	990-T	EX	empt Organization Busir	ess	income	iax Retu	ırn —	JIVIB 140. 1545-0	301		
Form	••••		(and proxy tax under	sec	tion 6033(e))		2009	1		
	tment of the Treasury	F	or calendar year 2009 or other tax year ending , 20 .		ning ► See separate		Oβ	en to Public Insp 01(c)(3) Organizati	ection ions Only		
$\overline{A\square}$	Check box if address changed		Name of organization (change	ed and see instruc	tions.)		yer identification			
	empt under section	1					(Employe on page	es' trust, see instruction 3.)	s for Block D		
	501()()	Print	Number, street, and room or suite no. If a P.O.		1						
	408(e) 220(e)	or						Unrelated business activity codes (See instructions for Block E on page 9.)			
	408A	Туре	City or town, state, and ZIP code	(000 1113	Code instructions for Block 2 on page 3.)						
C Boo	ok value of all assets end of year		oup exemption number (See instruction of the companies of		-	page 9.) ► 01(c) trust	☐ 401(a) tr	ust 🗌 Othe	er trust		
H	Describe the orga	nization	a's primary unrelated business activity	/. >		. ,					
1 [During the tax year,	was the	e corporation a subsidiary in an affiliated g	roup c	or a parent-subs	idiary controlled	d group?	. ▶ ☐ Yes	□ No		
1	f "Yes," enter the n	name and	d identifying number of the parent corpora	ation. I	•						
	he books are in				Te	elephone numl	ber ▶ ()			
Pai	rt I Unrelate	ed Tra	de or Business Income		(A) Income	(B) E	xpenses	(C) Net	t		
1a	Gross receipts	or sales									
b	Less returns and	allowand	cesc Balance ▶	1c							
2	Cost of goods s	sold (Sc	chedule A, line 7)	2							
3	•		ine 2 from line 1c	3							
4a	· -		e (attach Schedule D)	4a					_		
b	• , , ,		'97, Part II, line 17) (attach Form 4797)	4b							
c	Capital loss ded			4c 5					_		
5			hips and S corporations (attach statement)	6							
6 7	Rent income (Se		e C)	7							
8	Interest, annuit	ties, ro	yalties, and rents from controlled	8							
0	organizations (S		e F)								
9	organization (S			9							
10			ity income (Schedule I)	10							
11	Advertising inco	-		11							
12	Other income (Se	e page	10 of the instructions; attach schedule.)	12							
13			through 12	13					\perp		
Pai			ot Taken Elsewhere (See page 11 tributions, deductions must be dire								
14	Compensation of	of office	ers, directors, and trustees (Schedule	K) .			14				
15	Salaries and wa	ages .					15				
16	Repairs and ma	aintenar	nce								
17											
18			le)								
19											
20			s (See page 13 of the instructions for				20				
21	Depreciation (at	tach Fo	orm 4562)				22b				
22 23							-	'	_		
23 24			ed compensation plans								
25			rams								
26			ses (Schedule I)								
27			ts (Schedule J)								
28			ch schedule)								
29			I lines 14 through 28								
30	Unrelated busine	ess taxa	able income before net operating loss of	deduc	tion. Subtract	line 29 from lir					
31			uction (limited to the amount on line						4—		
32			able income before specific deductio				I				
33			nerally \$1,000, but see line 33 instruc						+		
34			Exable income. Subtract line 33 from f zero or line 32								

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Par	t III	Tax Computation									
35	Organi	zations Taxable as Cor	porations. See instr	uctions 1	for tax comp	outation	on page 15.				
	Contro	lled group members (section	ons 1561 and 1563) o	heck her	e ▶ 🗌 See	instruc	tions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):										
	(1) \$		\$								
b		rganization's share of: (1) A						-			
	(2) Additional 3% tax (not more than \$100,000)										
		Income tax on the amount on line 34									
36		36									
27		ount on line 34 from:				-		37			
37 38	Proxy tax. See page 16 of the instructions										
39		Add lines 37 and 38 to line	35c or 36, whicheve	r applies				39			
Par		Tax and Payments									
40a	Foreign	tax credit (corporations atta	ich Form 1118; trusts	attach Fo	rm 1116) .	40a					
b	_	credits (see page 16 of the			•	40b					
С	Genera	business credit. Attach For	m 3800			40c		_			
d	Credit	for prior year minimum tax	(attach Form 8801 o	r 8827)		40d					
е	Total of	credits. Add lines 40a thro	ugh 40d					40e		\rightarrow	
41								41			
42		ces. Check if from: Form 425					ttach schedule) .	42		-	
43		ax. Add lines 41 and 42 .						43			
44a	-	nts: A 2008 overpayment				44a 44b		-			
b		stimated tax payments .				44c		-			
C C		posited with Form 8868 n organizations: Tax paid or				44d		-			
d e	_	withholding (see instruction				44e					
f		credits and payments:	·								
·		m 4136				44f					
45		payments. Add lines 44a th						45			
46	Estima	ted tax penalty (see page 4	of the instructions).	Check if	Form 2220 i	s attach	ed . ▶ 🗌	46			
47	Tax du	ie. If line 45 is less than the	e total of lines 43 and	d 46, ente	er amount ov	ved .		47			
48		ayment. If line 45 is larger				ount ove		48		\rightarrow	
49		e amount of line 48 you want:				otion (Refunded ►	49	17\		
Par	-	Statements Regarding							<u> </u>	Yes	N _a
1		time during the 2009							griature _	res	INO
		ner authority over a f S, the organization may									
		al Accounts. If YES, enter							ik and		
2		he tax year, did the organizati		_	•				trust?		
_		see page 5 of the instruct						ioi oigi			
3	Enter t	he amount of tax-exempt in	nterest received or ac	crued di	uring the tax	year ►	\$				
Sch	edule /	A—Cost of Goods Sold	Enter method of i	nventor	y valuation l	<u> </u>					
1	Invento	ry at beginning of year	1	6	Inventory at	end of y	/ear	6			
2		ses	2	7	Cost of goo	ds sold	. Subtract line				
3		flabor	3	I			here and in	-			
4a		nal section 263A costs	40		Part I, line 2			7		V	N.
h	•	schedule)	4a				ction 263A (wor acquired for			Yes	No
5		costs (attach schedule) Add lines 1 through 4b	5								
		er penalties of perjury, I declare that I ha								elief, it i	is true
Sig		ct, and complete. Declaration of prepa									
Her)			the prepa	RS discuss this arer shown below	w (see	
	Sign	ature of officer	Date		Title			instructio			lo
Paic	I	Preparer's			Date		Check if	Prepa	arer's SSN or	PTIN	
	arer's	signature Firm's name (or		self-employed							
-	Only yours if self-employed),								`		
	_	address, and ZIP code ▼					Phone no.	()		

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Schedule C—Rent Incor (see instructions on page	•	al Pro	perty	and Persor	nal Prope	rty L	eased With Real	Pro	operty)	
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or ac	crued							
(a) From personal property (if the property of the property is more than 50%)	ntage of r	al and personal pent for personal rent is based on	property exce	eeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)										
(2)										
(3)										
(4)										
Total		Total					(b) Total deduc	atio.		
(c) Total income. Add totals of chere and on page 1, Part I, line	6, column (A) .	<u> </u>	>				(b) Total deduce Enter here and on p Part I, line 6, column	age	1,	
Schedule E—Unrelated	Debt-Finance	ed Inc	ome (see instruction	ons on pag					
1. Description of de	ebt-financed propert	:y		2. Gross inco			Deductions directly con debt-finance		roperty	
(4)				property (a) S			traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)	E Averege ad	المعلمما ال	anin .							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			erty	6. Column 4 divided by column 5			7. Gross income reportable (column 2 × column 6)		8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)				%						
(2)				%						
(3)					%					
(4)					%					
Totals									Enter here and on page 1, Part I, line 7, column (B).	
Total dividends-received dedu	uctions included	in colu	mn 8 .							
Schedule F-Interest, Ar	nuities, Roya	alties,	and R	ents From	Controlle	d Or	ganizations (see i	nstr	uctions on page 20)	
			Exempt	Controlled (Organizatio	ns				
Name of controlled organization	d 2. Employer identification number 3. Net un			nrelated income 4. Total of sp payments n			5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
7. Taxable Income 8. Net unrelated income (loss) (see instructions)			9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income		g connected with income in		
(1)										
(2)										
(3)										
(4)										
							Add columns 5 and 10 Enter here and on page Part I, line 8, column (A	e 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals	<u>.</u> .									

Schedule G-Investment Inc	come of a Sect	tion 50)1(c)(7),	(9), or (17) Or	ganization (se	e instru	ctions or	n page 20)	
1. Description of income	2. Amount of inc	ome	direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)			(arr	4011 001104410)				p.uc co,	
(2)									
(3)									
(4)									
()	Fatau hana and an	1					Fustan la a		
	Enter here and on Part I, line 9, colun							re and on page 1, ne 9, column (B).	
Totals									
Schedule I-Exploited Exen	npt Activity Inc	ome, (Other T		ig Income (se	e instrud	ctions or	page 21)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dii conne produ unr	xpenses rectly cted with uction of elated ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	page 1, Part						Enter here and on page 1, Part II, line 26.	
Totals									
Schedule J-Advertising Inc									
Part I Income From Per	riodicals Repor	ted or	n a Cons	solidated Basi	s				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)								_	
(3)								_	
(4)								_	
(4)									
Totale (complete Dout II line (5))									
Part II Income From Pe columns 2 through	riodicals Repo			parate Basis	For each per	iodical	listed i	⊥ n Part II, fill in	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals from Part I									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Schedule K—Compensation	of Officers D	irecto	rs. and	Trustees (see	instructions on	nage 21)		
1. Name			2. Title		2 Porcent of		I. Compensation attributable unrelated business		
(1)						%			
(2)						%			
(3)						%			
(4) Table 5 de la la companya de Ba	a II. P 4.4					%			
Total. Enter here and on page 1, Pa	ırt II, line 14					>			