	qqn_T	Ex	empt Organization Busi	ness	s Incom	ne Tai	x Retur	'n 🗀 🤄	OMB No. 1545-0	387	
Form	330 I		(and proxy tax under	sec	tion 603	33(e))			20 17	1	
	tment of the Treasury		or calendar year 2007 or other tax year	begin	ning	·;	2007, and		en to Public Insp		
Internal Revenue Service ending , 20 Check box if Name of organization (Check box if name or particular to the control of th									for 501(c)(3) Organizations Only D Employer identification number		
AL	address changed	Criarig	eu anu see ms	structions.)	1	(Employee	s' trust, see instruction				
B Ex	empt under section	Number street and room or suite no. If a P.C.	see page 9 of	instruction	ns.	on page 9	.)				
	` ` _	Print Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.							ed business activ	ity codes	
H	408(e) 220(e) 408A 530(a)	Туре	City or town, state, and ZIP code						ructions for Block E		
H	408A	*.							1		
	ok value of all assets	F Gr	oup exemption number (See instructi	ons fo	or Block F	on page	9.) ▶				
at	end of year		eck organization type ► ☐ 501(c)			501(c)		401(a) tru	ıst Othe	er trust	
H	Describe the orga		n's primary unrelated business activit			- ()		()			
			e corporation a subsidiary in an affiliated			subsidiary	controlled (group? .	► ☐ Yes	□No	
	f "Yes," enter the n The books are in		d identifying number of the parent corpor	ation.	<u> </u>	Toloph	ono numbo	× • (
Pa			de or Business Income		Telephone number (A) Income (B) Expe			•) (C) Net		
					(A) 1110	Offic	(D) EXP	Jenses	(0) 146		
1a	•			1c							
b	Less returns and			2							
2	_	-	chedule A, line 7)	3							
3			ine 2 from line 1c	4a							
4a			,	41							
b			'97, Part II, line 17) (attach Form 4797) for trusts	4c							
с 5	Capital loss dec		hips and S corporations (attach statement)	5						+	
6	Rent income (So			6							
7			d income (Schedule E)	7							
8			yalties, and rents from controlled	· -						+	
0	organizations (S	chedul	e F)	8						_	
9			f a section 501(c)(7), (9), or (17)	9							
	organization (S		•	10						+	
10			ity income (Schedule I)	11						_	
11	Advertising inco	`	hedule J)	12						+	
12 13			through 12	13						+	
			ot Taken Elsewhere (See page 12		instructio	ns for li	imitations of	on deduc	tions.)		
	(Except	for con	tributions, deductions must be dire	ectly o	connected	with the	e unrelated	busines	s income.)		
14	Compensation of	of office	ers, directors, and trustees (Schedule	K)				. 14			
15											
16			ice								
17											
18			le)								
19		nses									
20			s (See page 14 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	ı retur	n <u>22</u>	a		22b			
23	Depletion							. 23			
24			ed compensation plans								
25			rams								
26			ses (Schedule I)								
27			ts (Schedule J)								
28	Other deduction	ns (attac	ch schedule)								
29			I lines 14 through 28								
30			able income before net operating loss					l l			
31			uction (limited to the amount on line	-							
32			able income before specific deduction							_	
33			nerally \$1,000, but see line 33 instru								
34			exable income. Subtract line 33 from f zero or line 32								

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Par	t III Tax Computation						
35 a	Organizations Taxable as Corporation Controlled group members (sections 156 Enter your share of the \$50,000, \$25,000,	1 and 1563) check here ► and \$9,925,000 taxable in	☐ See instructi	ons and:			
b	Enter organization's share of: (1) Additiona						
	(2) Additional 3% tax (not more than \$10						
С	Income tax on the amount on line 34 .				35c		
36	Trusts Taxable at Trust Rates. See instanted the amount on line 34 from: ☐ Tax rate	schedule or Schedule	D (Form 1041)	•	36		
37	Proxy tax. See page 16 of the instruction				37		
38	Alternative minimum tax	OG which over applies					
39 Par	t IV Tax and Payments	36, whichever applies .		<u> </u>	39		
		. 1110: twicte ettech Ferms 1	116) 40a				
40a	Foreign tax credit (corporations attach Form		110)		-		
b	Other credits (see page 17 of the instruction General business credit. Check here and it	-			-		
С	Form 3800 Form(s) (specify)						
Ч	Credit for prior year minimum tax (attach				_		
e	Total credits. Add lines 40a through 40a			l	40e		
41					41		
42	Other taxes. Check if from: Form 4255 For			ch schedule)	42	-	
43	Total tax. Add lines 41 and 42		,	ion concadio, .	43		
44a	Payments: A 2006 overpayment credited		1 1	· · · · ·			
b	2007 estimated tax payments						
С			446				
d	Foreign organizations: Tax paid or withhel	d at source (see instruction	ns) 44d				
е	Backup withholding (see instructions) .		44e				
f	Other credits and payments:						
	☐ Form 4136 ☐ Ot	:her T	otal ▶ 44f				
45	Total payments. Add lines 44a through				45		
46	Estimated tax penalty (see page 4 of the			d . ▶ 🗆	46		
47	Tax due. If line 45 is less than the total of				47		
48	Overpayment. If line 45 is larger than the		enter amount over	•	48		
49 Par	Enter the amount of line 48 you want: Credited to V Statements Regarding Certa		Information (se	Refunded instruction	49 s on page 18		
rai			,			V	No
1	At any time during the 2007 calendar year over a financial account (bank, securities Form TD F 90-22.1. If YES, enter the nar	or other) in a foreign cour	ntry? If YES, the o		nay have to fil		NO
2	During the tax year, did the organization received				foreign trust?		
•	If YES, see page 5 of the instructions for	· ·	•				
3	Enter the amount of tax-exempt interest edule A—Cost of Goods Sold. Enter						
					6		
1	Inventory at beginning of year Purchases 2		ntory at end of ye		0		
2	1 01010000		t of goods sold.				
3			om line 5. Enter l I, line 2		7		
4a	Additional section 263A costs (attach, schedule) 4a		the rules of sect			Yes	No
h	(attach schedule) 4a 4b		perty produced or	,			110
5	Total. Add lines 1 through 4b 5		he organization?			'. ·	
	Under penalties of perjury, I declare that I have examin					nd belief, it	t is true,
Sig	n correct, and complete. Declaration of preparer (other t	han taxpayer) is based on all informati	on of which preparer has		==		
Her	re 🕨				May the IRS discus the preparer shown		
	Signature of officer	Date Title					No
Paid	I Signature	Da	(Check if self-employed	Preparer's SSN	l or PTIN	
-	parer's			EIN			
use	only yours if self-employed), address, and ZIP code		Phone no.	()			

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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	ued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percent				al and personal rent for personal rent is based on	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		2(b). Enter	ſ •				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	ту		2 Gross inco			Deductions directly con debt-finance		roperty	
				property (a) S			Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						-		-		
(2)										
(3)										
(4)	T 5 0 11							-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	usted basis of cable to ed property chedule)		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)			%							
)				%						
(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	18.							
Schedule F—Interest, A	nnuities, Roya	alties, a	nd R	ents From	Controlle	d Or	ganizations (see i	nstr	ructions on page 21)	
,				t Controlled			`			
1 Name of Controlled Organization	ame of Controlled Organization 2 Employer Organization Identification Number 3 Net un		Net un	nrelated income see instructions) 4 Total of springer payments in				olling connected with income		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	nizations									
rtonoxompt Controlled Orge							40.0			
7 Taxable Income	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 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)				Deductions	4 Set-asides	3	5 Total deductions		
1 Description of income	2 Amount of inco	ome	directly connected (attach schedule)		(attach schedu		and set-asides (col. 3 plus col. 4)		
<u>(1)</u>									
(2)									
(3)									
(4)									
	Enter here and on Part I, line 9, colun							re and on page 1, ne 9, column (B).	
Totals			=						
Schedule I—Exploited Exer	npt Activity Inc	ome, (Other T	han Advertisir	ng Income				
(see instructions on page 22)									
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		-4:		20)					
Schedule J—Advertising In Part I Income From Pe					io				
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos		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)) . I	>								
Part II Income From Percolumns 2 through				parate Basis	(For each peri	odical	listed i	n Part II, fill in	
(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	n of Officers, D	irecto	rs, and	Trustees (see	instructions on p	age 23	3)		
1 Name				2 Title	3 Percent of time devoted to business	time devoted to 4 CO		Compensation attributable to unrelated business	
					9/	6			
					9/	6			
					9/	6			
					9/	6			
Total. Enter here and on page 1, Page 1, Page 1, Page 1, Page 2, Page	art II. line 14					• <u> </u>			