# 990-E7

### **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) ▶ 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.

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

, 20 A For the 2009 calendar year, or tax year beginning C Name of organization B Check if applicable: D Employer identification number Please use IRS INDIAIA NON-PROFIT INFORMATION TECHNOLOGY ORGANIZATION INC. 80 - 0490452 Address change label or Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number print or Initial return type. (574)936-5330 10209 KING ROAD See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return PLYMOUTH INDIANA 46563 - 9041 tions. Application pending Number ▶ • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: ☐ Cash ☐ Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) **H** Check ▶ if the organization is **not** Website: ► www.INPITO.ORG required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-PF). 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 0 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 1 0\_ 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . 3 0 4 4 Investment income . . . . . . . 0 5a Gross amount from sale of assets other than inventory 5a 0 С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐ Gross revenue (not including \$ of contributions Less: direct expenses other than fundraising expenses 6b С Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 0 7a Gross sales of inventory, less returns and allowances . . . . . 7a **b** Less: cost of goods sold . . . . . . . . . . . . . . . . С Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0 8 Other revenue (describe 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . . . 9 0\_ 10 Grants and similar amounts paid (attach schedule) . . . . . 10 0 11 Benefits paid to or for members . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . 12 0 13 Professional fees and other payments to independent contractors. 13 0 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . 14 0 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 0 16 Other expenses (describe > 16 0 17 17 0\_ 18 18 0\_ Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 0 20 Other changes in net assets or fund balances (attach explanation) . . . . 20 0 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 (See the instructions for Part II.) Cash, savings, and investments . . . . 0 22 22 0 23 23 Land and buildings . . . . . . . . . 0 0 24 24 Other assets (describe ► 0 0 25 25 0 26 Total liabilities (describe ▶ 26 0 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 27 0

Page 2 Form 990-EZ (2009) Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** What is the organization's primary exempt purpose? PUBLIC BENEFIT NON-PROFIT - INFORMATION TECHNOLOGY (Required for section 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) 28 INPITO WEBSITE: THE INPITO WEBSITE HAS BEEN DEVELOPED FOR JERRY NETTROUER II TO AID AND PROMOTE THE INDIANA NON-PROFIT INFORMATION TECHNOLOGY ORGANIZATION'S AGENDAS, AND INFORM THE GENERAL PUBLIC ABOUT IT'S ACTIVITIES, AND PROVIDE INFORMATION ABOUT THE ORGANIZATION. (Grants \$ 0) If this amount includes foreign grants, check here 28a 0 29 THE MARSHALL COUNTY ONLINE SOCIAL NETWORK: THE MCOSN WAS DEVELOPED FOR THE GENERAL PUBLIC OF MARSHALL COUNTY TO AID IN COORDINATING NON-PROFITS, FAITH BASED ORGANIZATIONS, MUNICIPALITIES. AND INDIVIDUALS. (Grants \$ 29a If this amount includes foreign grants, check here 0 THE FREE INFORMATION EXCHANGE: THE FREE INFORMATION EXCHANGE IS BEING DEVELOPED FOR THE GENERAL PUBLIC, AS A MEDIA EXCHANGE SYSTEM TO AID THE COMMUNITY WITH INFORMATION TECHNOLOGY SOLUTIONS AND ALLOW THEM TO LEARN HOW TO PROVIDE FOR COMMON INFORMATION TECHNOLO (Grants \$ 0) If this amount includes foreign grants, check here 30a 0) If this amount includes foreign grants, check here (Grants \$ 0 Total program service expenses (add lines 28a through 31a) . . . . . 32 0 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) Part IV (b) Title and average hours per week (c) Compensation (d) Contributions to (e) Expense (a) Name and address (If not paid, employee benefit plans & account and devoted to position enter -0-.) deferred compensation other allowances JERRY B NETTROUER II 10209 KING ROAD PLYMOUTH INDIANA 46563-9041 PRESIDENT 40 + 0 DOYLE HARPOLE 3097 NUTMEG ROAD PLYMOUTH INDIANA 46563 VICE-PRESIDENT 40 +

David	Ollege Information (Note the photography and in the instance for Double)			age o
Part	V Other Information (Note the statement requirements in the instructions for Part V.)		V	Na
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	NO
34	description of each activity	33		X
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		v
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		X
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		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?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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   38b   0	Soa		X
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	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   o ; section 4912  o ; section 4955  o			
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	40b		X
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	reimburged 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		v
41	List the states with which a copy of this return is filed. ► NONE	100		
42a	The organization's books are in care of ▶ JERRY B NETTROUER II Telephone no. ▶ (574	936	- 533	0
	Located at ► 10209 KING ROAD PLYMOUTH INDIANA ZIP + 4 ► 4656	3 - 904	41	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NIa
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country: NONE	420		X
	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		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 and enter the amount of tax-exempt interest received or accrued during the tax year		.	<b>▶</b> ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
44	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	7.7		^
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Yes

Preparer's identifying number (See instructions)

Check if self-

employed ▶

EIN

Date

Preparer's

signature

Firm's name (or

yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid

Preparer's

Use Only

### 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.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number

Nam	e or i	ne organization							Employe	er identifica	tion number	
IN	DI			RMATION TECHNO						04904		
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	.)		
1		*		rches, or association			ribed in s	section 1	70(b)(1)(	A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3				hospital service organ								
4	Ш			ation operated in conj	junction v	with a ho	spital de	scribed i	n <b>sectior</b>	170(b)(1	)(A)(iii). Enter the	
	hospital's name, city, and state:											
5	Ш	-	tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	I unit described in	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(l	b)(1)(A)(v	).		
7		An organizat	tion that normally	receives a substantia	al part of	its suppo	ort from a	governn	nental uni	t or from	the general public	
	_	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)							
8	Ш		-	d in <b>section 170(b)(1)</b>								
9		-		receives: (1) more the								
				ed to its exempt function								
			-	ent income and unre after June 30, 1975.						i bii tax	from businesses	
			•						-			
10		_	-	nd operated exclusive	-	-	-					
11	Ш			and operated exclusivelicly supported organ								
				at describes the type					, , ,		, , , ,	
		a ☐ Type		_		e III–Fun				_	Type III-Other	
е	П			tify that the organizat			-	-			, ,	
•	ш			on managers and othe				-		-		
			section 509(a)(2)	-			,		J			
f		If the organi	ization received	a written determinati	ion from	the IRS	that it is	a Type	I Type II	or Type	III supporting	
		_	, check this box									
g		0	•	the organization acce		aift or c	ontributio	on from a	ny of the	· · ·		
·		following pe		· ·	. ,	Ü			•			
		(i) A persor	who directly or	r indirectly controls, e	either alo	ne or tog	ether wit	th persor	ns describ	oed in (ii)	Yes No	
				ning body of the sup							11g(i)	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	
h		Provide the	following informa	ation about the suppo	orted org	anization(	(s).		_			
(i)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9	. ,	organization		ou notify	1 ,	s the	(vii) Amount of support	
	OIŞ	janization		above or IRC section	in col. (i) listed in your governing document?		the organization in col. (i) of your		organization in col. (i) organized in the		заррогі	
				(see instructions))				port?		S.?		
					Yes	No	Yes	No	Yes	No		
_												
Tota	al											

Schedule A (Form 990 or 990-EZ) 2009 Page 2 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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 The value of services or facilities furnished by a governmental unit to the 0 organization without charge 0 Total. Add lines 1 through 3 . . . 0 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 0 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . 0 0 Gross income from interest dividends payments received on securities loans, rents, royalties and income from similar 0 0 sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . 0 0 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 0 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 % Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 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 . . . . . 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	_
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [	_
Schedule A (Form 990 or 990-EZ) 200	)9

# 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) (b) 2006 (d) 2008 (a) 2005 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge 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 . . . . . Public support (Subtract line 7c from line 6.) Section B. Total Support **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (f) Total (e) 2009 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . . . . . . 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.) . . . . . . . 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . % Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . . 19a 33\% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ 331/2 support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2 s, and line 18 is not more than 33\%, check this box and stop here. The organization qualifies as a publicly supported organization

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 I Part II, line 17a	<b>nformation.</b> or 17b; and F	Complete this Part III, line 12	part to provide . Provide any o	e the explanation ther additional in	s required by Part formation. See inst	II, line 10; ructions.

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

INDIANA NON-PROFIT INFORMATION TECHNOLOGY ORGANIZATION INC. 80 0490452 PART III LINE 31 WIRELESS OPEN METROPOLITAN AREA NETWORK: THE WOMAN IS A PROJECT TO PROVIDE A FREE WIRELESS NETWORK RESOURCE TO THE INDIANA COMMUNITY, IT WOULD ALLOW PEOPLE AND ORGANIZATIONS TO ESTABLISH THEIR OWN PRIVATE NETWORKS OVER A WIRELESS OPEN METROPOLITAN AREA NETWORK, OR JOIN THE PUBLIC WIRELESS NETWORK ESTABLISHED BY THE WOMAN TO EXCHANGE DATA OPENLY. PHP MYSQL BIBLE SEARCH: THE PHP MYSQL BIBLE SEARCH IS BEING DEVELOPED TO ALLOW BOTH PHRASE BASED AND REFERENCE BASED BIBLE SEARCHES TO BE PERFORMED, IT CURRENTLY HAS 3 BIBLE TRANSLATIONS SO FAR, THE KING JAMES VERSION, THE AMERICAN STANDARD VERSION, AND THE UNIFORM STANDARD AMERICAN WHICH IS A MODIFIED WORLD ENGLISH BIBLE. DOWNLOAD AVAILABLE AT http://www.inpito.org/Downloads/PhpMySQLBibleSearch-1.0.tar.bz2 WORKING EXAMPLE CAN BE FOUND AT http://www.fbcop.org/bible.php RACHEL'S HOME: CURRENTLY THERE ARE SEVERAL PROJECTS THAT HAVE BEEN DEVELOPED FOR RACHEL'S HOME, A NON-FOR-PROFIT PREGNANCY HOME IN PLYMOUTH INDIANA DURING 2009 INCLUDING, BUILDING TWO DESKTOP COMPUTERS, DEVELOPING THIER DECEMBER NEWSLETTER STARTING DEVELOPMENT ON THIER NEW WEBSITE. HARDWARE NEEDING REPLACED WAS PURCHASED BY THE INDIVIDUALS OR ORGANIZATIONS THEMSELVES AT COMPUTER HARDWARE STORES.

Schedule O (Form 990) 2009 Page 2 Name of the organization Employer identification number 80 0490452 INDIANA NON-PROFIT INFORMATION TECHNOLOGY ORGANIZATION INC.

Schedule O (Form 990) 2009 Page 3

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### **Purpose of Schedule**

An organization should use Schedule O (Form 990), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990.

#### Who Must File

All organizations that file Form 990 must file Schedule O (Form 990). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11A and 19. If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990) as needed.

Complete the required information on the appropriate line of Form 990 or its schedules prior to using Schedule O (Form 990).

Identify clearly the specific part and line(s) of Form 990 or its schedule(s) to which each response relates. Follow the part and line sequence of Form 990 or the part and line sequence of its schedule(s).

Late return. If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. Do not use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, line B, use Schedule O (Form 990) to list each part or schedule and line item of the Form 990 that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. Do not use this schedule. See the instructions for Form 990, I. Group Return.

Parts III, V, VI, VII, and XI. Use Schedule O (Form 990) to provide any narrative information required for the following questions.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. "No" response to Part V, Statements Regarding Other IRS Filings and Tax Compliance, line 3b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights in line 1a.
- b. "Yes" responses to lines 2 through 7b.
- c. "No" responses to lines 8a, 8b, and 10b.
  - d. "Yes" response to line 9.
- e. Description of process for review of Form 990, if any, in response to line 11A.
  - f. "Yes" response to line 12c.
- g. Description of process for determining compensation on lines 15a and 15b.
- h. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- i. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Estimate of average hours per week, if any, devoted to related organizations for which compensation was reported in columns (E) or (F).
- b. Description of reasonable efforts undertaken in regard to column (E).

- 5. Part XI, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Schedule E (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to explain a "Yes" response to lines 6a or 6b or a "No" response to line 7. If additional space is needed, use Schedule O (Form 990) to explain a "No" response to line 3, 4a, 4b, 4c, or 4d, and a "Yes" response to line 5a, 5b, 5c, 5d, 5e, 5f, 5g, or 5h.

Schedule G (Form 990 or 990-EZ). If applicable, use Schedule O (Form 990) to describe the custody or control arrangement and payments of fundraising expenses or reimbursements as required in Part 1, line 2b, columns (iii) and (v), respectively.

Schedule K (Form 990). If applicable. use Schedule O (Form 990) to describe the organization's use of alternative 12-month reporting periods with respect to bond issues reported on Schedule K (Form 990).

Schedule L (Form 990 or 990-EZ). Use Schedule O (Form 990) if additional space is needed to report information required by Schedule L (Form 990 or 990-EZ).

Schedule R (Form 990). If applicable, use Schedule O (Form 990) to provide the group exemption relationships described on Schedule R (Form 990), and to describe the method used to determine the amount(s) reported on Schedule R (Form 990), Part V, line 2. Other. Use Schedule O (Form 990) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990) any social security CAUTION number(s), because this

schedule will be made available for public inspection.