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## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2009

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

Open to Public Inspection

۱F	or the	2009 calenda:	r year,	or tax year beginning	July 1	, 2009, and	ending	Ju	ine 30	)	, 20	10
3 c	heck if ap		Please	C Name of organization				D Emplo	yer id	entifi	cation numb	)er
_ A	ddress cl		use IRS label or	Friends of the L. E. Phillips I	Memorial Public Library	у			3	9 16	45487	
≕	tame cha	nge r	print or	Number and street (or P.O. box, i	mail is not delivered to stre	eet address) Ro	com/suite	E Teleph	one n	umbe	er	
_	nitial retur erminate:		type. See	400 Eau Claire Street								
⇉	Vmended		Specific Instruc-	City or town, state or country, and	1 ZIP + 4			F Group	Exe	mpti	on	
=		11.	tions.	Eau Claire, WI 54701				Numi				
=_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		rations and 4947(a)(1) nonexe		nust attach	II.	_		1	Cash 🗌 A	<b>√ccru</b> a
			a con	npleted Schedule A (Form 99	0 or 990-EZ).		<del></del>	specify)				
							H Check	<b>▶</b> ☑ ff	the c	rgan	nzation is n	ot
	<b>Vebsit</b>	·					1			hed	ule B (Form	ı <b>990</b> ,
J T	ах-өхө	mpt status (cl	heck o	nty one) — 🗹 501(c) ( 3 ) ◀	(insert no ) 4947(a)(	(1) or 🔲 527	990-E	Z, or 990	-PF)			
	heck ▶			zation is not a section 509(a)(3)							han \$25,000	) A
				turn is not required, but if the					te ret	urn.		
LA	dd lines	5b, 6b, and 7b	o, to line	9 to determine gross receipts;	\$500,000 or more, file Fo	orm 990 instead	of Form 990-	ez 🕨	\$			
Pa	art I	Revenue	e, Exp	enses, and Changes in	<b>Net Assets or Fun</b>	nd Balances	(See the	instruc	tions	s for	r Part I.)	
	1	Contribution	ns, gift	s, grants, and similar amou	nts received			[	1			3187
	2			evenue including governme				[	2			
	3	•		and assessments				[	3			
	4	Investment	•					[	4			4
	5a			m sale of assets other than	inventory	. 5a						
	ь			er basis and sales expenses	=				1			
	C			•		· <u> </u>	5a)		5c			
9	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □										
Revenue	l '											
Š	a	·							- 1	٠.		
Œ	١.	•		•		· -		20403				
	þ	Less: direct expenses other than fundraising expenses							6c			400
	C		let income or (loss) from special events and activities (Subtract line 6b from line 6a)									196
	7a	Gross sales	s of inv	entory, less returns and alle	owances				ł			
	b	Less: cost of				. 7b			4			
	С	Gross profit	t or (lo	ss) from sales of inventory	Subtract line 7b from	line 7a)			7c			
	8	Other reven	rue (de	escribe ►				)	8			
	9	Total rever	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	c, and 8	· · · · ·	<u> </u>	. ▶	9			519
	10	Grants and	simiļa	ramounts paid (attach sch	edule)			[	10			257
	11	Benefits pa	id to c	r for 呢他EIVED	<del>. ]</del>			[	11			
98	12	Salaries, ot	her co	mpensation/and employee	benefits			[	12			123
Expenses	13	Professiona	al fees	and other payments to ind	ependent contractors			[	13			
g	14	Occupancy	/, reφ <del>ί,</del>	Utilities Vand Impaintentance	81			[	14			4
ŭ	15	Printing, pu	ıblicati	ons, postage, and shipping	الأيال			[	15			54
	16	Other expe	nses (	describe   los staff appro	ciation, memberships,	, misc		)	16			12
	17	Total expe	nses.	Add lines 10 through 16 .				`	17			452
	18			for the year (Subtract line					18			67
Assets	19	Net assets	or fur	nd balances at beginning o	f year (from line 27.	column (A)) (r	nust agree	with				
88				reported on prior year's re					19			416
	20	-	_	net assets or fund balance				-	20			
Net	21			d balances at end of year. (					21			483
Þ	art II	Ralance	Sher	ets. If Total assets on line 2	5. column (B) are \$1.3	250,000 or mo	ore, file For	m 990 i		ad o	f Form 990	
		Dalatio	, 01101	(See the instructions for		200,000 0		unning of			(B) End of y	
22 23 24 25		ah asulasa	and !	•	-		17720		2171	22		489
22		_		nvestments			·			23		
23		nd and build					`			23 24		
24		her assets (d		00 ▶	<del></del>		)		2474			489
	To	tal assets .			1.0.11	21.T-	·	4	2171			
26	To	ital liabilities	s (des	cribe Toy du	Texerut	> 174.12.	<del>)</del>		514	_		492
27	, Ne	et assets or	tund l	palances (line 27 of column	, (ㅂ) <b>must</b> agree with !	ııne 21)	.	4	1657	27		483

Form	990-EZ (2009)					Page
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	i.)		Expenses
Wha	t is the organization's primary exempt purpose?	Encourage public use of lib	rary & financial sup	port		ured for section
Desc	cribe what was achieved in carrying out the org				501(0	3)(3) and 501(c)(4)
man	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	4947	nizations and section (a)(1) trusts; optional
each	program title.					thers.)
28	Funded annual request from library staff for equipm	ent and programs: \$18,000			<b></b>	T
	(Grants \$ 18000 ) If this amount	includes foreign grants, che		<b>►</b> □	28a	18000
29	Give-a-kid-abook program: Purchased books for dis			<u> </u>	200	10000
20	community children at Christmas 2009. Expense of		solving fleedy		]	
	Community Charlett at Chilstinas 2003. Expense of	4317				
	/Onesha # 4205\ W.W.:	!			-	400
		includes foreign grants, che	<del></del>	<del></del>	29a	4395
30	Bookmarks Remembrance(BMR): Purchased books	for addition to general collec	tion. Expenses=\$6	8	ļ	
		includes foreign grants, che	eck here	<u>. ▶ ⊔</u>	30a	3386
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a			<u> Þ</u>	32	25781
Par	t IV List of Officers, Directors, Trustees, and Ke					ctions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred comper		other allowances
Holl	y Ring	Admin Asst 17 hrs/week				
Eau	Claire, WI	Admin Asst 17 ms/week	12321			
Elair	ne Wendt	Desident				
Eau	Claire, WI	President	0			
Jenr	nifer Janiak	VI D1d4				
Eau	Claire, WI	Vice President	0			
Bart	para Tumm					
Eau	Claire, WI	Secretary	o			
Den	nis Shea					
Eau	Claire, Wi	Treasurer	0			
_	dy Robbers					
	Claire, WI	Member at large	o			
	Haukeness		<u> </u>			
	Claire, WI	Member at large	o			
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Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	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?	35a		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			: `
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a	,	
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		×	
Ь	Gross receipts, included on line 9, for public use of club facilities	-	,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			,
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	401		✓
_	•	40b		
С	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		`	
0	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	`	
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Dennis Shea Telephone no. ▶	715-83	2 571	3
	Located at ▶ 400 Eau Claire St Eau Claire, Wi ZIP + 4 ▶	54	701	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r.:
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	
	If "Yes," enter the name of the foreign country:	<b> </b> `		
	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	L	_ ✓
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	— —
			Yes	Na
44	Did the emeritation maintain any denot advised funds? If "Ves." Form 000 must be completed instead of	·····	res	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	1	1
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	\ \	7
	Tool to the state of the state		LEZ	50000

-orm	990-EZ	(SUUG)

Page 4

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt char	exempt charita ritable trusts mu	<b>ble trusts only.</b> A st answer questic	li sec ns 4	tion 6-491	<b>o</b>
46	Did the organization engage in direct or indirect	t political campaign activit	ties on behalf of o	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete				46		>
	Did the organization engage in lobbying activitie				47		✓
48 1	s the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes," (	complete Schedul	θE	48		✓
	Did the organization make any transfers to an ex		ed organization?		49a		✓
	f "Yes," was the related organization a section 5				49b		
50 (	Complete this table for the organization's five hi	ghest compensated emplo	oyees (other than	officers, directors,	ruste	es an	d key
e	employees) who each received more than \$100,				·		
	(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	ac	Expensount a allowa	nd
f T	Total number of other employees paid over \$100	000	<u> </u>	.l			
	(a) Name and address of each independent contractor		(b) T	pe of service	(c) Co	mpensa	tion
						·····	
d T	Total number of other independent contractors e	each receiving over \$100,0	00▶			·.	
••	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is	nying schedules and st based on all information	atements, and to the bes	t of my	knowle	edge
Sign Here	Signature of officer			11/8/2 Date	20,	10	
	Dennis Shea Treasurer Type or print name and title						
Paid Preparer	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	instruc	tions)
Use Only	I Firm's name (or L			IN ►			
May the	IRS discuss this return with the preparer showr	above? See instructions	<del></del>	<b>▶</b> Γ	Yes		No
			· · ·	Fo		0-EZ	

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ram	B OT T	ne organizatior	)						Employ	er identifica	tion number
Frie	ends	of the L. E.	Phillips Memor	ial Public Library					39		1645487
Pa	rt I	Reasor	for Public Cl	harity Status (All or	ganizati	ons mus	t compl	ete this	part.) S	ee instru	ctions.
The	orga	nization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	:.)	
1		A church, o	onvention of chu	ırches, or association	of churc	hes desc	ribed in a	section 1	70(b)(1)(	(A)(i).	
2		A school de	scribed in <b>secti</b>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service orgar	nization d	lescribed	in sectio	n 170(b)	(1)(A)(iii).		
4				ation operated in con	junction v	with a ho	spital de	scribed i	n <b>sectio</b> i	n 170(b)(1	)(A)(iii). Enter the
			ame, city, and st								
5		_	tion operated for I(b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ge or uni	iversity o	wned or (	operated	by a gov	/emmenta	I unit described in
6		A federal, st	tate, or local gov	emment or governme	ental unit	describe	d in <b>sect</b>	ion 170(1	b)(1)(A)(v	r).	
7		_		y receives a substanti (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental un	it or from	the general public
8				d in <b>section 170(b)(1</b> )		Complete	Dort II )				
9				y receives: (1) more th				m contrib	uitione n	nemberch	in fees and ames
	<b></b>			ed to its exempt func							
				ent income and unre							
		acquired by	the organization	after June 30, 1975.	See sec	tion <b>509</b> (	(a)(2). (Co	omplete l	Part III.)		
10		An organiza	tion organized a	nd operated exclusive	ely to tes	t for publ	lic safety.	. See sec	tion <b>50</b> 9	(a)(4).	
11		An organiza	tion organized a	and operated exclusiv	ely for t	he benefi	it of, to	oerform t	he funct	ions of, o	r to carry out the
				blicly supported orga							
		<b>509</b> (a)(3). C	heck the box the	at describes the type	of suppo	orting orga	anization	and com	iplete lin	es 11e thi	rough 11h.
		a 🗌 Type		• •		e III-Fun	•	-			Type III-Other
e				tify that the organizat							
		•		on managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	scribed in section
		,	section 509(a)(2)								
f				a written determinati	ion from	the IRS	that it is	a Type	i, Type i	i, or Type	ill supporting
		•	, check this box								
g		Since Augus following pe		the organization acce	epted any	gift or c	ontribution	on from a	iny of the	Ð	
		•		r indirectly controls	o <del>d</del> bor olo	no or too	othor wil	H		had in 60	Yes No
				r indirectly controls, on the support of the suppor				ın persor	is descri	ped in (ii)	11g(i)
				erson described in (i) a							11g(ii)
				of a person described		 (ii) above					11g(ii)
h			_	ation about the suppo							[ <u>9</u>
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	·	organization		ou notify	(vi)	Is the	(vii) Amount of
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. ized in the	support
				(see instructions))	governing	GGGUITIGTET		port?		S.?	
					Yes	No	Yes	No	Yes	No	
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			100	71, 7 S 158	100000	-	127	<del> </del>	-	<u> </u>	-
Tota	ai					134	<b>K</b> (\$\)	ko Si	1 8/2	\(\frac{1}{2}\)	
	-		L	1	3	<b>&gt;</b>	•	I	<b>&gt;</b> .	<ul> <li>* : * : : : : : : : : : : : : : : : : :</li></ul>	1

	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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	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	<del></del>	<b></b>	<del> </del>	<del> </del>	<del> </del>	<del></del>
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)	·		· · · · · ·	<b></b>		
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	L	.I	£	1	3	<del></del>
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						<del> '.' </del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)	,					
11	Total support. Add lines 7 through 10 .	£	I	1	L		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · · · · · · · · · · · · · · · ·				on 501(c)(3) ► [
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))		14	
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	<u>%</u>
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33%% support test - 2008. If the organic box and stop here. The organization qua						
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
<b>L</b>	10%-facts-and-circumstances test-2008	L If the organiza	ation did not che	ck a box on line	13, 16a, 16b, c	or 17a, and line 1	5 is 10% or

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.)

Sec	tion A. Public Support	d alo box of	1 11116 3 01 1 6	10.1.7	<del></del>			<del></del>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	1 6	2009	(f) Total
•	mendar year (or necar year beginning my	(a) 2003	(D) 2000	(0) 2007	(4) 2000	10	1 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	22731	33796	32662	30178		31871	151238
2		26736	3359 <del>9</del>	27808	28505		20403	137051
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	250	250	250	250		250	1250
•	organization without charge	49717	67645	60720	58933		52524	289539
6		407.11	0.010				- ULUL V	200000
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				<del></del>			<del></del>
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.)		e de la companya de l		m i			
Sec	tion B. Total Support					********		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(ө	2009	(f) Total
9	Amounts from line 6	49717	67645	60270	58933		52524	289539
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	819	1821	1349	175		405	4569
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	819	1821	1349	175		405	4569
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				<b></b>			
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.)							294108
14	First five years. If the Form 990 is for to organization, check this box and stop	here	<u>.</u> .	nd, third, fourth	-			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	pport Percer	ntage				,	
15	Public support percentage for 2009 (lin		•		• • •	15		99 %
16 Sec	Public support percentage from 2008 Strion D. Computation of Investmen					16		99 %
17	Investment income percentage for 2009	9 (line 10c, col	umn (f) divided	by line 13, co	olumn (f)) ,	17		1 %
18	Investment income percentage from 20	•	• • •	-		18		1 %
19a	331/2 % support tests - 2009. If the organic is not more than 331/2 %, check this be	anization did no ox and <mark>stop he</mark>	ot check the been ani	ox on line 14, a zation qualifies	as a publicly	suppo	orted orga	inization 🕨 🗹
b	33% % support tests - 2008. If the organ line 18 is not more than 33% %, check this							
20	Private foundation, if the organization	did not check :	a hox on line 1	4 19a or 19b	check this be	ox and	d see inst	ructions ▶ 🗆

SCHBOULE A (F	Orm 990 or 990-EZ) 2009		Page 4
Part IV		this part to provide the explanations required 12. Provide any other additional information	
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