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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
► 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 , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		ARKANSAS BROADCASTERS ASSOCIATION		71-0584038
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		2024 ARKANSAS VALLEY DRIVE 403		(501) 227-7564
		City or town, state or country, and ZIP + 4		F Group Exemption Number
		LITTLE ROCK, AR 72212		Number . . . ► N/A

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► WWW.ARKBROADCASTERS.ORG

J Tax-exempt status (check only one) - ☒ 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 **H Check** ☒ if the organization is **not** required to attach Schedule B (Form 990 990-EZ, or 990-PF)

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** Form 990-EZ or Form 990 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 . . . ► \$ 481,639.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,260.
	2	Program service revenue including government fees and contracts	2	458,276.
	3	Membership dues and assessments	3	21,105.
	4	Investment income	4	903.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less cost or other basis and sales expenses		
	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		
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	95.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	481,639.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	45,327.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	171,124.
	13	Professional fees and other payments to independent contractors	13	9,060.
	14	Occupancy, rent, utilities, and maintenance	14	16,693.
	15	Printing, publications, postage, and shipping	15	6,977.
	16	Other expenses (describe ►)	16	241,980.
17	Total expenses. Add lines 10 through 16	17	491,161.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,522.
	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	907,506.
	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	897,984.

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	823,141.	798,969.
23	Land and buildings	84,365.	99,145.
24	Other assets (describe ►)		
25	Total assets	907,506.	898,114.
26	Total liabilities (describe ►)	0.	130.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	907,506.	897,984.

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

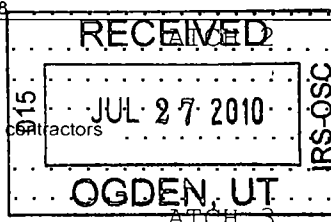
Form **990-EZ** (2009)

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PAGE 1

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95

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 significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 5,000.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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		
40 a 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		
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 ▶ AR,		
42 a The organization's books are in care of ▶ JAMES MCCALL Telephone no ▶ 501-227-7564		
Located at ▶ 2024 ARKANSAS VALLEY DR #403, LITTLE ROCK, AR ZIP + 4 ▶ 72212		
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. ▶ <input type="checkbox"/>		
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

Form 990-EZ (2009)

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

- 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

	Yes	No
46		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47		
----	--	--
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
----	--	--
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--
- 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 "

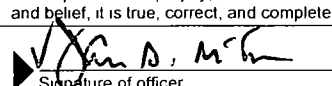
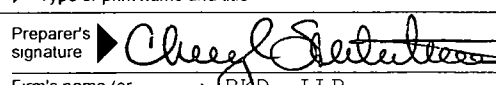
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors 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		7-23-10 Date	
JAMES McCALL EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	7/8/2010	<input type="checkbox"/>	P00579492
	BBD, LLP P.O. BOX 3667 LITTLE ROCK, AR 72203-3667		EIN	44-0160260
				Phone no 501-372-1040

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

Form 990-EZ (2009)

ARKANSAS BROADCASTERS ASSOCIATION

71-0584038

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

OTHER INVESTMENTS

903.

TOTAL

903.

ATTACHMENT 2

FORM 990EZ, PART 1 - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
2901 S UNIVERSITY
LITTLE ROCK, AR 72204

NONE
INDIVIDUAL

SCHOLARSHIP

7,824

TOTAL CONTRIBUTIONS PAID

7,824

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,519.
CONFERENCES, CONVENTIONS	125,637.
DEPRECIATION	17,759.
CONTRACT LABOR	24,230.
ADVERTISING	5,572.
HOSPITALITY COMMITTEE	20,750.
INSURANCE	3,395.
DIRECTORS FEES	11,658.
AUTO EXPENSE	5,481.
EDUCATION	14,375.
OTHER EXPENSES	6,604.
LEGISLATIVE EXPENSE	5,000.
TOTAL	<u>241,980.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	246,562.	222,389.
SAVINGS	576,579.	576,580.
TOTALS	<u>823,141.</u>	<u>798,969.</u>

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	0.	130.
TOTALS	<u>0.</u>	<u>130.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

IT IS THE MISSION OF THE ABA TO PROMOTE COOPERATION AND UNDERSTANDING AMONG THEMSELVES; AND TO SERVE THE PUBLIC INTERESTS, CONVENIENCE AND NECESSITY; TO PROVIDE REGULAR COMMUNICATION TO BROADCASTERS IN ARKANSAS AND TO PROMOTE THE BEST INTERESTS OF THE BROADCAST INDUSTRY AND PROVIDE EDUCATION THEREIN; TO REPRESENT ARKANSAS BROADCASTERS WITH RESPECT TO ISSUES CONFRONTING THE INDUSTRY; TO PROTECT BROADCASTERS OF ARKANSAS IN EVERY LAWFUL AND PROPER MANNER FROM INJURIES AND UNJUST EXACTIONS, AND TO ACT AS A REGIONAL CONTACT WITH THE NATIONAL ASSOCIATION OF BROADCASTERS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 1

THE ARKANSAS BROADCASTERS ASSOCIATION HAS LONG MAINTAINED A NONCOMMERCIAL SUSTAINING ANNOUNCEMENT PROGRAM. UNDER THIS PROGRAM, MEMBER AND NONMEMBER RADIO AND TELEVISION STATIONS IN THE STATE VOLUNTARILY DONATE AIR TIME THAT IS MADE AVAILABLE, THROUGH THE STATE ASSOCIATION, TO GOVERNMENTAL AND TO NOT-FOR-PROFIT ORGANIZATIONS FOR THE AIRING OF THEIR MESSAGES. THOSE NCSA SPONSOR'S ANNOUNCEMENTS GENERALLY AFFORD STATEWIDE COVERAGE OF NCSA SPONSOR'S ACTIVITIES, EVENTS, AND PROGRAMS WHICH BENEFIT THE PUBLIC AT LARGE. THE NCSA PROGRAM IS A MAJOR BENEFIT TO THESE GOVERNMENTAL AND NOT-FOR-PROFIT NCSA SPONSORS BECAUSE THE MONEY PAID BY THEM REPRESENTS BUT A FRACTION OF THE FAIR MARKET VALUE OF THE ANNOUNCEMENTS IF THEY HAD BEEN PURCHASED FROM STATIONS. THE MONEY RECEIVED FROM THE NCSA SPONSORS GOES DIRECTLY TO THE STATE ASSOCIATION AND IS USED BY THE STATE ASSOCIATION FOR ITS TAX EXEMPT PURPOSES, INCLUDING FOSTERING BETTER RELATIONS BETWEEN THE BROADCAST INDUSTRY AND GOVERNMENTAL ENTITIES AND NONPROFIT ORGANIZATIONS, AS WELL AS TO ADVANCE AND STRENGTHEN THE BROADCAST INDUSTRY GENERALLY. ON AVERAGE, A TOTAL OF 176 OUT OF 233 R STATIONS AND A TOTAL OF 21 OUT OF 22 TELEVISION STATIONS THROUGHOUT ARKANSAS PARTICIPATE ON A YEARLY BASIS.

ARKANSAS BROADCASTERS ASSOCIATION

71-0584038

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JAMES MCCALL 6 IOWA CIRCLE LITTLE ROCK, AR 72227	EXECUTIVE DIRECTOR 40.00	116,890.	0.	0.
RON COLLAR 10800 COLONEL GLENN RD LITTLE ROCK, AR 72204	IMMEDIATE PAST PRESIDENT 1.00	0	0	0
SANDY SANFORD 2525 NORTH WEST EL DORADO, AR 71730	PRESIDENT 4.00	0.	0.	0
MARILYN WALLIS 1111 RADIO AVENUE HARRISON, AR 72602	PRESIDENT - ELECT 1.00	0	0.	0.
CINDY THOMPSON 700 WELLINGTON HILLS RD. LITTLE ROCK, AR 72211	VICE PRESIDENT 1.00	0.	0.	0
TIM INGRAM P.O.BOX 790 JONESBORO, AR 72403	SECRETARY - TREASURER 2.00	0.	0.	0.
CHAD WHITEAKER P O BOX 1050	DIRECTOR 1.00	0.	0.	0

ARKANSAS BROADCASTERS ASSOCIATION

71-0584038

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
FAIRFIELD BAY, AR 72088				
KEN SIBLEY P.O. BOX 430 MAGNOLIA, AR 71754	DIRECTOR 1.00	0.	0.	0.
SONYA ODOM P.O. BOX 424 HOPE, AR 71802	DIRECTOR 1.00	0	0.	0.
RICH MOELLERS P O. BOX 10310 RUSSELLVILLE, AR 72802	DIRECTOR 1.00	0	0	0.
BOBBY CALDWELL P.O. BOX 789 WYNNE, AR 72396	DIRECTOR 1.00	0.	0	0
BOB KNIGHT P.O. BOX 2010 MOUNTAIN HOME, AR 72653	DIRECTOR 1.00	0.	0.	0
JAY BUNYARD P.O. BOX 311 DEQUEEN, AR 71832	DIRECTOR 1.00	0.	0.	0.

ATTACHMENT 8

PAGE 13

71489

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ARKANSAS BROADCASTERS ASSOCIATION

71-0584038

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ROB ROEDEL PO BOX 194208 LITTLE ROCK, AR 72219	DIRECTOR 1.00	0.	0.	0.
TREY STAFFORD 314 UNION JONESBORO, AR 72401	DIRECTOR 1.00	0.	0.	0.
SCOTT SILER PO DRAWER 1737 JONESBORO, AR 72403	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		118,890.	0.	0.

**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 ☐*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	Name of Exempt Organization	Employer identification number
	ARKANSAS BROADCASTERS ASSOCIATION	71-0584038
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return. See instructions	2024 ARKANSAS VALLEY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LITTLE ROCK, AR 72212	

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 ► JAMES MCCALL

Telephone No ► 501 227-7564

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) N/A. 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 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 2009 or
 ► ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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