Form	990-T	Ex	empt Organization Busic	rn	OMB No. 1545-0687						
	ment of the Treasury I Revenue Service	F	or calendar year 2008 or other tax year	d proxy tax under section 6033(e)) ar 2008 or other tax year beginning, 2008, and , 20							
A	Check box if address changed	-	Name of organization ( Check box if name				D Employ (Employe	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		on page 9.)						
	408(e) 220(e) 408A 530(a) 529(a)	Туре	City or town, state, and ZIP code		(See instructions for Block E on page 9.)						
	ok value of all assets and of year	401(a) tru	ust 🗌 Othe	r trust							
			n's primary unrelated business activit								
!	f "Yes," enter the r	name and	e corporation a subsidiary in an affiliated g d identifying number of the parent corpora					► □ Yes	□ No		
-	he books are in					elephone numbe	``	)			
Pa			de or Business Income		(A) Income	e (B) Exp	penses	(C) Net			
1a	Gross receipts			1c							
b 2			ces <b>c</b> Balance ► chedule A, line 7)	2							
2	•	•	ine 2 from line 1c	3							
4a			e (attach Schedule D)	4a							
b		gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) bital loss deduction for trusts									
с	• • • • •										
5			hips and S corporations (attach statement)	5							
6	Rent income (S		-	6 7							
7			d income (Schedule E)								
8	organizations (S										
9	organization (S	Schedule	f a section 501(c)(7), (9), or (17) e G)	9							
10		-	ity income (Schedule I)	10 11							
11 12	Advertising inco Other income (Se		hedule J)	12							
13	Total. Combine	lines 3	through 12	13		fan linsitationa		-+:			
Par	(Except	for con	tributions, deductions must be dire	ctly c	onnected wit	h the unrelated	busines	s income.)			
14			ers, directors, and trustees (Schedule	-							
15											
16 17			ce								
18	Interest (attach										
19	Taxes and licen										
20	Charitable cont										
21	Depreciation (at	ttach Fo	orm 4562)		21						
22	Less depreciation	on clain	ned on Schedule A and elsewhere or	retur	n <b>22a</b>		22b				
23											
24 25			ed compensation plans								
25 26			rams								
20 27			ts (Schedule J)				· · -				
28			ch schedule)				28				
29			l lines 14 through 28				29				
30			able income before net operating loss								
31			uction (limited to the amount on line								
32			able income before specific deduction						-		
33 34			nerally \$1,000, but see line 33 instruct axable income. Subtract line 33 fron				· · -				
	32, enter the sr	naller o	f zero or line 32				34				

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

Form	990-T (200	)8)								P	age <b>2</b>
Par	t III	Tax Computation									
35	Controlled group members (sections 1561 and 1563) check here ► □ See instructions and:										
а	Enter ye (1) \$	our share of the \$50,000, \$ (2)				ackets (in	that order):				
b		rganization's share of: <b>(1)</b> A itional 3% tax (not more th									
С	Income	tax on the amount on line	934				🕨	35c			
36		Taxable at Trust Rates.						36			
37		ax. See page 16 of the inst				,		37			
38		tive minimum tax	38								
39	Total. /	Add lines 37 and 38 to line						39			
Par	t IV	Tax and Payments									
40a	Foreign	tax credit (corporations atta	ach Form 1118; tr	usts attac	ch Form 1116)	40a					
b	•	redits (see page 17 of the			,	40b					
		business credit. Attach For	,			40c					
d		or prior year minimum tax				40d					
e		redits. Add lines 40a throu						40e			
41								41			
42		es. Check if from: Form 425					ich schedule)	42			
43		ax. Add lines 41 and 42 .						43			
44a		nts: A 2007 overpayment				44a					
b	-	stimated tax payments .				44b					
c		posited with Form 8868 .				44c					
d		organizations: Tax paid or				44d					
e	-	withholding (see instruction				1 1					
f	-	redits and payments:									
-		n 4136				44f					
45		ayments. Add lines 44a th						45			
46	-	ed tax penalty (see page 4						46			
47		e. If line 45 is less than the		,			· · · · · •	47			
48		yment. If line 45 is larger						48			
49	Enter the	amount of line 48 you want:					Refunded ►	49			
Par	t V	Statements Regarding	g Certain Activ	ities an	d Other Inforn	<b>nation</b> (se	e instruction	s on p	age 18)		
1	At anv	time during the 2008	calendar vear.	did the	organization ha	ve an int	terest in or	a sio	nature	Yes	No
		er authority over a fi			0						
		, the organization may al Accounts. If YES, enter					of Foreign				
2	During t	he tax year, did the organizati	ion receive a distrik	oution fror	n, or was it the gra	ntor of, or t	transferor to, a	foreigr	n trust? .		
		see page 5 of the instruct									
3		ne amount of tax-exempt in									
Sch		Cost of Goods Sold		ot inve	ntory valuation			1 . 1			
1	Invento	ry at beginning of year	1		6 Inventory at	end of year	ar	6			
2		ses	2		7 Cost of goo	ods sold. S	Subtract line				
3	Cost of	labor	3		6 from line	5. Enter h	nere and in				
4a		nal section 263A costs			Part I, line 2			7	T		
_		schedule)	4a	_	8 Do the rule					Yes	No
_		osts (attach schedule)	4b				acquired for				
5		Add lines 1 through 4b	5	inglicati						a all - f . ''	ie tre
Sig		r penalties of perjury, I declare that I hat ct, and complete. Declaration of prepa						JI IIIY KNC	wieuge and I	Jeller, It	is true,
									RS discuss th		
ner		ature of officer	 		the preparer shown below (see instructions)? Yes No						
		<u> </u>	L	Date	Title		L	1	arer's SSN o		
Paid		Preparer's signature			Date		Check if				
Prep	oarer's	Firm's name (or				s	EIN				
Use	Only	yours if self-employed),					Phone no	(	)		

## Coh --T њ. Л **.** . . .

(see instructions on page	•	al Pr	operty	and Perso	nal Prope	erty L	eased with Rea	I Pr	operty)	
1 Description of property										
(1)										
(2)										
(3)										
(4)										
· · ·	2 Rent receiv	ed or a	accrued							
(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)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of there 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)		. ,		
	bt-financed proper			2 Gross inco allocable to de	ome from or ebt-financed	3	Deductions directly con debt-finant traight line depreciation			
				prop	Gity		(attach schedule)		(attach schedule)	
(1)										
(2)										
(3)										
(4)	<b></b>									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (attach s			o Derty	6 Column 4 divided by column 5		<b>7</b> Gross income reportab (column 2 × column 6)		8 Allocable deductions (column 6 × total of column 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)					%					
(4)					%					
Totals					Enter here and on page 1, Part I, line 7, column (A).			Enter here and on page 1, Part I, line 7, column (B).		
		in col	in column 8							
Schedule F—Interest, A	nnuities, Roya	alties	s, and R	ents From	Controlle	d Or	ganizations (see i	nstr	ructions on page 20)	
			Exempt	t Controlled	Organizatio	ons				
1 Name of controlled organization	2 Employer identification num	nber 3 Net unr		related income e instructions)	4 Total of specified payments made		5 Part of column 4 that included in the controlli organization's gross inco		ling connected with income	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	anizations									
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instructions)		<b>9</b> Total of specified payments made			<b>10</b> 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 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).	
Totals										
							1		1	

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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 inco	ome	a Deductions directly connected (attach schedule)		4 Set-asides (attach schedu		<b>5</b> Total deductions and set-asides (col. 3 plus col. 4)		
(1)				,				, , , , , , , , , , , , , , , , , , , ,	
(2)									
(3)									
(4)									
 Totals ►	Enter here and on Part I, line 9, colum							re and on page 1, ne 9, column (B).	
Schedule I—Exploited Exer	mpt Activity Inc	ome.	Other T	han Advertisir	na Income (see	instru	ctions or	page 21)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	2 Gross unrelated business income from trade or		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		kpenses 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 nage	21)					
Part I Income From Pe					is				
1 Name of periodical	advertising		Direct sing costs Direct sing costs Direct 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))		uto d a		narata Basia	(For each pari	odiaal	liated	n Dort II fill in	
Part II Income From Pe columns 2 throug	h 7 on a line-by	line b	asis.)		(For each pen	odical	listed i		
1 Name of periodical	2 Gross advertising income		Direct sing costs	<b>4</b> 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, , col. (B).					Enter here and on page 1, Part II, line 27.	
Schedule K—Compensatio		irecto	rs, and	Trustees (see	instructions on p	age 2	2)		
1 Name	<b>) -</b>			2 Title	3 Percent of time devoted t business	4	Compensat	ion attributable to ed business	
					9	6			
					9	6			
					9	6			
					9	6			