Short Form OMB No. 1545-1150 **Return of Organization Exempt From Income Tax** Form 990-EZ 2009 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. Open to Public Inspection Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2009 calendar year, or tax year beginning . 2009. and ending , 20 C Name of organization D Employer identification number B Check if applicable: Please use IRS Address change BOOTSTRAPS TO SHARE OF TUCSON, INC AKA BICAS XX-XXXXXXX label or Name change Number and street (or P.O. box, if mail is not delivered to street address) print or Room/suite E Telephone number Initial return type. **PO BOX 1811** 520-628-7950 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Application pending tions TUCSON, AZ 85702-1811 Number **> G** Accounting Method: 🗹 Cash 🗌 Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► **H** Check \blacktriangleright if the organization is **not** I Website: ► http://bicas.org/ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) - \checkmark 501(c) (3) \triangleleft (insert no.) \square 4947(a)(1) or 527 990-EZ, or 990-PF). 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 153,865.57 \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 Contributions, gifts, grants, and similar amounts received 93.109.37 1 2 26,381.50 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . 8.61 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c С Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► 6 Gross revenue (not including \$ 12,901.50 of contributions а reported on line 1) 6a b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c С 34.366.09 7a Gross sales of inventory, less returns and allowances 7a 12.086.30 7b h Less: cost of goods sold 22,279.79 С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ► 8 141.779.27 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 106.761.14 12 Salaries, other compensation, and employee benefits 12 Expenses 13 Professional fees and other payments to independent contractors . . 13 1,166.50 10.056.47 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 904.64 Other expenses (describe > BankFees,Conferences,Tools,Supplies,Insurance,Internet,Travel) 16,823.03 16 16 135,711.78 17 17 6,067.49 18 18 Asset 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 105,644.98 Net 20 20 Other changes in net assets or fund balances (attach explanation) . . . 111,712.47 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 ► 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. (B) End of year (See the instructions for Part II.) (A) Beginning of year 106,946.01 22 114.079.55 22 Cash, savings, and investments Land and buildings 23 23 24 24 Other assets (describe ► 106,946.01 25 114,079.55 25 Total assets Total liabilities (describe > Payroll tax liabilities 1,301.03 26 2,367.08 26

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

27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

105.644.98 27

Form 990-EZ (2009)

111.712.47

Bootstraps to Share of Tucson, Inc 74-2580768 2009 Sales Schedule for Lines 7a, 7b, 7c								
Item	Recycled Bicycle from donated bicycle and donated parts		Art made from		Misc Merch Promoting Bicycle Recycling (Stickers, T-Shirts, etc.)	TOTAL		
Sales	\$39,737.50			,	, ,	\$92,704.41		
Portion already reported on line 1 (*)	\$33,550.00	\$24,648.72	\$139.60			\$58,338.32		
Gross Sales for 7a	\$6,187.50	\$4,349.78	\$1,256.40	\$20,307.31	\$2,265.10	\$34,366.09		
Cost of goods sold for 7b (**)			\$333.44	\$11,677.86	\$75.00	\$12,086.30		
Profit/Loss for 7c	\$6,187.50	\$4,349.78	\$922.96	\$8,629.45	\$2,190.10	\$22,279.79		

(*) In recycling a bicycle, we keep track of how much labor and new parts are needed to make a donated bicycle functional and safe to ride. The value of the donated bicycle itself is reported on 1 as non-cash contribution, while the rest of the sale is reported here. Donated used parts have no significant fair market value in general, but in our operation customer demand and ability to pay determines the value. Since some staff and volunteer labor is involved in organizing, inspecting, and cleaning parts, we assume that 85% of used parts sales represent the donated value, reported on line 1 as non-cash contribution; the rest is reported on 7a. We assume 10% of art sales represent the donated value.

(**) There is no CoGS to donated bikes and parts. For art from donated parts, we assume 50% of our art and welding supply costs go into sold art items (the rest goes into program service costs for art classes and shop welding repairs). For new parts and merchandise, CoGS is 100% of our cost.

Bootstraps to Share of Tucson, Inc 74-2580768 2009 Schedule of Special Events for Lines 6a, 6b, 6c						
	Art Auction			TOTAL		
Cash donations (reported on line 1)	614.00			614.00		
Non-cash donations (reported on line 1)	12287.50			12287.50		
Total Donations	12901.50			12901.50		
Sales (*)	0.00			0.00		
Direct sales-related						
expenses	0.00			0.00		
Profit/Loss	0.00			0.00		

(*) Promotional merchandise (stickers, t-shirts) sold at our special fundraising events is reported on 7a,7b,7c (because this is our regular promotional merchandise and we don't track CoGS separately for the special events).

Form	990-EZ (2009)					Page 2			
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses			
Wha	t is the organization's primary exempt purpose?	Education			(Requ	uired for section			
	cribe what was achieved in carrying out the org		ses. In a clear ar	nd concise)(3) and 501(c)(4)			
	ner, describe the services provided, the number of					nizations and section			
	program title.					(a)(1) trusts; optional hers.)			
	 BICAS community bicycle education center: 1) ~200 public workshops & youth classes (~1775 participants) 								
28									
	teaching bike repair & safety; 2) public shop hours w								
	bikes & art objects (~6750 participants, ~4950 volunt								
	(Grants \$ 0) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	28a	89,058.70			
29									
	(Grants \$) If this amount	includes foreign grants, ch	eck here		29a				
30									
00									
				·····					
		includes foreign grants, ch		. 🕨 🗆	30a				
31									
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	31a				
32	Total program service expenses (add lines 28a				32	89,058.70			
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one evaluation	ven if not compensa	ted. (See the	instruc	ctions for Part IV.)			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to	(e) Expense account and			
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances			
Dwig	ht Metzger								
XXX	*****	Board Member, 2hr	0		0	0			
	Ryberg				-				
	*****	Board Member, 2hr	0		0	0			
	Zander		•		0				
		Board Member, 2hr			•				
	****		0		0	0			
	h Hunter	Board Member, 2hr							
XXX	****	,	0		0	0			
Alex	ander Perlis	Board Member, 2hr							
XXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Board Member, 211	0		0	0			
		-							
		-							
		-							
		-							
		-							
		-							
						<u> </u>			
		4							
						<u> </u>			
		1							
]							

Part	0-EZ (2009) V Other Information (Note the statement requirements in the instructions for Part V.)		P	age
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		103	
	description of each activity	33		 ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			1
	the changes	34		v
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		✓
b	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.			
b	Did the organization file Form 1120-POL for this year?	37b		\checkmark
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		\checkmark
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: 39a			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
10a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 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			\checkmark
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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			
u	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		\checkmark
41	List the states with which a copy of this return is filed. Arizona			
12a		520-62	8-795	0
	Located at ► BICAS, 44 W 6th St, Tucson AZ ZIP + 4 ►	857	<u>705</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	406	Yes	
	If "Yes," enter the name of the foreign country: ►	42b		\checkmark
	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 of the U.S.?	42c		√
	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		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		\checkmark
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		

Form 99	0-EZ (2009)					Р	age 4
Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	le trusts only. A t answer questic	ll sec ns 46	tion 5–491	 с
46	Did the organization engage in direct or indirect	t political campaign activit	ies on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		\checkmark
47	Did the organization engage in lobbying activitie				47		\checkmark
48							
49a							
b 50	It "Yes," was the related organization a section a complete this table for the organization's five h				49b	<u></u>	d kov
50	employees) who each received more than \$100.						
		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expen	ise
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a allowa	
None							
f	Total number of other employees paid over \$10	0.000		•			
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			be of service	(c) Cor	npensa	ation
None							
d	Total number of other independent contractors	each receiving over \$100,0					
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ned this return, including accompan	nying schedules and sta	tements, and to the bes	t of my	knowl	edge
	and belief, it is true, correct, and complete. Declaration	i or preparer (other than onicer) is	Daseu un an muormation	r or which preparer has	any KNC	wieuge	.
Sign			1				
Here	Signature of officer			Date			
	Alexander Perlis, Board Member			Duic			
	Type or print name and title						
	Preparer's	Date	Check if	Preparer's identifying num	nber (Se	e instruc	tions)
Paid	signature		self- employed ►				
Prepar Use Or		I	EII	N Þ			
USE OF	yours if self-employed), address, and ZIP + 4		Ph	one no. 🕨			
May th	e IRS discuss this return with the preparer show	n above? See instructions		►	Yes rm 99		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047 2 09 **Open to Public** Inspection

	Name	of the	organization
--	------	--------	--------------

Name	e of t	he organization							Employe	er identificat	tion num	ber	
BO	OTS	TRAPS TO S	SHARE OF TUC	SON, INC					XX	X	xxxx	X	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.		
		Anization is n A church, co A school dea A hospital ou A medical re hospital's na An organizat section 170 A federal, st An organizat described in A communit An organizat	ot a private foun private foun scribed in sectio r a cooperative h esearch organiza ame, city, and st tion operated for (b)(1)(A)(iv). (Con ate, or local gov ion that normally section 170(b)(y trust described ion that normally	idation because it is: rches, or association on 170(b)(1)(A)(ii). (Att nospital service organ ation operated in conj ate: the benefit of a colle mplete Part II.) ernment or governme receives a substantia (1)(A)(vi). (Complete F d in section 170(b)(1) receives: (1) more tha	(For lines of churc tach Sch nization d junction v ge or uni ge or uni ental unit al part of Part II.) (A)(vi). (C an 331/3 %	a 1 throughes desc edule E.) escribed with a ho versity ov describe its suppo	gh 11, ch ribed in s in sectio spital de wned or o d in sect ort from a Part II.) pport fro	eck only section 1 on 170(b)(scribed in operated ion 170(k governm m contrib	one box. 70(b)(1)(<i>i</i> (1)(A)(iii). In section by a gov b)(1)(A)(v) inental uni utions, m	.) A)(i). ernmenta). it or from t) (A)(iii). I unit de the gen	escrib heral p and g	ed in public
10 11 e f g	organization, check this box								esses at the ction her lified ction				
h		(ii) A family (iii) A 35% c	member of a pe controlled entity of	ning body of the supp rson described in (i) a of a person described ation about the suppo	above? d in (i) or	 (ii) above	· · · ? · ·		· · · · · ·	· · · ·	11g(i) 11g(ii) 11g(iii)		
(i) Name of supported organization (ii) EIN (iii) T (des abo		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) Isted in your governing document? (v) Did you notify the organization in col. (i) of your support?		nization in of your port?	(vi) Is the organization in col. (i) organized in the U.S.?		• •	Amount upport	of				
					Yes	No	Yes	No	Yes	No			

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 grants. 1 Gifts, contributions, and membership fees received. (Do not include 78,020.26 78,937.51 66,584.09 118,077.81 93,109.37 434,729.04 any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the 29,662.38 34,607.38 37,089.80 48661.29 37,345.27 187,366.12 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 . . . 107.682.64 113.544.89 103.673.89 155.423.08 141.770.66 622.095.16 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 disgualified 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 Public support (Subtract line 7c from 8 622,095.16 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 107,682.64 113,544.89 103,673.89 155,423.08 141,770.66 622,095.16 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 65.80 11.09 53.05 29.73 8.61 168.28 sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 11.09 168.28 65.80 53.05 29.73 8.61 c Add lines 10a and 10b Net income from unrelated business 11 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, 141,779.27 107,693.73 113,610.69 103,726.94 155,452.81 622,263.44 and 12.) 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) 14 organization, check this box and stop here .► 🗆 Section C. Computation of Public Support Percentage 99.97 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 99.93 % Section D. Computation of Investment Income Percentage 0.03 % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 0.07 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33¹/₃ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃ %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization \square Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌 20

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

XXXXXXX

Employer identification number

XX

Nomo	of the	organization
name	or the	organization

Organization type (check one):

BOOTSTRAPS TO SHARE OF TUCSON, INC

o bi (
Filers of:	Section:
Form 990 or 990-EZ	501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33^{1/3} % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2009)
------------	-------	------	---------	----	---------	--------

Name of organization

Page <u>1</u> of <u>1</u> of Part I Employer identification number

XX XXXXXXX

BOOTSTRAPS TO SHARE OF TUCSON, INC

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	City of Tucson Police Dept Weed+Seed, Marcia Roberts XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$6,000.00	Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)