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Form 990-EZ

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **MAY 22, 2009**, and ending **DEC 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization, number and street, city, town, state, and ZIP code GRADIENT GIVES BACK FOUNDATION 4570 CHURCHILL ST STE 210 SAINT PAUL MN 55126-	D Employer identification number 27-0214967
	E Telephone number 651-621-8239		F Group Exemption Number ►

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

I Website: _____ **H** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 10,700.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,700.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► _____)	8	
Net Assets	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	10,700.
	10	Grants and similar amounts paid (attach schedule)	10	8,975.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► BANK CHARGES)	16	15.
	17	Total expenses. Add lines 10 through 16	17	8,990.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,710.	
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		
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,710.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	2,711.
23	Land and buildings	23	
24	Other assets (describe ► _____)	24	
25	Total assets	25	2,711.
26	Total liabilities (describe ► _____)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	2,711.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED SEP 16 2010

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Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		
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 period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 40e		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of NICK E STOVAL Telephone no 651-621-8239 Located at 4570 CHURCHILL ST STE 210 MN SAINT PAUL ZIP + 4 55126-		
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)? 42b		X
If "Yes," enter the name of the foreign country 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 U S ? 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 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46 - 49b and complete the tables for lines 50 and 51

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

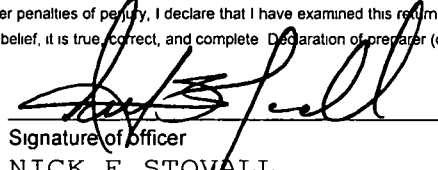

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 .. ▶

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		08/16/2010 Date	
	NICK E STOVALL Type or print name and title		TREASURER	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying no. (See instr.)
		8/16/10	<input type="checkbox"/>	468-98-0833
	Firm's name (or yours if self-employed), address, and ZIP + 4	NICK E STOVALL EIN ▶		
				Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts.

► See separate instructions.

**Open to Public
Inspection**

27-0214967

Yes	No

Total

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					10700.	10700.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					10700.	10700.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						10700.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					10700.	10700.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, & 12.)						10700.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00 %

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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 ☒
- 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 ☐
 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 and click on e-file for Charities & Nonprofits

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization GRADIENT GIVES BACK FOUNDATION	Employer identification number 27-0214967
	Number, street, and room or suite no. If a P.O. box, see instructions 4570 CHURCHILL ST STE 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAINT PAUL MN 55126-	

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

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

- The books are in the care of ▶ NICK E STOVALL
Telephone No ▶ 651-621-8239 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 corporation required to file Form 990-T) extension of time until AUG 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ ☐ calendar year 20____ or
 ▶ ☒ tax year beginning MAY 22, 20 09, and ending DEC 31, 20 09

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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

US	List of Officers, Directors, Trustees and Key Employees 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII 2009				
	Name and Address	Title/Average Hours Per Week Devoted to Position	Amount Paid	Amount for Employee Benefit Plan	Expense Account and Other Allowances
TAMI J LUCIUS ELLY CUMMINGS NICK STOVALL NIKKI FOLEY HEATHER WOLDT	30 CRESCENT 55127-MN SAINT PAUL 8333 LABONT 55344-MN EDEN PRAIRI 66 COULEE RD 54016-WI HUDSON 5032 DIVISIO 55110-MN SAINT PAUL 816 AMBLE RD 55126-MN SAINT PAUL	PRESIDENT 8 VICE PRESI 16 TREASURER 4 DIRECTOR 12 DIRECTOR 1			

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	HOUSING NEEDS	
Donee's name	WAYNE & ADELE HARRIS	
Donee,s address	1763 RIDGEWOOD AV 55110- MN SAINT PAUL	
Relationship	RECIPIENT	
FMV		914.
Book value		914.
Date of gift		08/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	.. . . .	..	MORTGAGE ASSISTANCE	
Donee's name	..	.	WAYNE AND ADELE HARRIS	
Donee,s address	..	.	1763 RIDGEWOOD AV 55110- MN SAINT PAUL	
Relationship	.	.	RECIPIENT	
FMV	..	.		942.
Book value	..	.		942.
Date of gift	..	.		09/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	MORTGAGE ASSISTANCE	
Donee's name	WAYNE AND ADELE HARRIS	
Donee,s address	1763 RIDGEWOOD AV 55110- MN SAINT PAUL	
Relationship	RECIPIENT	
FMV		942.
Book value		942.
Date of gift		10/2009

Grants and Similar Amounts Paid

US 990-EZ

990-EZ: Page 1, Line 10

2009

Class of activity	MORTGAGE ASSISTANCE
Donee's name	WAYNE AND ADELE HARRIS
Donee's address	1763 RIDGEWOOD AV 55110- MN SAINT PAUL
Relationship	RECIPIENT
FMV	942.
Book value	942.
Date of gift	11/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	MORTGAGE ASSISTANCE	
Donee's name	WAYNE AND ADELE HARRIS	
Donee,s address	1763 RIDGEWOOD AV 55110- MN SAINT PAUL	
Relationship	RECIPIENT	
FMV		962.
Book value		962.
Date of gift		12/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	MORTGAGE ASSISTANCE
Donee's name	ANGELA FOY
Donee,s address	3511 BOYD ST 72204- AR LITTLE ROCK
Relationship	RECIPIENT
FMV	600.
Book value	600.
Date of gift	10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	DEBT ASSISTANCE
Donee's name	ANGELA FOY
Donee,s address	3511 BOYD ST 72204- AR LITTLE ROCK
Relationship	RECIPIENT
FMV	1,000.
Book value	1,000.
Date of gift	10/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	.. . . .	MORTGAGE ASSISTANCE	
Donee's name	. . . . .	ANGELA FOY	
Donee,s address	. . . . .	3511 BOYD ST	72204- AR LITTLE ROCK
Relationship	. . . . .	RECIPIENT	
FMV	. . . . .		600.
Book value	. . . . .		600.
Date of gift	. . . . .		11/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	MORTGAGE ASSISTANCE
Donee's name	ANGELA FOY
Donee,s address	3511 BOYD ST 72204- AR LITTLE ROCK
Relationship	RECIPIENT
FMV	600.
Book value	600.
Date of gift	12/2009

Grants and Similar Amounts Paid

US 990-EZ

990-EZ: Page 1, Line 10

2009

Class of activity	MORTGAGE ASSISTANCE
Donee's name	BOB AND BOBBI STARK
Donee's address	611 COOLIDGE DR 48642- MI MIDLAND
Relationship	RECIPIENT
FMV	1,473.
Book value	1,473.
Date of gift	12/2009

For calendar year 2009 or tax year beginning MAY 22, 2009 and ending DEC 31, 2009

Name	GRADIENT GIVES BACK FOUNDATION	EIN	27-0214967
Name line 2			
Address	4570 CHURCHILL ST STE 210	Telephone No	651-621-8239
City, State, and Zip Code	SAINT PAUL MN 55126-		

Email address ..		.....	NSTOVALLE@GRADIENTFG.COM
Web site address		.. . . .	_____
Fiduciary name, if applicable		.. ... ..	_____
Name of officer signing return		. . . . .	NICK E STOVALLE
Title of officer/trustee/fiduciary signing return		. . . . .	TREASURER
Group exemption number		... ..	_____
Check if exemption application is pending		..	<input checked="" type="checkbox"/> _____
Accounting method		.	Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/> Specify _____
List states desired			

Type of exempt organization:

- ☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
- ☒ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year (Form 990-EZ)
- ☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
- ☐ Exempt organization with unrelated business income (Form 990-T)

Preparer ID		Time in this return	185 minutes
Preparer name	NICK E STOVALL	Date	
Preparer SSN	468-98-0833	PTIN	
Firm's name		Self-employed	<input type="checkbox"/>
Address		Firm's EIN	
City, State, ZIP Code		Phone	

Preparer notes These notes will print and proforma

Preparer's use fields

1	2	3
4	5	6