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Form **990-EZ** Department of the Treasury

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

OMB No. 1545-1150

Psponsoring organizations of donor advised funds and controlling 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

Open to Public

Form 990-EZ (2009)8

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Please Address change use IRS Name change FRIENDS OF BATON ROUGE ZOO 72-1094494 print or type]Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific P.O. BOX 60 Termin-225-775-3877 Instruc-City or town, state or country, and ZIP + 4 Amended tions F Group Exemption BAKER, LA 70704 Number > G Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ) Other (specify) Website: ► N/A H Check ▶ L if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light 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. 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 230,719. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 20,240. 1 2 Program service revenue including government fees and contracts 2 3 160,012. Membership dues and assessments 3 4 Investment income 4 3,645. 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ of contributions reported on line 1) 46,822 38,865 b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7,957. 6c Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8, IEL 191,854. 9 9 10 Grants and similar amounts paid (attach selfedule) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 3 7010
Professional fees and other compensation. 78,575. 12 12 Professional fees and other payments to independent contractors 13 2,205. 13 Occupancy, rent, utilities, and maintenance SEE STATEMENT 4 2,105. 14 14 Printing, publications, postage, and shipping OGDE <u>6,193.</u> 15 15 16 Other expenses (describe 78,535. SEE STATEMENT 16 17 Total expenses Add lines 10 through 16 17 167,613. Excess or (deficit) for the year (Subtract line 17 from line 9) 24,241. 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 296,213. (must agree with end-of-year figure reported on prior year's return) 19 20 SEE STATEMENT <9,867.> Other changes in net assets or fund balances (attach explanation) 20 310,587. Net assets or fund balances at end of year. Combine lines 18 through 20 21 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 Cash, savings, and investments 295,921. 22 308,642. 23 Land and buildings 23 24 SEE STATEMENT 2) 2,471. Other assets (describe 2,399.24 25 298,320.25 311,113. Total liabilities (describe ► ACCOUNTS PAYABLE 2,107. 526. 26 26 310,587. Net assets or fund balances (line 27 of column (B) must agree with line 21) 296,213

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

Form 990-EZ (2009) FRIENDS OF BATON ROUGE	Z00		72-10944	94 Page 2
Part III Statement of Program Service Accomplishing		Part III.)	E	penses
What is the organization's primary exempt purpose? SEE STATEME	NT 6	-		r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt		se manner, descri	h- 1	i) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other rele	vant information for each prog	jram title	for others)	(a) in a data, optional
28 THE ORGANIZATION PROMOTES AND ASS	ISTS THE ZOO BY			
STIMULATING COMMUNITY AWARENESS A			NG	
FUNDS TO SPONSOR ANIMAL EXHIBITS.				
(Grants \$) If this amount includes foreign	an grants, check here		28a	82,446.
29	in grants, oneok nore			02/1101
				
			-	
(Grants \$) If this amount includes foreign	an grants, check here		29a	
30				
(Grants \$) If this amount includes foreign	gn grants, check here	>	30a	
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign	on grants, check here	•	31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	82,446.
Part IV List of Officers, Directors, Trustees, and Key	v Employees, List each one ex	en if not compensated		
Tartiv List of Control	j = j = - = Elst each one et	l in the compensated	(d) Contributions	T
	(b) Title and average hours	(c) Compensation	to employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	benefit plans &	account and
	position	-0)	deferred	other allowances
			compensation	
LEU ANNE GRECO	PRESIDENT			
P. O. BOX 60, BAKER, LA 70704	0.00	0.	0.	0.
BOB RAINER, 8480 BLUEBONNET BLVD.,	VICE PRESIDEN	T		
SUITE D, BATON ROUGE, LA 70810	0.00	0.	0.	0.
SCOTT GINN, 5959 S. SHERWOOD FOREST				
BLVD, BATON ROUGE, LA 70816	0.00	0.	0.	0.
BEAU OLINDE, 7808 AIRLINE HIGHWAY,	IMMEDIATE PAS			
BATON ROUGE, LA 70815	0.00	0.	0.	0.
	DIRECTOR	0.	0_•	· ·
KIM S. BONENO, 2351 ENERGY DRIVE.,	 			
SUITE 2000, BATON ROUGE, LA 70808	0.00	0.	0.	0.
TONI HAYES, 7639 JEFFERSON HWY.,	DIRECTOR			
BATON ROUGE, LA 70809	0.00	0.	0.	0.
JAY LITTLE, 6421 PERKINS ROAD	DIRECTOR			
BUILDING A, SUITE B, BATON ROUGE, L		0.	0.	0.
JIM R. MCILWAIN, 7677 RICHARDS	DIRECTOR	•		
DRIVE, BATON ROUGE, LA 70809	0.00	0.	0.	0.
DAN MOBLEY, 5513 SOUTH WOODCHASE	DIRECTOR			
COURT, BATON ROUGE, LA 70808	0.00	0.	0.	0.
BILL O'QUIN, 2651 KLEINERT AVENUE,	DIRECTOR			
BATON ROUGE, LA 70806	0.00	0.	0.	0.
GINA WHITE, 8482 LE MARIE COURT,	DIRECTOR		-	
DENHAM SPRINGS, LA 70706	0.00	0.	0.	0.
DENNAM SPRINGS, DA 10100	0.00		 	1
		 		
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Yes No	Pa	If V Other Information (Note the statement requirements in the instructions for Part V)			
35 If the organization had income from bisumess 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 of 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 groxy tax requirements? 35 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and groxy tax requirements? 36 Did the organization undergo a floudation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete agricultar for the year? 37 Did the organization for file form 1120-POL for this year? 38 Did the organization the Form 1120-POL for this year? 39 Did the organization the Form 1120-POL for this year? 39 Life the amount of political expenditures, direct or indirect, as described in the instructions. 30 Did the organization the Form 1120-POL for this year? 31 Did the organization the Form 1120-POL for this year? 31 Did the organization the Form 1120-POL for this year? 32 Did the organization the Form 1120-POL for this year? 33 Did the organization the Form 1120-POL for this year? 34 Did the organization the Form 1120-POL for this year? 35 Section 50 (1c)(7) organizations at the end of the period covered by this return? 39 Section 50 (1c)(3) organizations. Enter amount of tax imposed on the organization during the year unders: section 4911 Poly organizations. Enter amount of tax imposed on organization managers or dequalition persons during the year unders: section 4912 poly organization and poly the organizations. Enter amount of tax on line 40c reimbursed by the organization and poly the organizations. Finer amount of tax on line 40c reimbursed by the organization and poly the organizations. Proform 500 or 900-E27 if 1000-E27 if 1000-E27 if 1000-E27 if 1000-E27 if 1000-E27 if 1000-E27 if 100	•			Yes	
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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 lax requirements? b If "Yes," has it filled a fax return on Form 990-T for this year? 5 Did the organization diagrop a fluidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 38a Did the organization file Form 1120-POL for this year? 38b IN/A 38b IN/A 38c IN IN/A 38b IN/A 38c IN IN/A 38c IN/A 38c IN IN/A 38c IN/A 38c IN IN/A 38c	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<u>X</u>
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? 55.8	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
and proxy lax requirements? b If Yes, has it filed a tax return on Form 990-T for this year? b If Yes, has it filed a tax return on Form 990-T for this year? b Did the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, as a price year of policials period particles of the organization of political expenditures, direct or indirect, as described in the instructions. b Did the organization life Form 1120-POL for this year? 37a Did the organization before, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still oilstanding at the end of the period covered by this return? a prior year and still oilstanding at the end of the period dovered by this return? b If Yes, complete Schodule L, Part II and enter the total amount involved 38b N/A 38a N/A 38a N/A 38b N/A 38b N/A 38b N/A 38b N/A 38b N/A 38c Section 50 (k(c)(3) organizations. Enter amount of tax into state any section 4915 ▶ 0.; section 4915 ▶ 0. section 50 (k(c)(3) organizations. Enter amount of tax into negogion any section 4956 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-E27 If Yes, complete Schedule L, Part I 5 Section 50 14(c)(3) and 50 14(c)(4) organizations. Finer amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization appage in any section 4915 Person 1916		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
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complete applicable parts of Sch. N 37a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
37a O b Did the organization like Form 1120-PDL for this year? 37b X3 37c O b Did the organization like Form 1120-PDL for this year? 37b X3 37b Management in the Form 1120-PDL for this year? 37b X3 37b Management in the Form 1120-PDL for this year? 37b Management in the Form 1120-PDL for this year? 37b Management in the Form 1120-PDL for this year? 37b Management in the Form 1120-PDL for this year? 37b Management in the Form 1120-PDL for this year? 37b Management in the Form 120-PDL for this year? 37b Management in the Form 120-PDL for this year? 37c Management in the Form 120-PDL for this year? 37b Management in the Form 120-PDL for this year? 37b MANAgement in the Form 120-PDL for this year? 37b MANAgement in the Form 120-PDL for this year or set and a few points included on the 9 37b MANAgement in the Form 120-PDL for this year or set aware that it engaged in an excess benefit transaction with a disqualified purson in a prior year, and that the transaction this pear or is aware that it engaged in an excess benefit transaction with a disqualified purson in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
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38 bil the organization borrow from, or make any leans to, any officer, directior, 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? 38 bil 17'es; complete Schedule L, Part II and enter the total amount involved 38 bil N/A 39 Section 501(c)(7) organizations included on line 9 39 bil N/A 39 Section 501(c)(3) organizations included on line 9 39 bil N/A 39 Section 501(c)(3) organizations included on line 9 39 bil N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 bil N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 bil N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 bil N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 bil N/A 39 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 bil Yes; complete Schedule L, Part I 40 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 4955 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes; complete Form 8868-T 40 List the states with which a copy of this return is filed. ► NONE 41 List the states with which a copy of this return is filed. ► NONE 42 It have organization shocks are in care of ► THE ORGANIZATION 42 The organization shocks are in care of ► THE ORGANIZATION 42 The organization shocks are in care of ► THE ORGANIZATION 42 The organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.]		
n a prior year and still outstanding at the end of the period covered by this return? b 1"Yes,* complete Schedule L, Part II and enter the total amount involved 38b N/A 39b N/A 3	b	Did the organization file Form 1120-POL for this year?	37Ь		_ X
b If Yes,* complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 N/A 39 N	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			
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . ; section 4915 ▶ 0 . ; section 4916 ▶ 0 . ; section 501(c)(3) and 501(c)(4) organizations pror Forms 990 or 990-E27 If Yes, complete Schedule L, Part I	а	Initiation fees and capital contributions included on line 9 39a N/A]		
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Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charital and 51	on 4947(a)(1) nonexempt					
46 Did 1	the organization engage in direct or indirect political campaign activi	ities on behalf of or in opposition to o	andidates for public			Yes	No
offic	e? If "Yes," complete Schedule C, Part I				46		X
47 Did 1	the organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II			47		X
48 Is th	ne organization a school as described in section 170(b)(1)(A)(ii)? If	"Yes," complete Schedule E			48		X
49a Did 1	the organization make any transfers to an exempt non-charitable rela	ated organization?		1	49a		X
b If Y	es," was the related organization a section 527 organization?			L	49b		
	nplete this table for the organization's five highest compensated emp i \$100,000 of compensation from the organization. If there is none,		s, trustees and key er	mployees) who ea	och rece	ived r	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e)	Experiount a allow	
	nplete this table for the organization's five highest compensated indefinition. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid in the second s		(b) Type of sei		:) Comp		
d Tota	al number of other independent contractors each receiving over \$10	0,000	>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, include correct, and complete. Declaration of preparer (other than officer) is based of Signature of officer. Type or print name and title	fing accompanying schedules and statemer on all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and be	lief, it is t	O O	
Paid Preparer Use Only	DOCUME EMPRES AND C NICHOLD	8/12/10 em	oloyed	parer's identifying no	umber (Se	e getr)
	inim a marine for) core	UD CUITOR 100 Certi	fied Public Assor United Plaza, Blv n Rouge, Louisian	d. Suite 1001	922-	-4 <u>6</u>	00
May the I	RS discuss this return with the preparer shown above? See instruct	ions			X Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

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Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Dant	D	FRIENDS	OF BATON RO	UGE Z	00				72	2-1094494
Part I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See ins	tructions		
The organ		•	because it is. (For lines	•	-	•	•			
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🖳			'0(b)(1)(A)(ıı). (Attach Sc							
3 🖳			tal service organization (
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ıi	i). Enter ti	he hospital's name,
	city, and stat									
5			benefit of a college or ui	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in
		(b)(1)(A)(iv). (Comple	•							
6 📙			ent or governmental unr							
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
		b)(1)(A)(vi). (Comple								
8 🖳			ection 170(b)(1)(A)(vi).							
9 X	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershij	p fees, an	id gross receipts from
			nctions - subject to certa	-	· ·	-				•
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon a	ifter June 30, 1975
		509(a)(2). (Complete								
10			perated exclusively to te							
11			perated exclusively for the							
			ations described in secti				2) See sec	ction 509(a	a)(3). Che	ck the box that
			organization and compl		•				. [
. —	a Type			Тур					d1	Type III - Other
e			it the organization is not							
			han one or more publicly						∂(a)(1) or s	section 509(a)(2).
f			ten determination from t	the IHS tha	atitisa iy	pe i, Type	II, or Type	9 III		
_		rganization, check th					- () - (- 1)		0	
g			organization accepted ar			-				V
			irectly controls, either al upported organization?	one or tog	ether with	persons c	iescribed	ın (ii) and (i	iii) below,	Yes No
	_		n described in (i) above?	ı						11g(i)
			person described in (i)		2					11g(ii)
h			about the supported or							11g(iii)
	i iovido dio i	ollowing information	about the supported of	garnzation	(3)					
/:\ Nome	of our ported	(2) CINI	(iii) Type of	(iv) Is the c	organization	(v) Did you	u notify the	(vi) ls	the	
	of supported anization	(ii) EIN	organization		sted in your		ion in col.	Lorganizatio	on in col. I	(vii) Amount of
0.90	amedion		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	.?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
									ļ ļ	
										7.
							İ			
							-] [
_										
							1			
		•								
							1			
			-"							
Total		<u> </u>		<u>L_</u> _						
	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forn	n 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	, etc (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)		_
	organization, check this box and stor	here						ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage		_			
14	Public support percentage for 2009 (14		%				
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15		%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	e 14 is 33 1/3% or n	nore, check th	nis box and	
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			ļ	ightharpoons
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	line 13 or 16a, an	d line 15 is 33 1/3%	or more, che	eck this box	
	and stop here. The organization qua	lifies as a publicly s	supported organiz	zation			!	ightharpoons
17a	10% -facts-and-circumstances tes	t - 2009, If the orga	anization did not d	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is	10% or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	this box and stop	here. Explain in Pa	art IV how the	organization	
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly support	ed organization		!	ightharpoons
t	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not d	check a box on lir	ne 13, 16a, 16b, or ¹	17a, and line	15 is 10% or	
	more, and if the organization meets t	ne "facts-and-circu	ımstances" test, c	heck this box an	d stop here. Explai	n in Part IV ho	ow the	
	organization meets the "facts-and-cir-	cumstances" test	The organization	qualifies as a put	olicly supported org	janization	1	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 1	7b, check this box	and see instri	uctions	
			-				m 990 or 990-E	Z) 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 ") 134,394. 143,705. 179,343. 210,816. 180,252. 848,510. 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 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 143,705. 179,343. 210,816. 180,252. 134,394. 848,510. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. c Add lines 7a and 7b 848,510. Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 134,394 143,705 179,343 210,816. 180,252 848,510. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 3,645. 3,645. and income from similar sources Linrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,645 3,645. 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) 134,394. 143,705. 179,343. 210,816. 183,897. 13 Total support (Add lines 9, 10c, 11, and 12) 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 Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 99.57 100.00 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .43 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 $\triangleright X$ 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 Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047

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or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number 72-1094494 FRIENDS OF BATON ROUGE ZOO Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? p If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) fundraiser from activity or control of contributions organization listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events BOO AT THE ZIPPITY ZOO (add col (a) through DAZE ZOO 3 col (c)) (event type) (total number) (event type) 46,822. 32,449 5,389 8,984 Gross receipts 23,525 23,525. 2 Less Charitable contributions 8,924. 5,389. 8,984. 23,297. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 3,637 26,710. 8,518 38,865. Other direct expenses 38,865 10 Direct expense summary Add lines 4 through 9 in column (d) <15,568. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses Yes Yes % Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

BFRI0251

Schedule G (Form 990 or 990-EZ) 2009 FRIENDS OF BATON ROUGE ZOO 72-1	09449	4 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	%		
	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
Name ▶	_		
Address >	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address of the third party			
Name	_		
Address >	_		
16 Gaming manager information			
Name	_		
Gaming manager compensation > \$			
Description of services provided	_		
	- -		
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			<u> </u>
Schedule G (Form	990 or 99	90-EZ	2009 (

FORM 990-EZ OTHER EX	XPENSES ST.	ATEMENT	_1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		6,44	9.
TRAVEL			19.
MEMBER BENEFITS		25,91	
MISC		8,81	
BANK SERVICE CHARGES BOARD OF DIRECTORS		3,72	0.
CAPITAL FUND EXPENSES		6,68	
CONSERVATION PROJECT FUND		13,00	
DONOR RECOGNITION			3.
INSURANCE		1,05	
OFFICE EQUIPMENT		1,46	
SUPPLIES		1,86	
TELEPHONE		1,20	
STAFF DEVELOPMENT & CONFERENCES		4,83	
PAYROLL SERVICES			19. 32.
WEBSITE ELEPHANT OASIS FUND		1,13	
TOTAL TO FORM 990-EZ, LINE 16		78,53	55. —
FORM 990-EZ OTHER A	ASSETS ST	ATEMENT	2
DESCRIPTION	BEG. OF YEAR E	ND OF YE	\R
CAPITAL FUNDS	110.	11	
OTHER DEPRECIABLE ASSETS	2,289.	2,36	
TOTAL TO FORM 990-EZ, LINE 24	2,399.	2,47	/ 1 . ====
FORM 990-EZ OTHER CHANGES IN NET ASSE	TS OR FUND BALANCES ST	ATEMENT	 3
DESCRIPTION		AMOUNT	
DESCRIPTION ———— PRIOR PERIOD ADJUSTMENT		AMOUNT <9,86	57.

FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	4
DESCRIPTION						TRUOMA	
DEPRECIATION/	AMORTIZATION					2,10)5.
TOTAL TO FORM	990-EZ, LINE	14				2,10)5.

FORM 990-EZ INFORMATION REGARDING TRANSFERS STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO 990-EZ PG 2

STATEMENT

6

TO PROVIDE SUPPORT TO THE BATON ROUGE ZOO.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

2009

Attachment Sequence No. 67

Business or activity to which this form relates

Identifying number

FRIENDS OF BATON ROUGH					EZ PAGE		72-1094494
Part I Election To Expense Certain Proper	ty Under Section 1	79 Note: If you hav	e any list	ted property,	complete Part	V before yo	
1 Maximum amount See the instructions	for a higher limit	for certain busines	sses			1	<u>250,000.</u>
2 Total cost of section 179 property place	ed in service (see	instructions)				2	
3 Threshold cost of section 179 property	before reduction	ın limitation				3	800,000.
4 Reduction in limitation Subtract line 3 f	rom line 2 If zero	or less, enter -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing sepa	arately, see	instructions		5	
6 (a) Description of pro				ess use only)	(c) Electe	d cost	
	··	1,7	 `		.,,		
			-				
7 Listed property Enter the amount from	line 29			7			
8 Total elected cost of section 179 prope	rty Add amounts	s in column (c), line	s 6 and	7		8	
9 Tentative deduction Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	line 13 of your 2	008 Form 4562				10	
11 Business income limitation. Enter the si	maller of business	s income (not less	than zer	o) or line 5		11	
12 Section 179 expense deduction Add III						12	
13 Carryover of disallowed deduction to 20	·			▶ 13		· · · · ·	
Note: Do not use Part II or Part III below for				- 1 10 1			
Part II Special Depreciation Allowa	, , , ,			le listed pror	porty)		
						<u> </u>	
14 Special depreciation allowance for qual	mea property (oti	ner than listed prop	perty) pia	acea in servi	ce auring		1 000
the tax year						14	1,089.
15 Property subject to section 168(f)(1) ele	ection					15	
16 Other depreciation (including ACRS)						16	
Part III MACRS Depreciation (Do no	t include listed pi	roperty) (See instr	uctions)				
		Section	Α				
17 MACRS deductions for assets placed in	n service in tax ye	ears beginning bef	ore 2009)		17	21.
18 If you are electing to group any assets placed in serv	rice during the tax year	into one or more general	asset acco	ounts, check here	. ▶ □		
Section B - Assets						ation Syste	m
(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investme only - see instruct	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	-					1	
	-	1	088.	5 YRS	TIV.	200DB	218.
b 5-year property	\dashv	±,	000.	2 172	• HY	20000	210.
c 7-year property	+	<u> </u>				 	
d 10-year property	_				~		
e 15-year property		<u></u>					
f 20-year property	_						
g 25-year property				25 yrs.		S/L	
h Doordantial contain accounts				27 5 yrs	MM	S/L	
h Residential rental property	1			27 5 yrs	MM	S/L	
	/			39 yrs	MM	S/L	
 Nonresidential real property 	1				MM	S/L	
Section C - Assets P	laced in Service	During 2009 Tax	Year Us	ing the Alte			tem
20a Class life	1				1		
			-	10		S/L	
b 12-year	 			12 yrs	-	S/L	
C 40-year	/			40 yrs.	MM	S/L	<u> </u>
Part IV Summary (See instructions)						ү -	
21 Listed property Enter amount from line	28					21	
22 Total. Add amounts from line 12, lines	14 through 17, lir	es 19 and 20 in co	olumn (g)	, and line 21			
Enter here and on the appropriate lines	of your return P	artnerships and S	corporat	ions - <u>see ins</u>	str	22	1,328.
23 For assets shown above and placed in	service during th	e current year, ent	er the				
portion of the basis attributable to sect	=			23			
916251 11-04-09 LHA For Paperwork Reduction		congrate instruct					Form 4562 (2009)

Form 4562 (2009)		ENDS OF											494	
Part V Listed Proper recreation, or a		utomobiles, cer	tain oth	er venic	ies, ceill	Jiar telej	onones	s, certain	compute	ers, and	property	usea to	or enterta	ınmeni
Note: For any	vehicle for wi	hich you are us	ing the	standar	l mileage	e rate or	deduc	cting lease	e expens	e, comp	leteonly	24a, 24	lb, colum	ns (a)
through (c) of S			-					4.000 604 1						
·		on and Other I					7					$\overline{}$	7 6	٦
24a Do you have evidence to	T		nt use cia		<u> </u>		_ No ∣	24b lf "Y	Τ'-	-			_ Yes	No
(a)	(b) Date	(c) Business/		(d)	Basi	(e) is for depre	ciation	(f) Recovery		g)		h) ciation	Elec	(i) cted
Type of property (list vehicles first)	placed in	ınvestment	l ot	Cost or her basis		siness/inve	stment	period		thod/ ention		iction	sectio	n 179
	service	use percentag	e			use only			l				CO	st
25 Special depreciation alle		•	roperty	placed	ın servic	e during	the ta	ax year an	d	j	[
used more than 50% in										25	<u> </u>		L	
26 Property used more tha	ın 50% ın a d ⊤		\neg								1			
		%												
	ļ	%	-						.				1	
		%											l	
27 Property used 50% or l	ess in a qual								T		ī			
	<u> </u>	96							S/L·		<u> </u>		-	
	 	96							S/L -		ļ		-	
	<u> </u>	96							S/L -				-	
28 Add amounts in column	• • •	•			-	page 1				28_	l			
29 Add amounts in column	ı (ı), lıne 26 E	nter here and	on line 7	, page	<u> </u>							29		
		Se	ection E	3 - Infor	mation	on Use	of Veh	icles						
Complete this section for ve										•				
If you provided vehicles to	your employe	es, first answe	r the qu	estions	ın Sectio	on C to	see if y	ou meet a	an excep	otion to	completi	ng this :	section fo	r
those vehicles														
		į	(;	a)	(1	b)		(c)	(d)	(6	e)	(f)
30 Total business/investment	miles driven d	uring the	Veł	ııcle	Veh	nicle	V	'ehicle	Vel	nicle	Veh	ucle	Veh	ıcle
year (do not include com	muting miles)								ļ					
31 Total commuting miles	driven during	the year												
32 Total other personal (no		r												
driven	•													
33 Total miles driven durin	a the vear													
Add lines 30 through 32	• •												1	
34 Was the vehicle availab		nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	Faraar					1	1.00	110	100	110	1.00		1.00	
35 Was the vehicle used p	rimarily by a	more							1					
than 5% owner or relat				:										
36 Is another vehicle availa	•	anal			l	 					 			
use?	able for perso	Jilai		ĺ			ļ		ł	}				
user	Section C	- Questions fo	or Empl	L	/ho Bro	uido Vol	iolog :	for I loo b	y Thoir	Employe	1			
Annuar than a supations to			-	-					-				aara than	E0/
Answer these questions to	determine ii	you meet an ex	ception	i to com	pieting	Section	D IOI V	enicies us	sed by e	ripioyee	s who a	re not ii	nore man	370
owners or related persons					1	. f l l								T
37 Do you maintain a writt	en policy sta	tement that pro	onibits a	ııı persoi	nai use d	or venici	es, inc	luaing coi	mmuting	, by you	r		Yes	No
employees?													-	+
38 Do you maintain a writt	• •	•	-						· ·	your				
employees? See the in:					ficers, d	lirectors	or 1%	or more	owners				-	 -
39 Do you treat all use of v	•				•									
40 Do you provide more th	an five vehic	les to your em	ployees	, obtain	ınformat	tion from	your (employee	s about					
the use of the vehicles,	and retain th	ne information i	received	17										_
41 Do you meet the require	ements cond	erning qualified	d autom	obile de	monstra	ition use	?							
Note: If your answer to	<i>37, 38, 39, 4</i>	10, or 41 is "Yes	s," do no	ot comp	lete Sec	tion B fo	r the c	covered ve	ehicles		_			
Part VI Amortization														
(a) Description	of costs	Date a	(b) amortization		(C) Amortizat	nle.		(d) Code		(e) Amortizz		٨	(f) mortization	
	s		begins	<u> </u>	amount			section		period or pe			or this year	
42 Amortization of costs ti	nat begins di	uring your 2009	tax yea	ar.										
43 Amortization of costs th	nat began be	fore your 2009	tax yea	ır							43			777
44_ Total. Add amounts in					report						44			777
916252 11-04-09													Form 456 :	2 (2009

Form (8868 (Rev. 4-2009)			Page 2
• If y	rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох		▶ X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed			
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies r	eeded).	
Туре	or Name of Exempt Organization	Emp	loyer identif	ication number
print	FRIENDS OF BATON ROUGE 200	7	2-1094	494
File by extended due dat fling th	Number, street, and room or suite no. If a P.O. box, see instructions. to for P.O. BOX 60	For II	RS use only	
retum	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Chec	k type of return to be filed (File a separate application for each return): Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= '	om 5227 om 6069	Form 8870
STOF	P Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	d Form 8861	3.
	THE ORGANIZATION se books are in the care of ▶ 3601 THOMAS ROAD — BATON ROUGE, LA 7070)4		
	lephone No. ► 2257753877 FAX No. ►			. —
	the organization does not have an office or place of business in the United States, check this box			. •
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			•
<u>box</u> 4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.	memo	ers tne exten	ision is for.
5	For calendar year 2009, or other tax year beginning, and ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in ac	counting period
7	State in detail why you need the extension			
	TAXPAYER'S ACCOUNTANTS HAVE NOT HAD SUFFICIENT TIME TO			
	INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURA	ATE :	RETURN.	
8a	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.	8a	_\$	
b	If this application is for Form 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 and any amount paid previously with Form 8868.	0.	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	8b	<u> </u>	 ·
·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	•	N/A
	Signature and Verification	00		M/A
Under it is tru	penalties of perjury. Lidectare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	e best of	my knowledg	e and belief,
Signat		Date	≥ 8/0	3/12
				1868 (Rev. 4-2009)

990

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

		. 3		CIVID 140. 1343-1703
Department of the Internal Revenue S		► File a separate application for each return.		
		Automatic 3-Month Extension, complete only Part I and check this box		▶ X
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag nless you have already been granted an automatic 3-month extension on a pre		
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).		
		o file Form 990-T and requesting an automatic 6-month extension - check this t	oox and co	mplete
Part I only				▶ ∐
All other corp time to file inco		including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 durns.	004 to r	equest an extension of
one of the re electronically returns, or a co	turns note if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and in the electronic filing of this form, visit www.irs gov/efile and click on e-file for Comparison.	er, you d 990-BL, d signed p	annot file Form 8868 6069, or 8870, group page 2 (Part II) of Form
Type or		Exempt Organization		r Identification number
print	Frie	nds of Baton Rouge Zoo		1094494
File by the due date for		street, and room or suite no. If a P.O. box, see instructions BOX 60		
filing your return See instructions	_	n or post office, state, and ZIP code. For a foreign address, see instructions. er, LA 70704		
Check type of	f return to	be filed (file a separate application for each return)		
X Form 990			m 4720	
Form 990			m 5227	
Form 990-		H , , , , , , , , , , , , , , , , , , ,	m 6069 m 8870	
Telephone l		care of ▶ Entity FAX No. ▶		
 If this is for for the whole g 	a Group Froup, che	es not have an office or place of business in the United States, check this box. Return, enter the organization's four digit Group Exemption Number (GEN) ck this box. If it is for part of the group, check this box. an embers the extension will cover.	-	
until8	-15	tomatic 3-month (6 months for a corporation required to file Form $\frac{10}{10}$ to file the exempt organization return for the organization is return for		
	calendar y tax year b	year_2009_ or eginning, 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 app	plication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	ess any	
		ts. See instructions	_	3a \$ -0-
		for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	ayments	
		rior year overpayment allowed as a credit.		3b \$
		act line 3b from line 3a. Include your payment with this form, or, if required,		-0-
		or, if required, by using EFTPS (Electronic Federal Tax Payment System	n). See	
instruction		to make an electronic fund withdrawal with the Fermi ages and Fermi ages) ond C = :	3c \$
or payment ins		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and For	11 00/9-CU
		erwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)
J. 1 . 1 4 4 6 7 74	· ····ah	contraction act nonce, see insubctions.		FURIT 0 0 0 0 (Rev 4-2009)