Form	990-T	E	Exempt Org								eturi	n		OMB No. 1545	-0687
Form		Fc	(and 07 calendar year 20			ax under s		on 60	J33(e))) , 2010	and			201	0
Departm	ent of the Treasury Revenue Service		ending	, 20				e sep	arate ins	'			Oper 501(n to Public Insp (c)(3) Organizat	ection for
	Check box if		Name of organization			box if name ch						D Emr		identification n	
_	ddress changed						Ū.							st, see instructions.)	umber
	i01()()	Print	Number, street, and	room or	suite r	o. If a P.O. box,	see instr	ructions							
_	08(e) 220(e)	or Type												business activit	y codes
4	08A 530(a)	Type	City or town, state, a	nd ZIP	code							(See i	instructio	ons.)	
5	i29(a)														
C Book	value of all assets d of year		oup exemption n												
			neck organization					า	<u> </u>	c) trust] 401(a	a) trus	st 🗌 Oth	er trust
			n's primary unrela												
	• •		e corporation a sub			•	• •		-subsidia	ry cont	rolled g	roup?)	Yes	🗌 No
			nd identifying num	oer of	the pa	arent corpora	tion. 🕨								
-	e books are in o									ephone					
Part			e or Business I	ncon	ne			(A) Income	_	(B) E>	penses		(C) Ne	et
1a	Gross receipts		-		-										
b	Less returns and a				1	Balance 🕨	1c			_					
2	-	-	Schedule A, line 7)				2			_					
3	•		t line 2 from line 1							_					
4a			me (attach Schedı 4797, Part II, line 1	,			4a 4b			_					
b c			n for trusts				40 4c								
5	-		erships and S corpo				5			-					
6		-					6						-		
7			ced income (Sche				7								
8			royalties, and				-								
Ū	organizations	(Sched	ule F)				8								
9	Investment ir organization (S		of a section le G)				9								
10			ivity income (Sch				10								
11	-	-	Schedule J)				11								
12	-		tructions; attach sc				12								
13	Total. Combin				,		13								
Part			Taken Elsewhe	re (Se	e ins	tructions for	r limitat	tions	on dedu	uctions	.) (Exc	ept for	r con	tributions,	
	deduction	s must	be directly conn	ected	l with	the unrelate	ed busi	ness	income.	.)					
14	Compensation	n of offi	cers, directors, ar	d trus	tees (Schedule K)							14		
15	Salaries and w	/ages											15		
16			ance									-	16		
17												-	17		
18	•		dule)									-	18		
19												-	19		
20			ons (See instructio			,				• •	• •	·	20		
21			Form 4562)										001		
22			imed on Schedule										22b		
23 04			· · · · · · ·										23		
24 25			rred compensatio									-	24 25		
25 26		-	grams										25 26		
20 27			sts (Schedule J)										20		<u> </u>
28			ach schedule)										28		<u> </u>
29			dd lines 14 throug										29		<u> </u>
30			xable income befo										30		
31			eduction (limited to										31		
32			axable income bet										32		
33	Specific deduc	ction (G	enerally \$1,000, b	out se	e line	33 instructio	ns for e	except	tions.) .				33		
34	Unrelated bus	siness	taxable income.	Subtr	act lir	ne 33 from lir	ne 32. It	f line 3	33 is gre	eater th	an line	32,			
	enter the smal	ler of z	ero or line 32									.	34		

Form 99	D-T (2010)										ſ	Page 2
Part	II Ta	ax Computation										
35		zations Taxable as Corp					ion. C	controlled group	p			
	membe	rs (sections 1561 and 1563	3) check here	e 🕨 🗌 Se	e instru	ictions and:						
а	Enter ye	our share of the \$50,000, \$	25,000, and	\$9,925,000	taxable	e income bracl	kets (i	in that order):				
	(1) \$	(2)	\$		(3)	\$						
b		rganization's share of: (1) A	dditional 5%	6 tax (not m	ore tha	n \$11,750)	\$					
		itional 3% tax (not more th		•			\$					
с		tax on the amount on line						🕨	· 35c	1		1
36		Taxable at Trust Rat							n			
		ount on line 34 from: 🕅 Ta				•			36	1		
37		ax. See instructions					,					<u> </u>
	-	tive minimum tax							38			<u> </u>
39		Add lines 37 and 38 to line							39			<u> </u>
Part I		ax and Payments	550 01 50, WI	nichever ap	piles .		• •		03			L
		tax credit (corporations attac		tructo attac	h Eorm	1116)	40a					
	-	redits (see instructions) .					40a		_			
		l business credit. Attach Fo							_			
C L							40c 40d		_			
d		or prior year minimum tax							40-			
		redits. Add lines 40a throu	•						40e	<u> </u>		<u> </u>
41		t line 40e from line 39 .							41	<u> </u>		<u> </u>
42		kes. Check if from: Form 42					Other (a	ttach schedule) .	42			<u> </u>
43		ax. Add lines 41 and 42.				1	 	· · · · ·	43			<u> </u>
	•	nts: A 2009 overpayment c					44a		_			
b		stimated tax payments .					44b		_			
С		oosited with Form 8868 .					44c		_			
d		organizations: Tax paid or					44d		_			
е	-	withholding (see instructio					44e		_			
f		or small employer health in				n 8941) .	44f		_			
-		redits and payments:	Form 24	39								
	Form		Other			Total 🕨	44g					
45	-	ayments. Add lines 44a th							45	L		<u> </u>
46		ed tax penalty (see instruct								<u> </u>		<u> </u>
47		e. If line 45 is less than the								<u> </u>		<u> </u>
48	-	yment. If line 45 is larger t				enter amount	t over	•	• 48			<u> </u>
49		amount of line 48 you want:						Refunded	▶ 49	<u> </u>		
Part		atements Regarding C						,				
1		time during the 2010										No
		er authority over a		· ·				,	0			
		, the organization may					Rep	ort of Foreig	gn Ban	k and		
		al Accounts. If YES, enter t		-	-							
2	-	he tax year, did the organizati				-	r of, or	transferor to, a f	oreign tru	ust? .		
		see instructions for other for	•		-							
3		e amount of tax-exempt in					ur 🕨	\$				
Scheo		-Cost of Goods Sold.	inter metho	od of inven	tory va							
1		ry at beginning of year	1		6	-		fyear	6			<u> </u>
2	Purcha		2		7			sold. Subtrac				
3		labor	3		_			Enter here and		1		
4a		nal section 263A costs				in Part I, line	e2.		7			
	-	schedule)	4a		8			ection 263A (v		•		No
b	Other c	osts (attach schedule)	4b					d or acquired for				
5		Add lines 1 through 4b	5					ı?				
. .	Under p	enalties of perjury, I declare that I hav and complete. Declaration of prepare	e examined this r	eturn, including	accompa	nying schedules and	d staten	nents, and to the bes	t of my kno	wledge an	d belief, it	: is true,
Sign	Correct,	and complete. Declaration of prepare		ayer) is based o		lation of which prep	Jarei na	s any knowledge.		he IRS dis		
Here					/	•				he prepare structions)		
	Signatu	ire of officer		Date		Title .			(000 1			v
Paid		Print/Type preparer's name	P	reparer's signa	ature			Date	Check] _{if} F	PTIN	
Prepa	arer								self-emplo			
Use (Firm's name							Firm's EIN	•		
056(Firm's address							Phone no.			

Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

(,	
-			

1. Description of property	
(1)	
(2)	
(3)	
(4)	
2. Rent received or accrued	

(a) From personal property (if the percentage of rent for personal property is more than 10% but not 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	(b) Total deductions.
(c) Total income. Add totals of columns 2(a) ar here and on page 1, Part I, line 6, column (A)		Enter here and on page 1, Part I, line 6, column (B) ►

• •					· ·	• •	·	
here and or	n page 1	1, Part I,	line 6,	column	(A)			

Schedule E—Unrelated Debt-Financed Income (see instructions)

	1 Description of del	bt-financed property	2. Gross income from or allocable to debt-financed		nected with or allocable to ed property
		br-inanced property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(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)	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)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Totals																					. I	▶	 			
Total div	vide	nd	s-re	ece	ive	d de	edu	ictic	ons	inc	lud [,]	ed i	in c	olu	mn	8										 ►

,	, , ,													(/
Schedule F-Interest, Annu	uities, Royalties, an	d Re	nts	Fro	m (Con	ntro	olle	ed (Org	ani	zat	ion	s (s	see	ins	stru	ctions)
Total ulvidends-received deducti		5.	•	• •	•	•	•	•	•	•	• •	•	•	•	•	•		

Exempt Controlled Organizations

			Exempt Controlled	Organizations		
_	1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	 Total of specified payments made 	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 Organizations

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	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G-Investment Inco	me of a Section	501(c)			zation (see inst	ruction		
1. Description of income	2. Amount of inco	ome	dire	Deductions ctly connected ach schedule)	4. Set-asides (attach schedu			otal deductions set-asides (col. 3 plus col. 4)
1)								
2)								
3)								
(4)								
	Enter here and on Part I, line 9, colur							ere and on page 1 ine 9, column (B).
Totals 🕨	•							
Schedule I—Exploited Exemp	t Activity Incom	e, Othe	er Than	Advertising In	come (see inst	ruction	s)	
				4. Net income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with iction of elated as 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	attribu	penses utable to umn 5	7. Excess exemp expenses (column 6 minus column 5, but noi 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								
Schedule J—Advertising Inco	me (see instruction	ns)						
Part I Income From Perio	dicals Reported	l on a (Consoli	dated Basis				
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 readershi costs (column 6 minus column 5, bu not more than column 4).
(1)								
(1)				-				-
2)				-				-
3)				-				-
(4)								
Totals (carry to Part II, line (5))				Decis (Ferrer				fill in a luman
Part II Income From Perio		i on a s	Separat	e Basis (For ea	ach periodical i	isted li	n Part II	, till in column
2 through 7 on a line	-by-line basis.)							
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 readershi costs (column 6 minus column 5, bu not more than column 4).
[1]								
(2)								
(3)								
(4)								
Totals from Part 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.
Totals, Part II (lines 1-5)								
Schedule K—Compensation o	of Officers, Direc	ctors, a	and Tru	stees (see instru	, ,			
1. Name				2. Title	3. Percent of time devoted to business	4. (tion attributable to ed business
(1)					9	6		
2)					9	6		
(3)					9	6		
(4)					9			
Total. Enter here and on page 1, Part II,	, line 14				· · · · · · ·	•		