Form	990-T	Ex	empt Organization Busin (and proxy tax under	r n	OMB No. 1545-0687 ഗ്രിനമ						
Department of the Treasury Internal Revenue Service ending , 20 .							Open to Public Inspection				
A	Check box if address changed	-	Name of organization (Check box if name		-		D Employ (Employed	for 501(c)(3) Organizations Only D Employer identification number (Employees' trust, see instructions for Block D			
	empt under section 501()()	Print or	Number, street, and room or suite no. If a P.C	e Unrelat	ted business activit	lv codes					
	408(e) 220(e) 408A 530(a) 529(a)	Туре	City or town, state, and ZIP code		ructions for Block E or	•					
	bk value of all assets and of year	<u> </u>	oup exemption number (See instructi neck organization type ► □ 501(c) o				401(a) tru	ust 🗌 Othe	r trust		
HC	Describe the orga		n's primary unrelated business activit	-		(*)	- (-7				
			e corporation a subsidiary in an affiliated of distribution of the parent corporated of the parent corporated by the pare			sidiary controlled	group?	► □ Yes	🗌 No		
JΤ	he books are in		-		Te	elephone numbe	er ► ()			
Pa	rt I Unrelat	ed Tra	de or Business Income		(A) Income	e (B) Exp	penses	(C) Net			
1a	Gross receipts	or sales	3								
b			ces c Balance ►	1c							
2	•		chedule A, line 7)	2							
3	•		ine 2 from line 1c	4a				-			
4a		pital gain net income (attach Schedule D) t gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) pital loss deduction for trusts									
b c	• • • • •										
5			hips and S corporations (attach statement)	5							
6	Rent income (S			6							
7	Unrelated debt-	finance	d income (Schedule E)	7							
8	Interest, annuit organizations (S	uities, royalties, and rents from controlled									
9			f a section 501(c)(7), (9), or (17) e G)	9							
10	Exploited exem	pt activ	ity income (Schedule I)	10							
11	Advertising inco			11			_				
12 13			11 of the instructions; attach schedule.) through 12	12 13							
			ot Taken Elsewhere (See page 11	_	instructions	for limitations	on dedu	ctions)			
- u	(Except	for con	tributions, deductions must be dire	ectly c	onnected wit	h the unrelated	l busines	s income.)			
14			ers, directors, and trustees (Schedule	-							
15 16											
17		Repairs and maintenance . <									
18	Interest (attach										
19	Taxes and licen										
20	Charitable cont	20									
21	Depreciation (at	ttach Fo	orm 4562)		21						
22			ned on Schedule A and elsewhere or				22b 23				
23 24			ed compensation plans								
24 25			rams								
26			ses (Schedule I)								
27			ts (Schedule J)				. 27				
28			ch schedule)				28				
29			l lines 14 through 28								
30			able income before net operating loss								
31			uction (limited to the amount on line								
32 33			able income before specific deductic nerally \$1,000, but see line 33 instruc				· · -				
33 34	Unrelated busi	ness ta	xable income. Subtract line 33 fron	n line	32. If line 33	is greater than	line				
	32, enter the sr	naller o	f zero or line 32			-	34				

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

Par	t III	Tax Computation											
35		zations Taxable as Corp											
	Controlled group members (sections 1561 and 1563) check here ► □ See instructions and:												
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3)												
b		(1) [* (3) [* (3) [* (1)] Constant of the state of the st											
	(2) Additional 3% tax (not more than \$100,000)												
с										35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on												
07			□ Tax rate schedule or □ Schedule D (Form 1041) .							36 37			
37 38										38			
39		Add lines 37 and 38 to line	35c or 36, whichev	ver ap	plies		· · ·			39			
Par	t IV	Tax and Payments											
40a	Foreign	tax credit (corporations atta	ch Form 1118; trusts	s atta	ch For	m 1116) .	40a			_			
b		credits (see page 17 of the					40b			-			
С		business credit. Check her					40.5						
ام		n 3800 🗌 Form(s) (specify					40c 40d			-			
d e		for prior year minimum tax redits. Add lines 40a throu								40e			
41								• • •	• •	41			
42		es. Check if from: Form 4255						ttach sched	lule)	42			
43	Total ta	ax. Add lines 41 and 42 .								43			
44a	-	nts: A 2007 overpayment of					44a		_	-			
b		stimated tax payments					44b			-			
C d													
d e													
f		redits and payments:				· · · · +							
-		n 4136					44f						
45		ayments. Add lines 44a th								45			
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached									46			
47		e. If line 45 is less than the			,				🟲	47 48			
48 49		yment. If line 45 is larger the amount of line 48 you want:						erpaid . Refund	led ►	40			
	t V	Statements Regarding					ation (age 18)		
1	At any	time during the 2008	calendar vear, did	l the	orga	nization hav	re an	interest	in or	a sig	nature	Yes	No
	or oth	er authority over a fir	nancial account	(bank	, seo	curities, or	other)	in a	foreig	n coi	untry?		
		, the organization may											
-		al Accounts. If YES, enter t		-		-							<u> </u>
2	2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . If YES, see page 5 of the instructions for other forms the organization may have to file.												
3		ne amount of tax-exempt in											
Sch	edule A	-Cost of Goods Sold	Enter method of	inve	ntory	valuation	•						
1	Invento	ry at beginning of year	1		6	nventory at e	end of y	/ear		6			
2		ses	2			Cost of good							
3		labor	3			6 from line 5			id in	7			
4a		nal section 263A costs	4a			Part I, line 2 Do the rules			 30 (wi		pect to	Yes	No
b		schedule) osts (attach schedule)	4b		1	property proc						100	
5		Add lines 1 through 4b	5			o the organi							
<u>.</u>		r penalties of perjury, I declare that I ha ct, and complete. Declaration of prepa								of my kno	wledge and	belief, it	is true,
Sig				Jaseu ol		mation of which p		as any knowle		May the I	RS discuss t	his retur	n with
Hei		ature of officer				itle					rer shown be		е
		ature of officer	Date			Date					arer's SSN d		
Paic		Preparer's signature						Check if self-emplor	yed 🗌				
	oarer's	Firm's name (or						EIN		1			
Use	Only	yours if self-employed), address, and ZIP code						Phon	e no.	()		

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Totals

)

Schedule C—Rent Inco (see instructions on page	•	al Prop	perty	and Perso	nal Prope	erty L	eased With Rea.	l Pro	operty)		
1 Description of property	,										
(1)											
(0)											
(3)											
(4)											
<u>(+)</u>	2 Rent receiv	ed or acc	rued								
							2(a) Deductions direct	hu oor	prosted with the income		
for personal property is more than 10% but not percentage of				al and personal ent 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									
(c) Total income. Add totals of here and on page 1, Part I, line	e 6, column (A) .	<u>`</u> . I					(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►				
Schedule E—Unrelated	Debt-Finance	ed Inco	ome (see instruction	ons on pag	e 19)					
1 Description of de	ebt-financed propert	v		2 Gross inco allocable to d			Deductions directly con debt-finance		operty		
· · ·				prop		(a) S	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	justed basis of cable to ed property schedule)		6 Column 4 divided by column 5			ross income reportable blumn 2 $ imes$ column 6)					
(1)					%						
(2)					%						
(3)				%							
(4)					%						
Totals	utions included						here and on page 1, I, line 7, column (A).		er here and on page 1, t I, line 7, column (B).		
Schedule F—Interest, A				onte From	Controlle		anizations (see i	Inctri	uctions on page 20)		
Scheddle F—Interest, A							ganizations (see)	nsur	ictions on page 20)		
1 Name of controlled organization 2 Employer identification number		ber 3 Net unr		elated income e instructions)	4 Total of sp payments r	ecified	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	anizations	I			1						
7 Taxable Income 8 Net unrela		ated income instructions)			of specified ents made		10 Part of column 9 that i included in the controlling organization's gross incom		11 Deductions directly connected with income in column 10		
(1)											
(2)											
(3)											
(4)											
							Add columns 5 and 10 Enter here and on pag Part I, line 8, column (/	e 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		

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Schedule G—Investment In	come of a Sect	ion 50)1(c)(7),	(9), or (17) Or	ganization (see	e instru	ictions or	n page 21)	
1 Description of income	2 Amount of income		dired	Deductions ctly connected ach schedule)	4 Set-asides (attach schedu		5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)				·				· · ·	
(2)									
(3)									
(4)									
	Enter here and on Part I, line 9, colum							re and on page 1, ne 9, column (B).	
Totals ► Schedule I—Exploited Exer	not Activity Inc	omo	Othor T	han Advortisir	a Income (soo	inctru	ctions or	21)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Ex dir conne produ unr	cted with uction of related 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 Ez attrib	xpenses utable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I,), col. (B).					Enter here and on page 1, Part II, line 26.	
Schedule J—Advertising In	come (see instru	ctions (on nade	21)					
Part I Income From Pe					is				
1 Name of periodical	2 Gross advertising income	advertising 3 l		4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)				-				_	
(2)				-				_	
(3) (4)				-				-	
Totals (carry to Part II, line (5)) . Part II Income From Part		rtod a	<u></u>	parata Basis	(For oach pori	odical	listod i	p Port II fill in	
columns 2 throug	h 7 on a line-by	line b	asis.)			ouicai	listeu i		
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 costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3) (4)									
(5) Totals from Part I									
Totals, Part II (lines 1-5) I	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).	-				Enter here and on page 1, Part II, line 27.	
Schedule K—Compensatio		irecto	rs. and	Trustees (see	instructions on r	age 2	2)		
1 Name			13, 414	2 Title	3 Percent of time devoted to business	4	Compensat	ion attributable to ed business	
					9	6			
		_			9	-			
					9	6			
					9	6			