Form	990-T	6	Exempt Orga						n	0	MB No. 1545-0	687
		Fo	or calendar year 20		xy tax under		n 0033(e	, 2011, and			2011	
Departm Internal F	ent of the Treasury Revenue Service		ending	, 20			e separate ins			Open 501(c	to Public Inspect (3) Organization	ction for ns Only
	Check box if		Name of organization		Check box if name ch		•		D Emp		dentification n	
	ddress changed										' trust, see instru	
	)1( )( )	Print	Number, street, and r	oom oi	r suite no. If a P.O. box	, see instr	uctions.		1			
	)8(e) 220(e)	or Type									ousiness activity	/ codes
40	08A 🗌 530(a)	- 71	City or town, state, a	nd ZIP	code				(See	instruc	ctions.)	
	29(a)											
C Book at en	value of all assets d of year		oup exemption nu									
	-		neck organization				501	c) trust	] 401(a	) trus	t 🗌 Othe	r trust
			n's primary unrelat									
	• •		e corporation a sub		•	• •	parent-subsidi	ary controlled g	group? .	. Þ	► 🗌 Yes 🗋	No
			nd identifying numb	per of	the parent corpora	tion. 🕨						
	e books are in		► e or Business I		20		I E (A) Income	lephone numb	xpenses		(C) Net	
1a	Gross receipts						(A) Income	(6) E	xpenses		(C) Net	
b	Less returns and				c Balance ►	1c						
2			Schedule A, line 7)			2				-		
3	-	-	t line 2 from line 1			3						
4a	•		ne (attach Schedu			4a						
b			4797, Part II, line 1			4b						+
с			n for trusts			4c						
5	Income (loss) fro	om partn	erships and S corpo	rations	(attach statement)	5						
6	Rent income (	Schedu	ıle C)			6						
7			ced income (Sche		,	7						
8			royalties, and			d l						
_			ule F)			8						
9			of a section									
40			leG)			9						+
10			ivity income (Sche			10				_		
11 12	•	•	Schedule J)			11 12						+
12			•		,							<u> </u>
Part	Deductio	ns Not	3 through 12 . Taken Elsewhe	re (Se	e instructions fo	r limitat	ions on ded	uctions.) (Exc	ept for	cont	ributions.	
			be directly conn						-		,	
14			cers, directors, an							14		
15	Salaries and v									15		
16	Repairs and m	naintena	ance							16		
17	Bad debts									17		
18			dule)							18		<u> </u>
19										19		
20			ons (See instructio		,				· 🛓	20		
21			Form 4562)									
22	•		imed on Schedule							2b		+
23										23		-
24 25			rred compensatio	•						24 25		+
25 26			nses (Schedule I)							25		+
20 27		•	sts (Schedule J)						-	27		+
28		-	ach schedule)							28		+
29		-	dd lines 14 through							29		+
30			xable income befo							30		+
31			eduction (limited to							31		
32	Unrelated bus	iness ta	axable income bef	ore s	pecific deduction.	Subtrac	ct line 31 fron	n line 30		32		
33			enerally \$1,000, b							33		
34			taxable income.									
	enter the sma	uer of z	ero or line 32						• [ ;	34		

Form 99	0-T (2011)											Page <b>2</b>
Part	III Ta	ax Computation										
35		zations Taxable as Corp					tion. C	controlled grou	ıp 🛛			
	membe	rs (sections 1561 and 1563	3) check he	re 🕨 🗌 Se	e instru	ctions and:						
а		our share of the \$50,000, \$		d \$9,925,000			ckets (i	in that order):				
	(1) \$	(2)			(3)							
b	Enter o	rganization's share of: (1) A	dditional 5	% tax (not m	ore than		\$					
		itional 3% tax (not more the					\$					
С		tax on the amount on line							► <u>35</u> 0	;		
36		Taxable at Trust Rat				•			n			
	the amo	ount on line 34 from: 🗌 Ta	x rate sche	dule or 🗌 S	Schedule	D (Form 104	41).	🎙	► <u>36</u>			
37	Proxy t	ax. See instructions						🕨	► <u>37</u>			
38		tive minimum tax							38			
39		Add lines 37 and 38 to line	35c or 36, v	whichever ap	plies .				39			
Part		ax and Payments										
40a		tax credit (corporations attac					40a		_			
b		redits (see instructions) .					40b		_			
С		I business credit. Attach Fo	•		,		40c		_			
d		or prior year minimum tax (					40d					
е		redits. Add lines 40a throu	0						40e	•		
41		t line 40e from line 39 .							41			
42		kes. Check if from: 🗌 Form 42						ttach schedule) .	42			
43		ax. Add lines 41 and 42 .					1 1		43			
44a		nts: A 2010 overpayment c					44a		_			
b		stimated tax payments .					44b		_			
С		oosited with Form 8868 .					44c		_			
d	-	organizations: Tax paid or		-		-	44d		_			
е	-	withholding (see instruction					44e		_			
f		or small employer health in				า 8941) .	44f		_			
g		redits and payments:		2439								
	Form		Other				44g		_			-
45		ayments. Add lines 44a th							45	-		<u> </u>
46		ed tax penalty (see instruct	,							_		<u> </u>
47		e. If line 45 is less than the							47			<u> </u>
48		yment. If line 45 is larger t				enter amoun	it over	•	48	_		<u> </u>
49 Dout		amount of line 48 you want:						Refunded	49			
Part		atements Regarding C						,			Vac	No
1	-	time during the 2011		-	-					-	Yes	No
		er authority over a t , the organization may		· ·				,	0			
		al Accounts. If YES, enter t					пер		yn ba	nik anu		
0		he tax year, did the organization		-	-		r of or	transforar to a	foreign t			<u> </u>
2	-	see instructions for other for				-	or 01, 01	transieror to, a	loreigini	iusi: .		
3		he amount of tax-exempt in		•	-		ar 🕨	¢				
		-Cost of Goods Sold. E						Ψ				
1		ry at beginning of year	<b>1</b>		6		end o	fyear	6			
2	Purcha		2		7	-		sold. Subtra				<u> </u>
3		labor	3		- 1			Enter here ar				
4a		nal section 263A costs	•		_				7			-
iu		schedule)	4a		8			ection 263A (		snect to	Yes	No
b	-	osts (attach schedule)	4b		-  Ŭ			d or acquired t		•		
5		Add lines 1 through 4b	5		-							
	Under p	enalties of perjury, I declare that I hav	e examined this			ying schedules an	nd staten	nents, and to the be			d belief, i	t is true,
Sign		and complete. Declaration of prepare								the IRS disc		
Here									with	the prepare	r shown	below
	· · · · · · · · · · · · · · · · · · ·	ire of officer		Date	′ т	itle			(see	instructions)	⊻∐Yes	∐No
Paid	·	Print/Type preparer's name		Preparer's signa				Date	Check	F	TIN	
	ore -			-					Check self-emp			
Prepa		Firm's name							Firm's El			
Use (	Jniy	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)	<b>3(a)</b> 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)	(c) Total income. Add totals of columns 2(a) and 2(b). Enter						

(-) -						-() -	 -(,	 
here	and on	page <sup>·</sup>	1, Part I,	line 6,	column	(A)		

Т

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

	1 Description of de	bt-financed property	<b>2.</b> Gross income from or allocable to debt-financed	dept-inanced property				
	T. Description of de	bt-financed property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)								
(2)								
(3)								
(4)								
	<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> 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	nds	s-re	cei	veo	d de	edu	ctic	ons	inc	lude	ed i	n co	olur	nn	8										

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

			Organizations		
1. Name of controlled organization	2. Employer identification number	<b>3.</b> Net unrelated income (loss) (see instructions)	navments made	<b>5.</b> 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)	<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	<b>11.</b> 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	s)		
1. Description of income	2. Amount of inco	ome	direa	Deductions otly connected ach schedule)	<b>4.</b> Set-asides (attach schedu		5. Total deductions and 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	icome (see insti	ruction	s)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with ction of elated is 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	attribu	penses utable to umn 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 <sup>-</sup>	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	on a C	Consoli	dated Basis					
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 osts	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 Perio 2 through 7 on a line		on a S	Separat	<b>e Basis</b> (For ea	ach periodical l	isted i	n Part II	, fill in columns	
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 osts	7. Excess readership costs (column 6 minus column 5, but 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 <sup>-</sup>	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 c	of Officers, Direc	ctors, a	and Tru	<b>stees</b> (see instru					
<b>1.</b> Name			2	2. Title	3. Percent of time devoted to business	<b>4.</b> (		tion attributable to ed business	
(1)					%	6			
(2)					%	6			
(3)					%	6			
(4)					%	6			
Total. Enter here and on page 1, Part II,	, line 14					•			