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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 checked="" 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 |
| | | ETHIOPIAN BOOKS FOR CHILDREN AND EDUCATIONAL FOUNDATION | | 94-3283038 |
| | | Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | 1700 HUMBOLDT STREET | | (303) 862-4138 |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number . . . ▶ | | |
| DENVER, CO 80218 | | | | |

• 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) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.ETHIOPIAREADS.ORG

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 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.

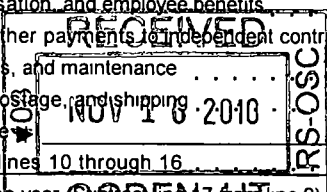
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 440,029.

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

| | | Revenue | | Expenses | | Net Assets | |
|-----|--|---------|----------|----------|--|------------|----------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 427,167. | 10 | Grants and similar amounts paid (attach schedule) | 10 | |
| 2 | Program service revenue including government fees and contracts | 2 | | 11 | Benefits paid to or for members | 11 | |
| 3 | Membership dues and assessments | 3 | | 12 | Salaries, other compensation, and employee benefits | 12 | 150,454. |
| 4 | Investment income | 4 | 89. | 13 | Professional fees and other payments to independent contractors | 13 | 19,302. |
| 5 a | Gross amount from sale of assets other than inventory | 5 a | | 14 | Occupancy, rent, utilities, and maintenance | 14 | 45,671. |
| 5 b | Less cost or other basis and sales expenses | 5 b | | 15 | Printing, publications, postage, and shipping | 15 | 8,201. |
| 5 c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5 c | | 16 | Other expenses (describe ▶ ATCH 4) | 16 | 169,314. |
| 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here | | | 17 | Total expenses. Add lines 10 through 16 | 17 | 392,942. |
| 6 a | Gross revenue (not including \$ of contributions reported on line 1) | 6 a | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 47,087. |
| 6 b | Less direct expenses other than fundraising expenses | 6 b | | 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 | 81,727. |
| 6 c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6 c | | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 7 a | Gross sales of inventory, less returns and allowances | 7 a | | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 128,814. |
| 7 b | Less cost of goods sold | 7 b | | | | | |
| 7 c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7 c | | | | | |
| 8 | Other revenue (describe ▶ ATCH 3) | 8 | 12,773. | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 440,029. | | | | |

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

| | | (A) Beginning of year | | (B) End of year | |
|----|--|-----------------------|----|-----------------|--|
| 22 | Cash, savings, and investments | 75,611. | 22 | 94,128. | |
| 23 | Land and buildings | | 23 | | |
| 24 | Other assets (describe ▶ ATCH 6) | 10,488. | 24 | 45,133. | |
| 25 | Total assets | 86,099. | 25 | 139,261. | |
| 26 | Total liabilities (describe ▶ ATCH 7) | 4,372. | 26 | 10,447. | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 81,727. | 27 | 128,814. | |



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Form 990-EZ (2009)

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 |
| 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? | | X |
| 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 0. | | |
| 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 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0. | | |
| 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 | | 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 ▶ 0. | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | |
| 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 | | X |
| 41 | List the states with which a copy of this return is filed ▶ CO, | | |
| 42a | The organization's books are in care of ▶ CHARLOTTE MIN-HARRIS Telephone no ▶ 303-862-4138 Located at ▶ 1700 HUMBOLDT STREET DENVER, CO ZIP + 4 ▶ 80218 | | |
| 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)? | Yes | No |
| | If "Yes," enter the name of the foreign country ▶ | | X |
| | 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 ? | | 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 | | 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 | | X |

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**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **X**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **47** **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **48** **X**
- b If "Yes," was the related organization a section 527 organization? **49a** **X**
- 49b **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 **NONE**

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 **NONE**

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

Sign Here

Signature of officer: *[Signature]* Date: 11-11-2010

Type of print name and title: CHARLOTTE MIN-HARRIS Date: 11-11-2010

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11/11/10

Firm's name (or yours if self-employed), address, and ZIP + 4: STAUDENMAIER & CO., P.C. 650 S CHERRY STREET, SUITE 840 DENVER, CO 80246

Check if self-employed: Preparer's identifying number (See instructions): P00321363

EIN: 84-1434928 Phone no: 720-891-1222

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 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") | | 151,455 | 381,115 | 412,083 | 427,167 | 1,371,820 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3. | | 151,455 | 381,115 | 412,083 | 427,167 | 1,371,820 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,371,820 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | 151,455 | 381,115 | 412,083 | 427,167 | 1,371,820 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 99 | 1,044 | 497 | 89 | 1,729 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | 12,773 | 12,773 |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,386,322 |

12 Gross receipts from related activities, etc (see instructions) **12**

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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") | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |

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. | | | | | | |
| 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, 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 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2005 | 2006 | 2007 | 2008 | 2009 | TOTAL |
|------------------------------|------|------|------|------|---------------|---------------|
| BOOK SALES AND MISCELLANEOUS | | | | | 12,773 | 12,773 |
| TOTALS | | | | | <u>12,773</u> | <u>12,773</u> |

ATTACHMENT 2

FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|---------------|
| INTEREST INCOME | 89. |
| TOTAL | <u>89.</u> |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER REVENUE

| | |
|-------------------------|----------------|
| BOOK SALES | 12,413. |
| OTHER MERCHANDISE SALES | 18. |
| MISCELLANEOUS INCOME | 342. |
| TOTALS | <u>12,773.</u> |

ATTACHMENT 4FORM 990EZ, PART I - OTHER EXPENSES

| | |
|------------------------------------|-----------------|
| SUPPLIES | 6,993. |
| TRAVEL | 8,475. |
| WORKSHOPS AND AWARDS | 3,045. |
| BOOKS AND LIBRARY PROGRAM EXPENSES | 43,195. |
| PROGRAM MEDIA EXPENSES | 964. |
| OUTREACH AND EDUCATION | 295. |
| PLANNING AND DEVELOPMENT | 30. |
| PRINTING EXPENSES | 13,167. |
| PUBLISHING EXPENSES | 25,421. |
| SPECIAL EVENTS | 3,086. |
| PROGRAM TRANSPORTATION EXPENSES | 11,543. |
| DONKEY MOBILE LIBRARY | 2,529. |
| OTHER PROGRAM EXPENSES | 2,408. |
| ADVERTISING | 46. |
| AUTO EXPENSES | 3,874. |
| BANK FEES | 1,561. |
| CREDIT CARD FEES | 1,954. |
| BOARD EXPENSES | 2,821. |
| PAYPAL FEES | 2. |
| DUES AND SUBSCRIPTIONS | 502. |
| EDUCATION AND TRAINING | 2,199. |
| EQUIPMENT COSTS | 856. |
| FUNDRAISING | 642. |
| INSURANCE | 33. |
| LICENSES AND FEES | 581. |
| MARKETING AND PUBLIC RELATIONS | 4,276. |
| MEETINGS | 903. |
| OUTSIDE SERVICES | 236. |
| PROFESSIONAL FEES | 4,088. |
| WEBSITE AND INTERNET | 5,206. |
| OTHER EXPENSES | 3,911. |
| MESGANA EXPENSES | 14,472. |
| TOTAL | <u>169,314.</u> |

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| CASH | 32,768. | 68,461. |
| SAVINGS | 42,843. | 25,667. |
| TOTALS | <u>75,611.</u> | <u>94,128.</u> |

ATTACHMENT 6FORM 990EZ, PART II - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|------------------------------|------------------------------|------------------------|
| ACCOUNTS RECEIVABLE | | 291. |
| ADVANCES ETHIOPIA OPERATIONS | 10,488. | 44,842. |
| TOTALS | <u>10,488.</u> | <u>45,133.</u> |

ATTACHMENT 7FORM 990EZ, PART II - TOTAL LIABILITIES

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------|------------------------------|------------------------|
| ACCOUNTS PAYABLE | 4,372. | 10,447. |
| TOTALS | <u>4,372.</u> | <u>10,447.</u> |

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

TO BUILD A READING CULTURE IN ETHIOPIA BY CONNECTING CHILDREN WITH BOOKS. WE IMPLEMENT THIS MISSION THROUGH THREE PROGRAM AREAS: BUILDING LIBRARIES FOR CHILDREN, PUBLISHING BOOKS IN ENGLISH AND LOCAL ETHIOPIAN LANGUAGES, AND TRAINING TEACHERS AND LIBRARIANS TO CULTIVATE A CULTURE OF READING AMONG CHILDREN.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 9PROGRAM SERVICE ACCOMPLISHMENT 1

IN ADDIS ABABA, AWASSA, AND TIGRAY, THE ORGANIZATION ESTABLISHED ALMOST 19 LIBRARIES IN PUBLIC AND GOVERNMENT SCHOOLS AND 4 POPULAR DONKEY MOBILE LIBRARIES. THE ORGANIZATION PROVIDED LIBRARIAN TRAINING FOR STAFF, TEACHERS AND LIBRARIANS IN ADDIS ABABA, AWASSA AND TIGRAY. TWO BILINGUAL FULLY ILLUSTRATED BOOKS FOR CHILDREN, "SILLY MAMMO" AND "TROUBLE" WERE DESIGNED AND PUBLISHED. THE SCHOOL LIBRARY PROJECTS HAVE IMPACTED OVER 60,000 STUDENTS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 10

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> |
|---|---|---------------------|
| JANE KURTZ 1633 VERMONT STREET, APT 4 LAWRENCE, KS 66044 | BOARD PRESIDENT 10.00 | |
| SEGI DESTA 5601 BRIDGE STREET, SUITE 300 FORT WORTH, TX 76112 | DIRECTOR 2.00 | |
| FREW TIBEBU 1486 W 11TH STREET TRACY, CA 95376 | DIRECTOR 2.00 | |
| MAUREEN EVANS 7 CHEVERLY CIRCLE CHEVERLY, MD 20785 | DIRECTOR 2.00 | |
| CHRISTOPHER WINEMAN 1160 SANTA FE DRIVE DENVER, CO 80204 | DIRECTOR/FINANCE COMMITTEE | |
| MALCOLM CLARK 539 7TH AVENUE SAN FRANCISCO, CA 94118 | DIRECTOR/FINANCE COMMITTEE 2.00 | |
| ANN PORTER 3623 KIMBERLY COURT | DIRECTOR 2.00 | |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 10 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> |
|---|---|---------------------|
| GRAND FORKS, ND 58201 | | |
| CHRISTOPHER KURTZ 6936 N CAMPBELL AVENUE PORTLAND, OR 97217 | DIRECTOR 2.00 | |
| TERRY COLLINGS 6552 CLEOPATRA PLACE NW SEATTLE, WA 98117 | DIRECTOR/FINANCE COMMITTEE 2.00 | |
| BRENT WEAVER 1805 S BELLAIRE STREET, SUITE 404 DENVER, CO 80222 | DIRECTOR/WEBSITE COMMITTEE | |
| HELEN OUELLETTE 1700 HUMBOLDT STREET DENVER, CO 80218 | DIRECTOR 2.00 | |
| JANET LEE 1700 HUMBOLDT STREET DENVER, CO 80218 | DIRECTOR 2.00 | |
| CAROL ALEXANDER 3080 S COOK STREET DENVER, CO 80210 | DIRECTOR 2.00 | |

ETHIOPIAN BOOKS FOR CHILDREN

94-3283038

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

ATTACHMENT 10 (CONT'D)

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION |
|--|--|----------------|
| YOHANNES GEBREGEORGIS PO BOX 27762 ADDIS ABABA ETHIOPIA | DIRECTOR-ETHIOPIA 10.00 | 8,757. |
| TSILAT PETROS 1700 HUMBOLDT STREET DENVER, CO 80218 | KEY EMPLOYEE 40.00 | 35,000. |
| GRAND TOTALS | | <u>43,757.</u> |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|--|--|
| Type or print File by the extended due date for filing the return See instructions | Name of Exempt Organization ETHIOPIAN BOOKS FOR CHILDREN AND EDUCATIONAL FOUNDATION | Employer identification number 94-3283038 |
| | Number, street, and room or suite no If a P O box, see instructions 1700 HUMBOLDT STREET | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions DENVER, CO 80218 | |

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of CHARLOTTE MIN-HARRIS
Telephone No 303 468-8422 FAX No 303 862-4877
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension THE ORGANIZATION NEEDS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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 | 8b \$ | 0. |
| c Balance Due. Subtract line 8b from line 8a 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 | 8c \$ | |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

| | | |
|--|---|--|
| Signature <input checked="" type="checkbox"/> | Title <input checked="" type="checkbox"/> | Date <input checked="" type="checkbox"/> |
| STAUDENMAIER & CO., P.C. 650 S CHERRY STREET, SUITE 840 DENVER, CO 80246 | | |