.70	100.0000	0.00	0.00	3,398.68	1,699.34	5,098.02
098		Camera	06/01/05	SL / N/A	5	1,605.85	100.0000	0.00	0.00	508.52	321.17	829.69
100		Dell Computer	03/15/06	SL / N/A	5	1,833.25	100.0000	0.00	0.00	305.54	366.65	672.19
101		Office Furniture	03/20/06	SL / N/A	7	5,142.87	100.0000	0.00	0.00	551.03	734.70	1,285.73
102		Dell Computer	05/09/06	SL / N/A	5	1,091.43	100.0000	0.00	0.00	145.53	218.29	363.82
		Subtotal Equipment				102,574.09		0.00	0.00	82,091.64	5,425.88	87,517.52
		Less dispositions and exchanges.				0.00				0.00	0.00	0.00
		Net for: Equipment				102,574.09		0.00	0.00	82,091.64	5,425.88	87,517.52
		Furniture and Fixtures										
053		2 chairs today	02/26/97	SL / N/A	7	860.66	100.0000	0.00	0.00	860.66	0.00	860.66
054		desk	02/26/97	SL / N/A	7	1,587.72	100.0000	0.00	0.00	1,587.72	0.00	1,587.72
055		credenza	02/28/97	SL / N/A	7	1,353.41	100.0000	0.00	0.00	1,353.41	0.00	1,353.41
056		glass door hutcl	02/26/97	SL / N/A	7	1,746.15	100.0000	0.00	0.00	1,746.15	0.00	1,746.15
057		table top today	02/26/97	SL / N/A	7	895.39	100.0000	0.00	0.00	895.39	0.00	895.39
058		table base	02/25/97	SL / N/A	7	536.61	100.0000	0.00	0.00	536.61	0.00	536.61
059		conference tab	02/26/97	SL / N/A	7	3,977.14	100.0000	0.00	0.00	3,977.14	0.00	3,977.14
060		stable bases	02/26/97	SL / N/A	7	1,119.37	100.0000	0.00	0.00	1,119.37	0.00	1,119.37
061		2 table bases	02/26/97	SL / N/A	7	554.30	100.0000	0.00	0.00	554.30	0.00	554.30
062		table 3412	02/26/97	M / HY	7	263.11	100.0000	0.00	0.00	263.11	0.00	263.11
063		10 chairs	02/26/97	M / HY	7	6,253.26	100.0000	0.00	0.00	6,253.26	0.00	6,253.26
064		4 lobby chairs	02/26/97	SL / N/A	7	1,605.59	100.0000	0.00	0.00	1,605.59	0.00	1,605.59
065		exec chair 1502	02/26/97	SL / N/A	7	1,353.58	100.0000	0.00	0.00	1,353.58	0.00	1,353.58
066		22 chairs	02/26/97	SL / N/A	7	8,331.58	100.0000	0.00	0.00	8,331.58	0.00	8,331.58
067		4 chairs	02/26/97	SL / N/A	7	1,514.74	100.0000	0.00	0.00	1,514.74	0.00	1,514.74
068		2 chairs	02/26/97	SL / N/A	7	854.49	100.0000	0.00	0.00	854.49	0.00	854.49
069		center drawer	02/26/97	SL / N/A	7	18.58	100.0000	0.00	0.00	18.58	0.00	18.58
070		4 bookcases	02/26/97	SL / N/A	7	1,754.68	100.0000	0.00	0.00	1,754.68	0.00	1,754.68

SPRINGDALE CHAMBER OF COMMERCE [7395]  
Depreciation Expense  
Financial

01/01/2007 - 12/31/2007

Asset ID	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum Depreciation	Current Depreciation	Total Depreciation
<b>Furniture and Fixtures</b>												
071		4 bridges	02/26/97	SL / N/A	7.0000	1,448.31	100.0000	0.00	0.00	1,448.31	0.00	1,448.31
072		credenza	02/26/97	SL / N/A	7.0000	1,152.63	100.0000	0.00	0.00	1,152.63	0.00	1,152.63
073		desk	02/26/97	SL / N/A	7.0000	1,200.90	100.0000	0.00	0.00	1,200.90	0.00	1,200.90
074		desk	02/26/97	SL / N/A	7.0000	1,605.24	100.0000	0.00	0.00	1,605.24	0.00	1,605.24
075		credenza	02/26/97	SL / N/A	7.0000	1,113.40	100.0000	0.00	0.00	1,113.40	0.00	1,113.40
076		credenza	02/26/97	SL / N/A	7.0000	1,113.40	100.0000	0.00	0.00	1,113.40	0.00	1,113.40
077		desk	02/26/97	SL / N/A	7.0000	1,240.15	100.0000	0.00	0.00	1,240.15	0.00	1,240.15
078		desk	02/26/97	SL / N/A	7.0000	1,240.15	100.0000	0.00	0.00	1,240.15	0.00	1,240.15
079		credenza	02/26/97	SL / N/A	7.0000	1,424.19	100.0000	0.00	0.00	1,424.19	0.00	1,424.19
080		desk	02/26/97	SL / N/A	7.0000	1,240.15	100.0000	0.00	0.00	1,240.15	0.00	1,240.15
081		4 lateral files	02/26/97	SL / N/A	7.0000	4,547.76	100.0000	0.00	0.00	4,547.76	0.00	4,547.76
082		tables, chairs	03/11/97	SL / N/A	7.0000	1,050.04	100.0000	0.00	0.00	1,050.04	0.00	1,050.04
083		conference room	04/23/97	SL / N/A	7.0000	609.50	100.0000	0.00	0.00	609.50	0.00	609.50
084		receptionist des	04/27/97	SL / N/A	7.0000	2,712.00	100.0000	0.00	0.00	2,712.00	0.00	2,712.00
085		folding table	06/01/97	SL / N/A	7.0000	847.00	100.0000	0.00	0.00	847.00	0.00	847.00
086		chair	08/19/98	SL / N/A	7.0000	500.07	100.0000	0.00	0.00	500.07	0.00	500.07
087		credenza	09/18/98	SL / N/A	7.0000	810.35	100.0000	0.00	0.00	810.35	0.00	810.35
088		chair	10/02/98	SL / N/A	7.0000	567.10	100.0000	0.00	0.00	567.10	0.00	567.10
089		entry display	04/30/01	SL / N/A	7.0000	598.42	100.0000	0.00	0.00	598.42	0.00	598.42
103		Modular Office f	06/05/07	SL / N/A	7.0000	5,954.01	100.0000	0.00	0.00	5,954.01	496.17	496.17
<b>Subtotal: Furniture and Fixtures</b>										59,413.40	496.17	59,909.57
<b>Less dispositions and exchanges:</b>										0.00	0.00	0.00
<b>Net for: Furniture and Fixtures</b>										59,413.40	496.17	59,909.57
<b>Land</b>												
090		land	01/01/95	No Calc / N/A	0.0000	10,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
<b>Subtotal: Land</b>										10,000.00	0.00	10,000.00
<b>Less dispositions and exchanges:</b>										0.00	0.00	0.00
<b>Net for: Land</b>										10,000.00	0.00	10,000.00
<b>Work in Progress</b>												
091		parking lot	12/08/00	SL / N/A	20.0000	5,580.76	100.0000	0.00	0.00	837.12	279.04	1,116.16
092		parking lot	11/05/01	SL / N/A	20.0000	3,106.00	100.0000	0.00	0.00	465.90	155.30	621.20
<b>Subtotal: Work in Progress</b>										1,303.02	434.34	1,737.36
<b>Less dispositions and exchanges:</b>										0.00	0.00	0.00
<b>Net for: Work in Progress</b>										1,303.02	434.34	1,737.36
<b>Subtotal:</b>										327,275.47	24,632.86	351,908.33
<b>Less dispositions and exchanges:</b>										0.00	0.00	0.00
<b>Grand Totals:</b>										327,275.47	24,632.86	351,908.33

275.80  
27,908.66 WSI

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  **X**

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>Chamber of Commerce of Springdale Arkansas</b>	Employer identification number <b>71-0029639</b>
	Number, street, and room or suite no. If a P O. box, see instructions <b>202 W. Emma</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Springdale AR 72764</b>	

**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 ▶ Chamber of Commerce of Springdale Arkansas

Telephone No. ▶ (479) 872-2222 FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box  **X**

• 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 corporation required to file Form 990-T) extension of time until 11/15/2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2007 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

3 a 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>3a</b>	\$
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.	<b>3b</b>	\$
c <b>Balance Due.</b> 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.	<b>3c</b>	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.