	qqn_T	Ex	empt Organization Busii	n ├─°	OMB No. 1545-0687						
Form	<b>330</b> I		(and proxy tax under	sec	tion 603	3(e))			2008	1	
	tment of the Treasury		or calendar year 2008 or other tax year	begin	ning	,	2008, and	Ope	n to Public Insp	ection	
Internal Revenue Service ending , 20 .					See separa		uctions.	for 501	I(c)(3) Organizatio	ons Only	
A 🗌	Check box if address changed		Name of organization ( Check box if name	change	ed and see insti	ructions.)			er identification r s' trust, see instructions		
B Ex	empt under section	Print			0 (:			on page 9.			
Ш	501( ) ( )	or	Number, street, and room or suite no. If a P.C	see page 9 of ir	struction	S.		1			
	408(e) 220(e)			E Unrelated business activity codes (See instructions for Block E on page 9.)							
408A 530(a) Type City or town, state, and ZIP code								(000	1	p9,	
$\frac{\square}{\square}$	529(a)						0 \ \				
	ok value of all assets end of year	<u> </u>	oup exemption number (See instructi					404();			
	D		neck organization type ► ☐ 501(c) o		ration $\square$	501(c) t	rust	401(a) tru	st U Othe	er trust	
			n's primary unrelated business activit								
			e corporation a subsidiary in an affiliated of			ibsidiary	controlled g	group? .	► ∐ Yes	∐ No	
	The books are in		d identifying number of the parent corpora	ation.		Talanh		w <b>\</b> /	```		
_			de or Business Income				one numbe				
Pa					(A) Inco	me	(B) Exp	enses	(C) Net		
1a	•			4.							
b			c Balance ►	1c 2							
2	_	-	chedule A, line 7)	3						_	
3			ine 2 from line 1c	4a						+	
4a			e (attach Schedule D)	4a 4b						+	
b			'97, Part II, line 17) (attach Form 4797)	4c						+	
c	Capital loss dec			5						+	
5			hips and S corporations (attach statement)	6						+	
6	Rent income (So			7						+	
7			d income (Schedule E)							+	
8	organizations (S		yalties, and rents from controlled e F)	8							
9			f a section 501(c)(7), (9), or (17)								
•	organization (S			9							
10			ity income (Schedule I)	10							
11	Advertising inco			11							
12			11 of the instructions; attach schedule.)	12							
13			through 12	13							
Pa			ot Taken Elsewhere (See page 11								
	(Except	tor con	tributions, deductions must be dire	ctly c	connected v	vith the	unrelated	business	s income.)		
14	Compensation of	of office	ers, directors, and trustees (Schedule	K)				. 14			
15	Salaries and wa	iges .						. 15			
16			ice								
17											
18			le)								
19		enses									
20			s (See page 13 of the instructions for					. 20			
21	Depreciation (at	tach Fo	orm 4562)		21						
22	Less depreciation	on clain	ned on Schedule A and elsewhere or	retur	n [22a			22b		+	
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			able income before net operating loss					I .		+-	
31			uction (limited to the amount on line							+	
32			able income before specific deduction							+-	
33			nerally \$1,000, but see line 33 instruc							+-	
34			<b>Exable income.</b> Subtract line 33 fron f zero or line 32								

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		<del>-</del> - · · ·									
Par	t III	Tax Computation									
35	Control	zations Taxable as Corpled group members (section our share of the \$50,000, \$	ons 1561 and 1563) o	check her	e ▶ ☐ See i	instructi	ons and:				
а	(1) \$										
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  (2) Additional 3% tax (not more than \$100,000)										
С		35c		$\rightarrow$							
36	the am	Taxable at Trust Rates. Sount on line 34 from:	ax rate schedule or	☐ Sche	dule D (Form	1041)	•	36			
37		tax. See page 16 of the ins						37			
38	Alterna	tive minimum tax						38			
39		Add lines 37 and 38 to line	35c or 36, whicheve	er applies				39			
Par	t IV	Tax and Payments									
40a	Foreign	tax credit (corporations atta	ch Form 1118; trusts	attach Fo	rm 1116) .	40a					
b	Other o	redits (see page 17 of the	instructions)		L	40b					
С		business credit. Attach For				40c					
d		for prior year minimum tax				40d					
e		redits. Add lines 40a throu					'	40e			
41								41			
		es. Check if from: Form 425						<del></del>			
42							acri scriedule) .	43			
43		ax. Add lines 41 and 42 .				44a		40			
44a	-	nts: A 2007 overpayment				44b		-			
b		stimated tax payments .				44c		+			
С		posited with Form 8868 .						-			
d	_	organizations: Tax paid or	•			44d		-			
е		withholding (see instruction				44e		+			
f		redits and payments: m 4136	<ul><li>☐ Form 2439</li><li>☐ Other</li></ul>			44f					
45	Total p	ayments. Add lines 44a th	rough 44f					45			
46	Estimat	ed tax penalty (see page 4	of the instructions).	Check if	Form 2220 is	attache	ed . ▶ 🗌	46			
47	Tax du	e. If line 45 is less than the	e total of lines 43 and	d 46, ente	er amount ow	ed .		47			
48	Overpa	yment. If line 45 is larger	than the total of lines	43 and	46, enter amo	ount over	rpaid <b>&gt;</b>	48			
49	Enter the	e amount of line 48 you want:					Refunded ►	49			
Par	t V	Statements Regarding	Certain Activities	and Ot	her Informa	ation (se	ee instruction	s on pa	age 18)		
1	At any	time during the 2008	calendar vear did	the oras	nization have	e an in	iterest in or	a sin	nature	Yes	No
•	,	er authority over a fi		_				_			
		s, the organization may	•	,	,	,	_		, ,		
		al Accounts. If YES, enter									
2	During t	he tax year, did the organizati	on receive a distribution	n from, or	was it the gran	tor of, or	transferor to, a				
3		see page 5 of the instruct ne amount of tax-exempt in									
		A—Cost of Goods Sold					)				
1		ry at beginning of year	1	6	nventory at e	end of ye	ear	6			
2		ses	2	7 ·	Cost of good	ls sold.	Subtract line				
3	Cost of	labor	3		6 from line 5	. Enter	here and in				
4a		nal section 263A costs	4a	I	Part I, line 2			7		Yes	No
<b>L</b>	•	schedule)	4b	I	Do the rules property proc		,			169	140
_		osts (attach schedule)									
5		Add lines 1 through 4b r penalties of perjury, I declare that I ha	5		to the organi					noliof :	ic tro-
Sig	_ I	ct, and complete. Declaration of prepa						or my Kilo	wieuge diid l	zonei, il	. io ii ue,
_			1				Γ		RS discuss th		
Her		ature of officer	D.:		::+1 o			the prepa	rer shown be	low (see	
	Signa	ature of officer	Date	I	itle			1			. 10
Paic		Preparer's			Date		Check if	Prepa	rer's SSN o	PIIN	
Pre	arer's	signature	,			self-empl		]			
-	Only yours if self-employed),										
	9	address, and ZIP code					Phone no.	(	)		

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(see instructions on page	•	ai Pro	operty	and Persoi	nai Prope	erty L	eased with Real	ı Pr	operty)	
1 Description of property	,									
(1)										
(2)										
(3)										
(4)										
(+)	2 Rent receiv	ad or a	ccrued							
(a) From personal property (if the for personal property is more the more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)										
(1)										
(2)										
(3)										
(4) Total		Total								
(c) Total income. Add totals of othere and on page 1, Part I, line						(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶				
Schedule E—Unrelated				see instructio	ons on pag	e 19)		(-)	<u> </u>	
1 Description of de			(	2 Gross inco	me from or		Deductions directly condebt-finance			
i bescription of de	bt-illianced propert	.y		prope		(a) S	straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)										
(2)										
(3)										
(4)										
acquisition debt on or allocable to debt-financed debt-finance		usted basis of cable to ed property schedule)		<b>6</b> Column 4 divided by column 5			ross income reportable blumn 2 × column 6)	8 Allocable deductions (column 6 × total of colum 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)					%					
Totals					ter here and on page 1, rt I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).			
Total dividends-received dedu										
Schedule F—Interest, Ar	nuities, Roya	alties,	, and R	ents From	Controlle	d Or	ganizations (see i	nstr	ructions on page 20)	
			Exempt	Controlled	Organizatio	ns				
1 Name of controlled organization 2 Employer identification number		ber	3 Net unr	Net unrelated income loss) (see instructions)  4 Total of specified payments made		ecified	5 Part of column 4 that is included in the controlling organization's gross incon		ng connected with income	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
7 Taxable Income 8 Net unrela (loss) (see in				9 Total of specified		10 Part of column 9 that is included in the controlling		connected with income in		
(1)		ion done		paym	payments made		organization's gross income		column 10	
(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).	
Totala						_				
Totals						. •				

Schedule G—Investment In	come of a Sect			ganization (see			
1 Description of income	2 Amount of inco	ome dir	3 Deductions ectly connected ttach schedule)	4 Set-asides (attach schedu	i and	etal deductions et-asides (col. 3 olus col. 4)	
(1)							
(2)							
(3)							
(4)							
	Enter here and on	page 1.			Enter he	ere and on page 1,	
	Part I, line 9, colum					ne 9, column (B).	
Totals							
Schedule I—Exploited Exer	npt Activity Inc	ome, Other	Than Advertisir	ng Income (see	instructions or	n page 21)	
	j		4 Net income	, I			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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	Enter here and or	1			Enter here and	
	page 1, Part I,	page 1, Part I,				on page 1,	
Totals	line 10, col. (A).	line 10, col. (B).				Part II, line 26.	
Schedule J—Advertising In	Domo (and instru	otione on nega	. 01)				
	<u> </u>			•_			
Part I Income From Pe	riodicais Repor	ted on a Co		IS		1	
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)							
(1)			_			-	
(2)						_	
(3)			_			-	
<u>(4)</u>							
Totals (carry to Part II, line (5)) .			<u> </u>	/=		5	
Part II Income From Percolumns 2 through			eparate Basis	(For each period	odical listed	in Part II, fill in	
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)							
(5) Totals from Part I							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and or page 1, Part I, line 11, col. (B).	n			Enter here and on page 1, Part II, line 27.	
Schedule K—Compensation		irectors and	Trustees (see	instructions on p	age 22)		
- Compensation	J. Jillocia, D	55.515, and		3 Percent of	T ,	tion attributable to	
1 Name		2 Title	time devoted to business	unrelat	tion attributable to ed business		
				%			
				%			
				%			
				%	5		
Total. Enter here and on page 1. Page	art II. line 14			•	•		