

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2008 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ **See separate instructions.**

OMB No 1545-0087

**2008**Open to Public Inspection  
for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501 (C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 528(a)		<b>Print or Type</b> Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>The Nature Conservancy</b> Number, street, and room or suite no. If a P O box, see page 9 of instructions <b>4245 N. Fairfax Drive, Room No. 100</b> City or town, state, and ZIP code <b>Arlington VA 22203</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>53-0242652</b>
<b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>531120 111000</b>			

<b>C</b> Book value of all assets at end of year <b>5,637,205,070</b>	<b>F</b> Group exemption number (See instructions for Block F on page 9.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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**H** Describe the organization's primary unrelated business activity. **▶ Rental of Office Building, Lodging, Partnerships and S-Corps.****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶** ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. **▶****J** The books are in care of **▶ Nature Conservancy** Telephone number **▶ 703-841-5300**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<b>151,241</b>			
<b>b</b> Less returns and allowances				
<b>c Balance ▶</b>		<b>1c 151,241</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2 199,637</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3 -48,396</b>		<b>-48,396</b>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a 5,933</b>		<b>5,933</b>
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5 -10,598</b>		<b>-10,598</b>
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7 1,782,368</b>	<b>1,007,161</b>	<b>775,207</b>
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See page 11 of the instructions; attach schedule.)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13 1,729,307</b>	<b>1,007,161</b>	<b>722,146</b>

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	<b>42,373</b>
<b>20</b> Charitable contributions (See page 13 of the instructions for limitation rules.)	<b>20</b>	<b>14,925</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>57,298</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>664,848</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>664,848</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>663,848</b>

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

(HTA)

Form **990-T** (2008)

P

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). ☐
- **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### **Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Nature Conservancy	53-0242652
	Number, street, and room or suite no. If a P.O. box, see instructions	
	4245 N. Fairfax Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Arlington, VA 22203	

#### Check type of return to be filed (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attached worksheet

Telephone No ▶ 703-841-5300

FAX No ▶ 703-527-0213

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning 7/1/2008, and ending 6/30/2009

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	254,712
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	19,712
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	235,000

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**THE NATURE CONSERVANCY  
FORM 990-T  
ADDITIONAL STATEMENTS  
YEAR ENDED JUNE 30, 2009**

**53-0242652**

**STATEMENT 7  
FORM 990-T, Part 5 Line 1**

**List of Countries Where TNC Maintains Signature Authority Over a Financial Account\***

Argentina  
Australia  
Bahamas  
Belize  
Bolivia  
Brazil  
Chile  
China  
Colombia  
Costa Rica  
Dominican Republic  
Ecuador  
Federated State of Micronesia  
Guatemala  
Honduras  
Hong Kong  
Indonesia  
Jamaica  
Mexico  
Mongolia  
Nicaragua  
Palau  
Panama  
Papua-New Guinea  
Peru  
Solomon Islands  
Venezuela

\* The Nature Conservancy maintains bank accounts in order to do business in foreign currencies and as required by local law.

**THE NATURE CONSERVANCY  
FORM 990-T  
ADDITIONAL STATEMENTS  
YEAR ENDED JUNE 30, 2009**

**53-0242652**

**STATEMENT 6  
FORM 990-T, SCHEDULE E - 5**

**HO Bldg-Arlington, VA  
Average Basis July-06 to June-07**

Land for Ops	3,932,805
Land Improvements	1,061
Construction in Progress	81,077
Building	<u>21,984,017</u>
Total	<u>25,998,960</u>
Allocable Total based on rentable space	<u><u><b>8,407,427</b></u></u>

**THE NATURE CONSERVANCY  
FORM 990-T  
ADDITIONAL STATEMENTS  
YEAR ENDED JUNE 30, 2009**

**53-0242652**

**STATEMENT 5  
FORM 990-T, SCHEDULE E - 4**

HO Bldg-Arlington, VA  
Average Basis July-08 to June-09

Debt Financing	22,910,000
<hr/>	
Total	22,910,000
Allocable Total based on rentable space.	<u><u>7,408,533</u></u>

**THE NATURE CONSERVANCY  
FORM 990-T  
ADDITIONAL STATEMENTS  
YEAR ENDED JUNE 30, 2009**

**53-0242652**

**STATEMENT 4  
FORM 990-T, SCHEDULE E - 3(B)**

**Expenses**

	<b>Arlington VA</b>	
	<b>HO Bldg</b>	<b>HO Bldg</b>
Management Co expenses:	1,902,713	
Interest expenses	883,715	
Total expenses	2,786,428	
Allocable Total based on rentable space	@32.34%	<b><u>901,063</u></b>

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				0
(2)				0
(3)				0
(4)				0
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	0			0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b>	0	0				0

**Schedule J—Advertising Income** (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

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)						
<b>Totals (carry to Part II, line (5))</b>	0	0	0	0	0	0

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>(5) Totals from Part I</b>	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF; or certain Forms 990-T.

▶ See separate instructions.

OMB No 1545-0123

**2008**

Name

Employer identification number

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example. 100 shares of Z Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 144 Shares Starion Bancorporatio	9/15/2008	9/30/2008	13,643	7,710	5,933
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37				2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824				3	
4 Unused capital loss carryover (attach computation)				4	( )
5 Net short-term capital gain or (loss). Combine lines 1 through 4				5	5,933

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss)
6					
7 Enter gain from Form 4797, line 7 or 9				7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37				8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824				9	
10 Capital gain distributions (see instructions)				10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10				11	0

**Part III Summary of Parts I and II**

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	5,933
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	0
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	14	5,933

**Note.** If losses exceed gains, see **Capital losses** in the instructions.**Part IV Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.**

15 Enter qualified timber gain (as defined in section 1201(b)(2))	15		
16 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	16	0	
17 Enter the smallest of. (a) the amount on line 15; (b) the amount on line 16; or (c) the amount on Part III, line 13	17	0	
18 Multiply line 17 by 15%	18	0	
19 Subtract line 13 from line 16. If zero or less, enter -0-	19	0	
20 Enter the tax on line 19, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	20		
21 Add lines 17 and 19	21	0	
22 Subtract line 21 from line 16. If zero or less, enter -0-	22	0	
23 Multiply line 22 by 35%	23	0	
24 Add lines 18, 20, and 23	24	0	
25 Enter the tax on line 16, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	25		
26 Enter the smaller of line 24 or line 25. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	26	0	



**THE NATURE CONSERVANCY**  
**FORM 990-T**  
**ADDITIONAL STATEMENTS**  
**YEAR ENDED JUNE 30, 2009**

**53-0242652**

**STATEMENT 1**

FORM 990-T, SCHEDULE A - COST OF GOODS SOLD Line 4b

**Bear Mountain Lodge**

<u>Asset Description</u>	<u>BOY NBV</u>	<u>Current Yr Depr./Amort.</u>	<u>Book Value</u>
Buildings for Operations	1,350,031	39,420	1,310,611

Allocable Total based on unrelated activity 7,202

THE NATURE CONSERVANCY  
 FORM 990-T  
 ADDITIONAL STATEMENTS  
 YEAR ENDED JUNE 30, 2009

53-0242652

STATEMENT 3  
 FORM 990-T, SCHEDULE E - 3(A)

<u>Asset Description</u>	<b>Building @Arlington, VA</b>		
	BOY NBV	Current Yr Depr /Amort	Book Value
Land For Operations	\$3,932,805		\$3,932,805
Land Improvements	2,122	2,122	(0)
Construction in Progress	0		0
Buildings for Operations	21,299,458	750,680	20,548,778
Total	\$25,234,385	\$752,803	\$24,481,582
Allocable Total based on rentable space		<u>243,438</u>	

THE NATURE CONSERVANCY  
FORM 990-T  
ADDITIONAL STATEMENTS  
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53-0242652

STATEMENT 2  
FORM 990-T, Line 5  
Income (loss) from partnerships and S corporations

<u>Description</u>	Portfolio Advisors Private Equity Fund II, LP	Portfolio Advisors Private Equity Fund IV, LP	ACACIA Institutional Partners, LP	Total
Ordinary Income (loss) from trade or business activities	23,823	(37,292)	2,871	(10,598)
Ordinary Income (loss) from rental real estate activities				0
Interest Income				0
Other Income (loss)				0
Total	<u>23,823</u>	<u>(37,292)</u>		<u>(10,598)</u>

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

**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	0	0

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ▶

0

0

**Schedule E—Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) Headquarters Building	2,025,418	243,438	901,063		
(2)					
(3)					
(4)					
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			
(1) 7,408,533	8,402,427	88%	1,782,368	1,007,161	
(2)		%	0	0	
(3)		%	0	0	
(4)		%	0	0	
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
<b>Totals</b>			1,782,368	1,007,161	

**Total dividends-received deductions** included in column 8 ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 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)
<b>Totals</b>			0	0

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.Controlled group members (sections 1561 and 1563) check here ☐ **See instructions and:****a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34**35c** 225,708**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)**36****37 Proxy tax.** See page 16 of the instructions**37****38 Alternative minimum tax****38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies**39** 225,708**Part IV Tax and Payments****40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**40a****b** Other credits (see page 17 of the instructions)**40b****c** General business credit. Attach Form 3800**40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)**40d****e** Total credits. Add lines 40a through 40d**40e** 0**41** Subtract line 40e from line 39**41** 225,708**42** Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**42****43** Total tax. Add lines 41 and 42**43** 225,708**44 a** Payments: A 2007 overpayment credited to 2008**44a** 19,712**b** 2008 estimated tax payments**44b****c** Tax deposited with Form 8868**44c** 235,000**d** Foreign organizations: Tax paid or withheld at source (see instructions)**44d****e** Backup withholding (see instructions)**44e****f** Other credits and payments: ☐ Form 2439☐ Form 4136☐ Other

Total

**44f** 0**45** Total payments. Add lines 44a through 44f**45** 254,712**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ☐**46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed**47** 0**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid**48** 29,004**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax 29,004 Refunded**49** 0**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year**1****2** Purchases**2** 135,006**3** Cost of labor**3** 57,429**4 a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b** 7,202**5** Total. Add lines 1 through 4b**5** 199,637**6** Inventory at end of year**6****7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2**7** 199,637**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

5/17/10

Date

VP, Tax Director

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no