

Form **990-T**

**Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))**

OMB No 1545-0687

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning \_\_\_\_\_, 2011, and  
ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

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

**A**  Check box if  
address changed

Name of organization (  Check box if name changed and see instructions )

**D Employer identification number**  
(Employees' trust, see instructions )

**B Exempt under section**

**Print  
or  
Type**

THE GEORGE LUCAS EDUCATIONAL FOUNDATION

68-0065687

501(C)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)

Number, street, and room or suite no If a P O box, see instructions

**E Unrelated business activity codes**  
(See instructions )

P.O. BOX 3494

City or town, state, and ZIP code

511120

SAN RAFAEL, CA 94912

**C Book value of all assets  
at end of year**

**F Group exemption number (See instructions )** ▶

1,663,614.

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H Describe the organization's primary unrelated business activity** ▶ ADVERTISING REVENUE

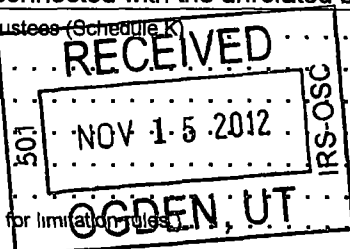
**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?** . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**J The books are in care of** ▶ BRIAN CHAN Telephone number ▶ 415-662-1614

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ▶</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>1 c</b>			
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 a</b>			
<b>c</b> Capital loss deduction for trusts	<b>4 b</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>4 c</b>			
<b>6</b> Rent income (Schedule C)	<b>5</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>7</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>9</b>			
<b>11</b> Advertising income (Schedule J)	<b>10</b>			
<b>12</b> Other income (See instructions; attach schedule)	<b>11</b>	782,776.	ATCH 1	782,776.
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>	782,776.		782,776.
	<b>13</b>	782,776.		782,776.

**Part II Deductions Not Taken Elsewhere (See 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>		25,358.
<b>15</b> Salaries and wages	<b>15</b>		17,405.
<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>		3,338.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</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>22b</b>		
<b>24</b> Contributions to deferred compensation plans	<b>23</b>		
<b>25</b> Employee benefit programs	<b>24</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>28</b> Other deductions (attach schedule)	<b>27</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>28</b>	ATTACHMENT 2	382,409.
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>29</b>		428,510.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>30</b>		354,266.
<b>32</b> Unrelated business taxable income before specific deduction Subtract line 31 from line 30	<b>31</b>		105,625.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>32</b>		248,641.
<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>33</b>		1,000.
	<b>34</b>		247,641.



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Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded amount.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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 and Preparer Information section. Includes fields for Signature of officer, Date, Title, Preparer's name, Signature, Date, Firm's name, Firm's address, Firm's EIN, and 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)		
<b>Total</b>	<b>Total</b>	

**(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) ▶

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

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		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(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	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			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>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

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

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)					
<b>Totals</b> . . . . . ▶			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).	

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

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)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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)						
<b>Totals</b> .....	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

**Schedule J - Advertising Income** (see instructions)

**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</b> (carry to Part II, line (5)) .....						

**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)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>	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</b> (lines 1-5) .....						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. ....			25,358.

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

INTERNET ADVERTISING REVENUE

782,776.

PART I - LINE 12 - OTHER INCOME

782,776.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INTERNET ADVERTISING EXPENSES  
GENERAL EXPENSES

310,587.  
71,822.

PART II - LINE 28 - OTHER DEDUCTIONS

382,409.

ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CYNTHIA JOHANSON IRISH P.O. BOX 3494 SAN RAFAEL, CA 94912	SECRETARY	9.991500	25,358.
TOTAL COMPENSATION			<u>25,358</u>

FORM 990-T, PART II, LINE 31 - NOL CARRYFORWARD SCHEDULE

FY Ending	NOL Incurred	NOL Utilized	LOSS CARRYFORWARD
12/31/2004	(239,508)	133,883	(105,625)
12/31/2005	-	-	-
12/31/2006	-	-	-
12/31/2007	-	-	-
12/31/2008	-	-	-
12/31/2009	-	-	-
12/31/2010	-	-	-
12/31/2011	-	105,625	-
NOL Carryforward Available as of 12/31/2011			-



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

(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service

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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*.

**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.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>The George Lucas Educational Foundation</b>	Enter filer's identifying number, see instructions Employer identification number (EIN) or <input checked="" type="checkbox"/> 68-0065687
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 3494</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>San Rafael CA 94912</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Brian Chan, Controller

Telephone No. ▶ (415)862-1614 FAX No. ▶ (415)662-1619

- 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) \_\_\_\_\_ . 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2011 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a 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>	\$	105,000
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	95,000
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	10,000

**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.

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