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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

Except black lung benefit trust or private roundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No. 1545-1150

2011

Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning , 2011, and ending		, 20		
В	Check if ap		D Employer identification number			
	Address cl	nange Friends of Middleton Public Library	39 1430754			
	Name cha	Number and street (or P.O box, if mail is not delivered to street address) Room/suite E	E Telephone number			
닏	Initial retur	1425 nubbard Avenue	608-274-6999			
H	Terminated Amended	City or town, state or country, and ZIP + 4	F Group Exemption			
H	Application	14:141-1 NH POPOO	Number ►			
G	Account	ing Method:   ☐ Cash ☐ Accrual Other (specify)  ☐ H Che	eck ▶ 🔽 ı	f the organization is not		
ı	Websit			ach Schedule B		
J.	Tax-exen	npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	m 990, 990	D-EZ, or 990-PF).		
K	Check ▶	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization a	nd its gros	s receipts are normally		
	not more	than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be				
		nization chooses to file a return, be sure to file a complete return.		·		
L.	Add lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	art II,			
1	line 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$			
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	for Part I.)		
		Check if the organization used Schedule O to respond to any question in this Part I .	<u></u> .	<u></u> 🗆		
	1	Contributions, gifts, grants, and similar amounts received	. 1	6,002		
	2	Program service revenue including government fees and contracts	. 2			
	3	Membership dues and assessments	. 3	2,015		
	4	Investment income	. 4			
	5a	Gross amount from sale of assets other than inventory   5a   31,	,594			
	Ь	Less: cost or other basis and sales expenses	0			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	31,594		
	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than				
9		\$15,000)				
Revenue	b	Gross income from fundraising events (not including \$ 9,140 of contributions				
á		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000)   6b	0			
	С	Less: direct expenses from gaming and fundraising events 6c	0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ect -			
		fine 6c)	. 6d	9,140		
	7a	Gross sales of inventory, less returns and allowances				
,	Ь	Less: cost of goods sold				
ก็	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
j	8	Other revenue (describe in Schedule O)	. 8			
,	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>▶</b> 9	48,752		
7.7N	10	Grants and similar amounts paid (list in Schedule O)	10	65,140		
	11	Benefits paid to or for members	OSO 11			
<b>⊃</b>	12	Salaries, other compensation, and employee benefits	<b>12</b>			
Synenses	13	Professional fees and other payments to independent contractors	13			
	14	Occupancy, rent, utilities, and maintenance	3. 14			
Ďú	15	Printing, publications, postage, and shipping	15			
	16	Other expenses (describe in Schedule O)	. 16	3,451		
	17	Total expenses. Add lines 10 through 16	▶ 17	68,591		
	, 18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	19,839		
9	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w				
Ų V		end-of-year figure reported on prior year's return)		56,805		
Not Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20			
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	36,966		

Pai	rt II	Balance Sheets. (see the instructions	s for Part II.)				
		Check if the organization used Schedul		ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22		, savings, and investments		[	56,80	5 22	36,966
23		and buildings			· · · · · · · · · · · · · · · · · · ·	23	}
24		r assets (describe in Schedule O)				24	<del></del>
25		l assets				25	
26 27		I <b>liabilities</b> (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			26	·
Par		Statement of Program Service Accor			56,809	5 27	36,966
		Check if the organization used Schedul				,	Expenses
Wha	t is the	organization's primary exempt purpose?	o o to reapond to a	ny question in this	raitiii L		Required for section D1(c)(3) and 501(c)(4)
		e organization's program service accomp	dishments for each o	f ita thraa largaat r		or	rganizations and section
as m	neasure	d by expenses. In a clear and concise effect, and other relevant information for e	manner, describe the	e services provide	d, the number of		947(a)(1) trusts; optional or others.)
		es Funding for reading programs, staff supp		ness, purchase of bo	ooks, media and	†	
		and identified but the ender	~~~~				1
	(Grant	s \$ ) If this amour	nt includes foreign gra	ants, check here .	▶ 🗆	28	Ba 65,140
29						1	
	(Grant	t this amount	at includes foreign are	anto abaal bara		ا ـــ	<b>.</b>
30	Curant		nt includes foreign gra			129	<i>f</i> a
•							
	(Grant	s\$ ) If this amour	nt includes foreign gra	ants, check here .	• П	30	)a
31	Other	program services (describe in Schedule O				+	
<b>.</b>	(Grant	) If this amour	nt includes foreign gra	ants, check here .	▶ 🗆	31	1a
		program service expenses (add lines 28a	a through 31a)		▶		2
Par	t IV	List of Officers, Directors, Trustees, and K	<b>ey Employees.</b> List ead	ch one even if not cor	mpensated. (see the	inst	ructions for Part IV.)
	<del></del>	Check if the organization used Schedul	le O to respond to a				<u> C</u>
		(a) Name and address	(b) Title and average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to emplo		(e) Estimated amount o
		(a) Name and address	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	<ul><li>benefit plans, and</li></ul>		other compensation
Man	y Drake			(ii not paid, enter -o-	delened compensati	-	
		rd Avenue, Middleton, WI 53562	President 1.5		0	0	(
	Lutz	a riverial, initialistor, vii 00001	Co. 15	<del>  · · · · · · · · · · · · · · · · · · ·</del>	<u> </u>	╗	
		rd Avenue, Middleton, Wi 53562	Sec. 1.5		o	0	C
	ick Will	* · · · · · · · · · · · · · · · · · · ·	Library Liaison 1.5	<del>                                     </del>	1	+	
7425	Hubba	rd Avenue, Middleton, WI 53562	Library Liaison 1.5		o	0	(
Ken	t Sheple	г	Treasurer 1.5				
7425	Hubba	rd Avenue, Middleton, WI 53562			0	0	(
							· · · · · · · · · · · · · · · · · · ·
				<b>↓</b>			
					<del></del>	$\dashv$	
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			i	I	l	- 1	

Part	•			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)	34		<b>✓</b>
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		<b>√</b>
c 36	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
<b>07</b> -	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   27a  Did the organization file Form 1120-POL for this year?	37b 38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
a b 40a	Initiation fees and capital contributions included on line 9			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
°	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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ►  Located at ►  Telephone no. ►  ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
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			▶ 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
) AEA	explanation in Schedule O	44d	1	<del>                                     </del>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>

mı 9	90-EZ (2011)	<del></del>			<del></del> -		Page	
ı6 `	Did the organization engage, directly or in	ndirectly, in political o	ampaign activities on	behalf of or in opposi	tion	Yes	N	
	to candidates for public office? If "Yes,"	complete Schedule (	C, Part I		. 46			
art	VI Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sci	on 4947(a)(1) none for lines 50 and 51	xempt charitable tru	ists must answer qu				
	Ondok ii ine organization used eei	ricadie O to respond	to any question in t	IIIS PAIL VI		Yes	N	
7	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the	tax	163	<del>                                     </del>	
	year? If "Yes," complete Schedule C, Part				. 47		١,	
18	Is the organization a school as described in		•		. 48		,	
9a	Did the organization make any transfers to				<u> </u>	$\overline{}$	Ļ	
	The state of the s							
د b					49b		ڵؚڔ	
50	Complete this table for the organization's	five highest comper	nsated employees (oth	er than officers, direct	tors, trust	es ar	l √ nd k	
-		five highest comper	nsated employees (oth	er than officers, direct	tors, trust ne, enter "l	ees ar None.'	unt c	
-	Complete this table for the organization's employees) who each received more than  (a) Name and address of each employee	s five highest comper 1 \$100,000 of compe (b) Title and average hours per week	nsated employees (oth nsation from the organ (c) Reportable compensation	ner than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ne, enter "l	ees ar None.'	unt c	
-	Complete this table for the organization's employees) who each received more than  (a) Name and address of each employee	five highest comper \$100,000 of compe (b) Title and average hours per week	nsated employees (oth nsation from the organ (c) Reportable compensation	ner than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ne, enter "l	ees ar None.'	unt c	
-	Complete this table for the organization's employees) who each received more than  (a) Name and address of each employee	five highest comper \$100,000 of compe (b) Title and average hours per week	nsated employees (oth nsation from the organ (c) Reportable compensation	ner than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ne, enter "l	ees ar None.'	unt c	
_	Complete this table for the organization's employees) who each received more than  (a) Name and address of each employee	five highest comper \$100,000 of compe (b) Title and average hours per week	nsated employees (oth nsation from the organ (c) Reportable compensation	ner than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, trust ne, enter "l	ees ar None.'	unt o	

f	Total number of other employees paid	d over \$100,000	. >				
51	Complete this table for the organizate \$100,000 of compensation from the	tion's five highest compen- organization. If there is non-	sated independent of e, enter "None."	contractors	who each rece	ived more than	
(a) 1	lame and address of each independent contract	or paid more than \$100,000	(b) Type of service	æ	(c) Compo	ensation	
						-	
					· · ·		
d	Total number of other independent co	ontractors each receiving ov	ver \$100,000	• <u> </u>			
52	Did the organization complete Sched nonexempt charitable trusts must atta			` '	· ,	Yes 🗌 No	
Under pe true, con	enalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other	this return, including accompanying rithan officer) is based on all inform	ng schedules and statemer nation of which preparer ha	its, and to the t is any knowled	pest of my knowledg	ge and belief, it is	
	IN SAMW	reasour			17-A0		
Sign Here	Signature of officer Shepler	Treasure		Date	,		
	Type or print name and title			·			
Paid Prepa	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	TIN	
Use (	I .			Firm'	s EIN ▶		
	Firm's address ▶						
May th	e IRS discuss this return with the prep	parer shown above? See ins	structions		🕨 📋	Yes 🗌 No	

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

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

20

Employer identification number

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

Open to Public

OMB No 1545-0047

Repartment of the Treasury Internal Revenue Service

Name of the organization

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

pen to Public Inspectio<u>n</u>

Frier	nds of the Middletor			=					39 1430			
Pai			<b>rity Status</b> (All orga						nstruction	ıs.		
The c 1 2 3 4	☐ A church, con ☐ A school desc ☐ A hospital or a ☐ A medical resc hospital's nam ☐ An organizatio	vention of churceribed in section a cooperative ho earch organizatione, city, and staten operated for	the benefit of a colle	churches th Sched ation desc ction with	s describe ule E.) cribed in s a hospit	ed in <b>sec</b> section 1 al descrit	tion 170( 170(b)(1)( ped in se	(b)(1)(A)(i (A)(iii). ction 17(	D(b)(1)(A)(ii	-		ed in
6 7	☐ A federal, stat	on that normally	plete Part II.) nment or government receives a substantia I(A)(vi). (Complete Par	al part of	scribed ir its suppo	n <b>section</b> ort from a	170(b)(1 governr	I <b>)(A)(v).</b> mental ur	nit or from	the ger	neral p	oublic
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. See	an 33¹/₃% ions—sul lated bus	of its subject to disiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 33	31/3%	of its
10 11	An organization	on organized ar one or more pub ock the box that	d operated exclusively and operated exclusive blicly supported organ describes the type of Type II c	ely for the nizations supportin	ne benefit describer	t of, to post to in sective tation and	perform to ion 509(and dicomple	the funct a)(1) or se	ions of, or ection 509( 1e through	(a)(2). S n 11h.	ee se	ction
	By checking to other than four or section 509	his box, I certify Indation manage I(a)(2).	that the organization ers and other than one	is not co e or more	ntrolled d publicly	lirectly or supporte	indirecti ed organi	izations o	or more di described i	n section	ed pe on 509	rsons 9(a)(1)
f g	organization, o	check this box	a written determination							· III sup	portir 	ng
•	following pers (i) A person	ons? who directly or i	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) and	d	Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?					11g(i)		1
	-	-	on described in (i) abo							11g(ii)	<u> </u>	1
			a person described in							11g(iii)	<u> </u>	<b>✓</b>
<u>h</u>		T	ion about the support	· · · · · · · · · · · · · · · · · · ·								
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization is col. (i) of your support?		nization in . of your			(vii) Amount of support		of	
				Yes	No	Yes	No	Yes	No			
(A) M	liddleton Public ibrary	19876	Local Gov't Unit	1				1		•	•	
(B)												
(C)												
(D)										· —		
(E)												
, T-4-									I T		. –	

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support		71000	( ) 0000			
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
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.						
	on B. Total Support	-	•				
_	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4			<u></u>			
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						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_			·=·		
Conti	organization, check this box and stop her on C. Computation of Public Suppor				• • • • •	• • • •	· · · P 📋
14	Public support percentage for 2011 (line 6			(1) column (f)	<del></del>	14	%
15	Public support percentage from 2010 Sch	• • • • • • • • • • • • • • • • • • • •	-			15	
16a	331/3% support test—2011. If the organization						
	box and stop here. The organization qua						🕨 📋
b	331/3% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33 <sup>1</sup> /3%	
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization members are supported organization	tion meets the leets the "fact	e "facts-and-cis-and-cis-and-circums	ircumstances" tances" test. 1	test, check ti The organization	his box and st	top here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		

## 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 or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	ll.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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		L				
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	<del></del>					
_	Add lines 7a and 7b				ļ		
8	Public support (Subtract line 7c from						
Cast	line 6.)		L	<u> </u>			
	on B. Total Support					<del></del>	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6	<del> </del>	<del> </del>				
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .		1	1	}		İ
b	Unrelated business taxable income (less			<del> </del>			<u> </u>
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	· · · · · · · · · · · · · · · · · · ·			ļ			
11	Add lines 10a and 10b				-		
• • •	activities not included in line 10b, whether			į	}		
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or	<del></del>					
	loss from the sale of capital assets		1				
	(Explain in Part IV.)			Ì	Ì		
13	Total support. (Add lines 9, 10c, 11,						i
	and 12.)			l			
14	First five years. If the Form 990 is for th	e organizatio	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectic	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						<del></del>
15	Public support percentage for 2011 (line 8	, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (I					17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests—2011. If the organi						
7	17 is not more than 331/3%, check this box a	-	-	•		_	_
þ	331/3% support tests – 2010. If the organiz						
	line 18 is not more than 331/3%, check this b	-	_	•		• •	_
20	<b>Private foundation.</b> If the organization did	d not check a	box on line 14	. 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗀