

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		69,000.		69,000.
b Buildings		2,632,151.	1,292,264.	1,339,887.
c Leasehold improvements				
d Equipment		11,488.	11,488.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,408,887.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC**

Employer identification number

**23-1955577**

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	<b>X</b>
<b>b</b>	Any related organization?	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.			
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	<b>X</b>
<b>b</b>	Any related organization?	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2016





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC	Employer identification number	23-1955577
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTIAL HOUSING FOR INDIVIDUALS WITH DEVELOPMENT DISABILITIES IN LUZERNE COUNTY. THE ORGANIZATION ALSO PROVIDES A FOSTER CARE PROGRAM WITH VARIOUS COUNTIES IN PENNSYLVANIA AND AN ADOPTION PROGRAM WITH DIAKON LUTHERAN SOCIAL MINISTRIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY COMPARISON TO THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW OF AVAILABLE RESOURCES AND ALLOWABLE SALARIES IS COMPLETED AND APPROVED BY THE BOARD

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE READILY AVAILABLE AT THE HOME OFFICE BY REQUEST.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	FORTY FORT	12/01/86	SL	25.00	16		40,000.				40,000.	40,000.	0.	0.	40,000.
2	DALLAS	12/01/90	SL	27.50	MM16		87,911.				87,911.	81,653.	3,197.	3,197.	84,850.
3	LYNDWOOD	07/01/96	SL	27.50	MM16		84,309.				84,309.	61,190.	3,066.	3,066.	64,256.
4	OAK	05/01/97	SL	27.50	MM16		61,900.				61,900.	43,044.	2,251.	2,251.	45,295.
5	AUSTIN	11/01/97	SL	27.50	MM16		74,857.				74,857.	50,697.	2,722.	2,722.	53,419.
6	BRESLAU	06/01/98	SL	27.50	MM16		87,303.				87,303.	57,280.	3,175.	3,175.	60,455.
7	PARK	12/01/98	SL	27.50	MM16		92,184.				92,184.	58,799.	3,352.	3,352.	62,151.
8	STANTON	05/01/00	SL	27.50	MM16		100,700.				100,700.	59,048.	3,662.	3,662.	62,710.
9	STANTON	07/01/00	SL	27.50	MM16		21,970.				21,970.	12,752.	799.	799.	13,551.
10	MATSON	11/01/00	SL	27.50	MM16		111,031.				111,031.	62,677.	4,037.	4,037.	66,714.
11	HILLSIDE	04/01/01	SL	27.50	MM16		129,828.				129,828.	71,799.	4,721.	4,721.	76,520.
12	DAWES	05/01/01	SL	27.50	MM16		99,828.				99,828.	55,311.	3,630.	3,630.	58,941.
13	SUGAR NOTCH	10/31/01	SL	27.50	MM16		111,197.				111,197.	59,476.	4,044.	4,044.	63,520.
14	WARSAW STREET	01/29/02	SL	27.50	MM16		132,093.				132,093.	69,445.	4,803.	4,803.	74,248.
15	COOK STREET	09/23/02	SL	27.50	MM16		94,980.				94,980.	47,636.	3,454.	3,454.	51,090.
16	GOODWIN AVE	02/03/03	SL	27.50	MM16		111,177.				111,177.	54,075.	4,043.	4,043.	58,118.
17	PLAINS	03/31/03	SL	27.50	MM16		117,448.				117,448.	56,769.	4,271.	4,271.	61,040.



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	NEW ALEXANDER	07/07/04	SL	27.50		MM16	67,400.				67,400.	29,309.		2,451.	31,760.
19	NEW ALEXANDER	07/01/05	SL	27.50		MM16	21,101.				21,101.	8,405.		767.	9,172.
20	CAREY AVE	10/16/06	SL	27.50		MM16	125,269.				125,269.	44,222.		4,555.	48,777.
21	ST. MARY'S ROAD	06/21/07	SL	27.50		MM16	148,048.				148,048.	48,680.		5,384.	54,064.
22	BOLAND AVENUE	04/25/08	SL	27.50		MM16	158,952.				158,952.	47,444.		5,780.	53,224.
23	BURKE STREET	06/16/08	SL	27.50		MM16	140,346.				140,346.	41,038.		5,103.	46,141.
26	ROOF- COOK ST	08/22/11	SL	27.50		MM16	10,548.				10,548.	1,872.		384.	2,256.
28	BASEMENT- BOLAND	02/27/12	SL	27.50		MM16	10,309.				10,309.	1,641.		375.	2,016.
30	PLYMOUTH	05/29/12	SL	27.50		MM16	99,247.				99,247.	14,883.		3,609.	18,492.
53	DALLAS BATHROOM IMPROVEMENTS	06/30/13	SL	27.50		MM16	13,993.				13,993.	1,548.		509.	2,057.
55	BRESLAU FURNACE	01/01/14	SL	27.50		MM16	7,725.				7,725.	726.		281.	1,007.
56	SUGAR NOTCH- RAMP	05/16/14	SL	27.50		MM16	9,970.				9,970.	756.		363.	1,119.
57	DAWES- WINDOWS	06/10/14	SL	27.50		MM16	5,165.				5,165.	392.		188.	580.
58	STANTON- FLOORING	04/02/14	SL	27.50		MM16	10,741.				10,741.	879.		391.	1,270.
59	HILLSIDE- NEW ROOM	03/22/14	SL	27.50		MM16	33,325.				33,325.	2,727.		1,212.	3,939.
60	N. WASHINGTON	08/06/14	SL	27.50		MM16	175,962.				175,962.	12,264.		6,399.	18,663.
62	BRESLAU DECK	07/14/14	SL	27.50		MM16	7,500.				7,500.	546.		273.	819.
	* 990 PAGE 10 TOTAL BUILDINGS						2,604,317.				2,604,317.	1,198,983.		93,251.	1,292,234.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
29	TRANSPORTATION EQUIPMENT															
	VAN	04/18/12	200DB	5.00		HY17	11,488.				11,488.	10,417.		1,071.	11,488.	
	* 990 PAGE 10 TOTAL															
	TRANSPORTATION EQUIPMENT															
	LAND															
31	DALLAS LAND	12/01/90	L	27.50	MM		3,000.				3,000.			0.		
32	LYNDWOOD LAND	07/01/96	L	27.50	MM		3,000.				3,000.			0.		
33	OAK LAND	05/01/97	L	27.50	MM		3,000.				3,000.			0.		
34	AUSTIN LAND	11/01/97	L	27.50	MM		3,000.				3,000.			0.		
35	BRESLAU LAND	06/01/98	L	27.50	MM		3,000.				3,000.			0.		
36	PARK LAND	12/01/98	L	27.50	MM		3,000.				3,000.			0.		
37	STANTON LAND	05/01/00	L	27.50	MM		3,000.				3,000.			0.		
38	MATSON LAND	11/01/00	L	27.50	MM		3,000.				3,000.			0.		
39	HILLSIDE LAND	04/01/01	L	27.50	MM		3,000.				3,000.			0.		
40	DAWES LAND	05/01/01	L	27.50	MM		3,000.				3,000.			0.		
41	SUGAR NOTCH LAND	10/31/01	L	27.50	MM		3,000.				3,000.			0.		
42	WARSAW ST LAND	01/29/02	L	27.50	MM		3,000.				3,000.			0.		
43	COOK STREET LAND	09/23/02	L	27.50	MM		3,000.				3,000.			0.		
44	GOODWIN AVE LAND	02/03/03	L	27.50	MM		3,000.				3,000.			0.		

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	PLAINS LAND	03/31/03	L	27.50	MM		3,000.				3,000.			0.	
46	NEW ALEXANDER LAND	07/07/04	L	27.50	MM		3,000.				3,000.			0.	
47	CAREY AVE LAND	10/16/06	L	27.50	MM		3,000.				3,000.			0.	
48	ST. MARY'S ROAD LAND	06/21/07	L	27.50	MM		3,000.				3,000.			0.	
49	BOLAND AVENUE LAND	04/25/08	L	27.50	MM		3,000.				3,000.			0.	
50	BURKE STREET LAND	06/16/08	L	27.50	MM		3,000.				3,000.			0.	
51	PLYMOUTH LAND	05/29/12	L	27.50	MM		3,000.				3,000.			0.	
52	FORTY FORT LAND	12/01/86	L	27.50	MM		3,000.				3,000.			0.	
61	N. WASHINGTON	08/06/14	L				3,000.				3,000.			0.	
	* 990 PAGE 10 TOTAL LAND						69,000.				69,000.			0.	0.
	OTHER														
63	BUILDING IMPROVEMENTS	07/29/16	SL	27.50		16	2,900.				2,900.			97.	97.
64	BUILDING IMPROVEMENTS	07/29/16	SL	27.50		16	2,750.				2,750.			92.	92.
65	BUILDING IMPROVEMENTS	07/29/16	SL	27.50		16	59.				59.			2.	2.
66	BUILDING IMPROVEMENTS	06/02/17	SL	27.50		16	22,125.				22,125.			67.	67.
	* 990 PAGE 10 TOTAL OTHER						27,834.				27,834.			258.	258.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,712,639.				2,712,639.			94,580.	1,303,980.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,684,805.			0.	2,684,805.	1,209,400.			1,303,722.
	ACQUISITIONS						27,834.			0.	27,834.	0.			258.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,712,639.			0.	2,712,639.	1,209,400.			1,303,980.
	ENDING ACCUM DEPR											1,303,980.			
	ENDING BOOK VALUE														1,408,659.

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

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://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](http://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
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>INSTITUTE FOR HUMAN RESOURCES AND SERVICES, INC</b>	Employer identification number (EIN) or  <b>23-1955577</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>250 PIERCE STREET, NO. 301</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KINGSTON, PA 18704</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

• The books are in the care of ▶ **250 PIERCE STREET, NO. 301 - KINGSTON, PA 18704**  
Telephone No. ▶ **(570) 288-9386** 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 **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.