| Unrelated Trade or Business Income | _ qqn_T | | Ex | empt Organization Busi | 'n 🗀 🤄 | OMB No. 1545-0687 | | | | | |
|--|---------------|-------------------|-------------|--|---------------------------------|---------------------|---------------------------|----------------|-------------------|--------------|----------|
| A Deck box F Canal | Form | 330 I | | (and proxy tax under | sec | tion 603 | 33(e)) | | | 20 17 | , |
| All contents there All contents | | | | | begin | ning | ·; | 2007, and | | | |
| Comparise dranged Comparise transport | $\overline{}$ | | | i | io. 55.(5)(5) 5.gaminations 5.m | | | | | | |
| Solid 1 1 1 1 1 1 1 1 1 | | address changed | | Name of organization (| Criarig | eu anu see ms | s' trust, see instruction | | | | |
| Source S | B Exe | • | Print | Number street and room or suite no. If a P.C. | see page 9 of | | | | | | |
| See | H | ` ` ` | | | see page e e. | | | E Unrelate | ed business activ | ity codes | |
| Solution | 님 | ` ' | l | City or town, state, and ZIP code | | | | | | | |
| © Book value of all assets Group exemption number (See instructions for Block F on page 9.) ▶ The device of view Soft(c) corporation Soft(c) trust 401(a) trust Other trust | H | | " | only on torm, onato, and in odds | | | | | | 1 | |
| all end of year G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust | C Bo | | F Gr | Loup exemption number (See instruct) | ons fo | or Block F | on page | 9) ▶ | | | |
| H Describe the organization's primary unrelated business activity. ▶ During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ □ Yes □ No If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ | at e | end of year | | • • • | | | | | 401(a) tru | ıst 🗆 Othe | er trust |
| During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | НГ | Describe the orga | | | | | 1 00 1(0) | traot | 101(4) 110 | | <u> </u> |
| If "Yes," enter the name and identifying number of the parent corporation. ▶ Telephone number ▶ () Telephore number numbe | | | | · · · · · · · · · · · · · · · · · · · | | or a parent-s | subsidian | / controlled (| aroup? | ▶ □ Voc | |
| The books are in care of Telephone number (N) | | | | | | | oabolalai j | , controlled (| group | - 162 | |
| 1a Gross receipts or sales b Less returns and allowances C Cost of goods sold (Schedule A, line 7) C Gross profit. Subtract line 2 from line 1c A Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) C Capital loss deduction for trusts I line 17) (attach Form 4797) C Capital loss deduction for trusts I line 17) (attach Form 4797) C Capital loss deduction (I line 17) (attach Form 4797) C Capital loss deduction for trusts I line 17) (attach Form 4797) C Capital loss deduction (I line 17) (attach Form 4797) C Capital loss deduction (I line 17) (attach Form 4797) C Capital loss deduction (I line 17) (attach Form 4797) C Capital loss deduction for trusts I line 17) (attach Form 4797) C Capital loss deduction (I line 17) (attach Form 4797) C Capital loss deduction for trusts I line 18 | | | | | | | Teleph | one numbe | er ▶ (|) | |
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| 16 Repairs and maintenance 16 | 14 | | | | | | | | | | |
| 17 Bad debts | 15 | Salaries and wa | iges . | | | | | | | | |
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| Less depreciation claimed on Schedule A and elsewhere on return | 21 | Depreciation (at | tach Fo | orm 4562) | | 21 | | | | | |
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| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line | 32 | | | · | | | | | | | + |
| | 33 | | | | | | | | | | + |
| | 34 | | | | | | | | | | |

Form 990-T (2007) Page **2**

| Par | t III Tax Computation | | |
|-----------|---|---|-----------------|
| 35 a | Controlled group members (sections 1561 and 18 Enter your share of the \$50,000, \$25,000, and \$9, | ,925,000 taxable income brackets (in that order): | |
| b | , , , , , , , , , , , , , , , , , , , | ax (not more than \$11,750) \$ | |
| | (2) Additional 3% tax (not more than \$100,000) | | |
| С | Income tax on the amount on line 34 | | |
| 36 | the amount on line 34 from: $\ \square$ Tax rate schedu | s for tax computation on page 16. Income tax on ule or Schedule D (Form 1041) ▶ 36 | |
| 37 | | | |
| 38 | Alternative minimum tax | | |
| 39 Par | t IV Tax and Payments | ichever applies | |
| | • | trusts attach Form 1116) 40a | |
| 40a | Foreign tax credit (corporations attach Form 1118; t | trusts attach Form FFT0) | |
| b | Other credits (see page 17 of the instructions). General business credit. Check here and indicate to | · · · · · · · · · · · · · · · · · · · | |
| С | Form 3800 ☐ Form(s) (specify) ► | | |
| Ч | Credit for prior year minimum tax (attach Form 8) | | |
| e | Total credits. Add lines 40a through 40d | , | |
| 41 | | 41 | |
| 42 | | Form 8697 Form 8866 Other (attach schedule) . 42 | |
| 43 | Total tax. Add lines 41 and 42 | · · · · · · · · · · · · · · · · · · · | |
| 44a | Payments: A 2006 overpayment credited to 2007 | | |
| b | 2007 estimated tax payments | | |
| С | | | |
| d | Foreign organizations: Tax paid or withheld at sou | urce (see instructions) 44d | |
| е | Backup withholding (see instructions) | 44e | |
| f | Other credits and payments: | | |
| | ☐ Form 4136 ☐ Other | Total ▶ 44f | |
| 45 | | | |
| 46 | Estimated tax penalty (see page 4 of the instruction | | |
| 47 | Tax due. If line 45 is less than the total of lines 4 | | |
| 48 | Overpayment. If line 45 is larger than the total or Enter the amount of line 48 you want: Credited to 2008 | | |
| 49 Par | · | B estimated tax ► Refunded ► 49 ivities and Other Information (see instructions on page 18) | |
| r ai | | | es No |
| 1 | | er) in a foreign country? If YES, the organization may have to file | es 140 |
| 2 | | ribution from, or was it the grantor of, or transferor to, a foreign trust? . | |
| • | If YES, see page 5 of the instructions for other for | · · | |
| 3 Sob | Enter the amount of tax-exempt interest received edule A—Cost of Goods Sold. Enter method | | |
| | | | |
| 1 | Inventory at beginning of year Purchases 2 | • Involtory at one or your | |
| 2 | Turonados | 7 Cost of goods sold. Subtract line | |
| 3 | Cost of labor | 6 from line 5. Enter here and in Part I, line 2 | |
| 4a | Additional section 263A costs (attach, schedule) 4a | 1 311 1, 1113 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | es No |
| h | (attach schedule) | property produced or acquired for resale) apply | 00 110 |
| 5 | Total. Add lines 1 through 4b 5 | to the organization? | |
| | | um, including accompanying schedules and statements, and to the best of my knowledge and beli | ef, it is true, |
| Sig | n correct, and complete. Declaration of preparer (other than taxpaye | ver) is based on all information of which preparer has any knowledge. | |
| Her | re 🕨 | May the IRS discuss this the preparer shown below | |
| | Signature of officer | Date Title instructions)? Yes | No |
| Paid | I Signature | Date Check if self-employed Preparer's SSN or P | TIN |
| _ | parer's Firm's name (or Only Vours if self ampleyed) | EIN | |
| use | Only yours if self-employed), address, and ZIP code | Phone no. () | |

Form 990-T (2007) Page **3**

| Schedule C—Rent Inco (see instructions on page | - | al Prop | erty | and Perso | nal Prope | erty L | eased With Real | l Pr | operty) | |
|---|---|-------------|--------------------------------------|--|--------------|---|--|-------------------------------|---|--|
| 1 Description of property | | | | | | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | 2 Rent receiv | ed or accru | ıed | | | | | | | |
| (a) From personal property (if the for personal property is more the more than 50%) | an 10% but not | percenta | ge of i | al and personal rent for personal rent is based on | property exc | eeds | 3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Total | | Total | | | | | | | | |
| Total income. Add totals of co | | | | | | | Total deductions. Enter here and on page 1, Part I, line 6, column (B) . ▶ | | | |
| Schedule E—Unrelated | Debt-Finance | ed Inco | me (| see instruction | ons on pag | e 20) | | | | |
| 1 Description of de | ebt-financed propert | у | | 2 Gross inco | | | Deductions directly con debt-finance | | roperty | |
| | | | | prope | erty | (a) S | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | | - | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | 1 | | | | | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | usted basis of cable to ed property schedule) | | 6 Column 4 divided by column 5 | | | ross income reportable blumn 2 × column 6) | 8 Allocable deductions (column $6 \times$ total of column $3(a)$ and $3(b)$) | | | |
| (1) | | | | | % | | | | | |
| (2) | | | | % | | | | | | |
| (3) | | | | | % | | | | | |
| (4) | | | | | % | | | | | |
| Totals | | | | | | | here and on page 1, l, line 7, column (A). | | ter here and on page 1, rt I, line 7, column (B). | |
| Total dividends-received ded | uctions included | in column | 8. | | | | | | | |
| Schedule F—Interest, A | nnuities, Roya | alties, a | nd F | ents From | Controlle | d Or | ganizations (see i | nstr | ructions on page 21) | |
| | | | | t Controlled | | | | | | |
| 1 Name of Controlled Organization | 2 Employer Identification Num | ber 3 N | let uni | elated income e instructions) 4 Total of spe payments m | | ecified 5 Part of column 4 that included in the control | | Iling connected with income | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Orga | nizations | | | | | | | | | |
| Tronexempt Controlled Orga | il il ations | | | | | | | | | |
| 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 | | 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 | | | | | | | | | | |

| (see instructions on page 22) | | | 2 | Deductions | | | 5 Ta | otal deductions | |
|---|--|---|---|---|---|-------------------------------------|------------|---|--|
| 1 Description of income | 2 Amount of inco | ome | dired | ctly connected ach schedule) | 4 Set-aside (attach sched | | and s | et-asides (col. 3 plus col. 4) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | | | | | re and on page 1, ne 9, column (B). | |
| Totals | | | | | | | | | |
| Schedule I—Exploited Exer (see instructions on page 22) | mpt Activity Inc | ome, (| Other T | han Advertisir | ng Income | | | | |
| | | | | 4 Not income | | | | | |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business 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 | ere and on 1, Part I, , col. (B). | | | | | Enter here and on page 1, Part II, line 26. | |
| Totals | | | | 0.0) | | | | | |
| Schedule J—Advertising In | | | | | i a | | | | |
| Part I Income From Pe | eriodicais Repor | tea or | i a Con | Solidated Bas | IS | I | | I | |
| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising 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) | | | | | | | | | |
| Totals (carry to Part II, line (5)) . | • | | | | | | | | |
| Part II Income From Po columns 2 throug | | | | parate Basis | (For each peri | odical | listed i | n Part II, fill in | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | |
| (5) 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—Compensatio | | irecto | rs, and | Trustees (see | instructions on p | page 23 | 3) | | |
| 1 Name | , | | • | 2 Title | 3 Percent of time devoted the business | 4.0 | Compensati | on attributable to | |
| | | + | | | | 6 | | | |
| | | | | | | 6 | | | |
| | | | | | | 6 | | | |
| | | | | | | 6 | | | |
| Total. Enter here and on page 1, P. | art II, line 14 | | | | | <u> </u> | | | |