# . 990

**Return of Organization Exempt From Income Tax** 

Open to Public

(HTA)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		ne Treasury le Service	<b>•</b>	The organization may ha	ive to use a c	opy of this re	turn to satisfy s	state rep	orting re	quiremen	nts		Ins	pecti	on
A	For the	2008 cal	endar ye	ar, or tax year beginning	1	4/1/200	8	, and er	nding		3/31/2	2009			
<b>B</b> 0	heck if ap	plicable	Please use IRS	C Name of organization	World Pa	arrot Trust				D Empl	oyer ide	entificati	on numb	oer	
	Address	change	label or	Doing Business As						62-1561	595				
□ I	Name ch	ange	print or type	Number and street (or P	O box if mail is	not delivered t	o street address)	Ro	om/suite	E Telep	hone nu	ımber			
□ I	nitial retu	ım	See	P.O. Box 935						(863) 95	6-434	7			
	Terminati	on	Specific Instruc-	City or town, state or cou	intry, and ZIP +	4									
	Amended	l return	tions.	Lake Alfred		F	L 33	3850	_	G Gross	receipt	s \$			252,57
	Application	on pending	FN	ame and address of princ	pal officer				H(a) Is t	his a group	return	for affiliat	tes?	Ye	s X No
			]	·	•				H(b) Are	all affiliate	es includ	ded?	Ī	Ye	s No
	·	mat status	X 50	01(c) ( 3 ) ◀ (insert	t no )	4947(a)(1)	or 527		1 ''	If "No," att			struction		
		npt status			(110)	] 4347 (a)(1)	01 327		4					-,	
				arrottrust org				· · · · · ·		oup exemp			-		
_		ganization	X Co	rporation Trust	Association	U Other ▶		L Yea	r of forma	tion 19	994	M State	e of legal	domici	le FL
Р	art I		mmary												
	1	-		the organization's miss		_		o restor	re and p	protect w	ı <u>ld pa</u>	rrots a	<u>nd</u>	. <b></b> .	
		their hal	<u>bitats an</u>	d advance awareness	by program:	s and educa	ation.								
ဥ														. <b></b>	
Ē	İ			<u></u>											
ove.	2	Check tl	his box	▶ if the organizati	ion discontir	nued its ope	rations or dis	posed	of more	than 25	نامى%	its asse	ets,		
<u>ن</u> مع	3			g members of the gove					F	RECF		3			
Activities & Governance	4			pendent voting member	•	erning bod	y (Part VI, line	e 1b) .	ا ا	1202			سلب		
ivit	5			employees (Part V, line	•				649		0 3		<u> </u>		
Aci	6			volunteers (estimate if					1-1-	FEB 0	-	<del>*    </del>	<del>                                      </del>		
	7a	_		lated business revenue					Ш				<u>~</u>		
	<u>b</u>	Net unre	elated bu	usiness taxable income	from Form	990-T, line	<u>34</u>			<u> </u>		<del>(9  </del>			
		<b>^</b>		1 (D - 4 \ / 11   1'	41-3				<u> </u>	Prior Ye		_	Cur	rent Ye	
۵	8			d grants (Part VIII, line		•		•	<del></del>		281,2				215,73
eun	9														
Revenue	10			•		•		•	<del> </del>						3,97
	11			Part VIII, column (A), lii			' <del>-</del>					393			24,65
	12 13			dd lines 8 through 11 (					<del> </del>	· · · · · · · · · · · · · · · · · · ·	305,9	0			244,36
	14	_		lar amounts paid (Part or for members (Part I)								0			21,89
	15			compensation, employe					<b>—</b>		66,9	<u> </u>			100,28
ses	16a			draising fees (Part IX,				5 5–10)			00,3	0			100,20
Expenses	b			expenses (Part IX, co				196				<del>-                                    </del>			
Ä	17		_	(Part IX, column (A), li			 				149,2	97			56,83
	18			Add lines 13–17 (must				•			216,2				179,01
	19			penses. Subtract line			(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			89,6				65,34
- Se	<u> </u>	1.0101101	<u> </u>	pondo. Gastade into	10 110111 11110				Be	ginning of		<del>~  </del>	Enc	d of Ye	
LUIU, Net Assets or Fund Balances	20	Total as	sets (Pa	rt X, line 16)						<del></del>	186,9	954			255,69
T Ass	21		•	Part X, line 26)								0			349
ZžĚ	22		•	nd balances Subtract I	line 21 from	line 20					186,9	954	-		255,34
<sup>₿</sup> Pa	rt II		nature									•			
•				of perjury, I declare that I hav											
		and t	bellef, it is t	rue, correct, and complete De	eclaration of pre	eparer (other th	an officer) is base	ed on all i	nformatio	n of which	prepare	r has any	knowled	ige	
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⊋Sig	n		THE	CHAPTANIA MA	M-		<del> </del>				<u> </u>	1-0	$\omega \omega$		
⊮Hei		'	Signature	() \ (.	, Seen	مسمام				D	ate				
2			<del></del>	n Reynolds	Jeek	z tary	<del></del>								
{		Pren	arer's	nnt name and title			Date	LC	heck if	<del></del>	Ιp	renarers	identifyii	חת חוות	her
』 ĈPai∉	d	signa		Vo o So to	D	4.0.4	Date		elf-	r-		see instruc		ng nan	DCI
	u parer':	.		Andrew De	pen,	CPA.	12/15/200	9 en	nployed	▶∟	J JP	00290	<u> </u>		
	Only	Firm	's name (or		ephens, CP	A, PA				EIN	<b>•</b>				
-50	,		f-employed ess, and Zli	), <u> </u>			823			Phone no	▶ (8	363) 96	37-788	 3	
May	the IF			eturn with the preparer										Yes	No
				ork Reduction Act Notice					•	·	• •	<u>···</u>			90 (2008
(HTA		y ACL dila	- aperwo	AR INCUMULION ACT MOTICE	z, see uie 5e	parate motifu				616		19		Jiii <b>J</b>	JU (2000

	Other program services. (Describe (Expenses \$ 0 Total program service expenses	including grants of	\$ 125,884	0) (Revenue \$	0 ) , Line 25, column (B).)	
4d		•	\$	0) (Revenue \$	0)	
4d	Other program services. (Describe	in Schedule O.)				
						-

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Ì		
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		Х
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		]	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II .	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	$\overline{}$		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			١
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			.,
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Χ.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26_		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

#### Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Х 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. 34 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form **990** (2008)

Form 9	90 (2008) World Parrot Trust62	-1561595	P	age
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	의		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	9		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<u> </u>
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.  2a	. 2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note</b> . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see	. 20	-^-	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?.	4a	L	Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
<b>^</b> -	Regarding Prohibited Tax Shelter Transaction?	5c		<b>├</b>
6a b	Did the organization solicit any contributions that were not tax deductible?	6a		X
D	gifts were not tax deductible?	. 6b		•
7	Organizations that may receive deductible contributions under section 170(c).	.   05		
· a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
_	\$75?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			<u> </u>
	benefit contract?	. <u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	10		
Ū	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	. 9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
12a	against amounts due or received from them.)	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		$\vdash$
	real arms the dimetric of the enempt interest received of decided duffing the year	,		

Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Χ	<u> </u>
b	Other officers or key employees of the organization?	15b	Χ	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ► Glenn Reynolds (863) 956-43			<b></b> -
	2304 Grove Lake Dr. Lake Alfred El. 33850			

62-1561595

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compe	ensate any offic	er, dır	ect	or,	trus	stee, c	r k	ey employee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Audrey Reynolds Trustee	0	Х						0	0	0
Allison Hayles Chairman of Board	0	Х						0	0	0
Christiana Seni Trustee	0	Х						0	0	0
David Woolcock Trustee	0.	х		_				0	0	0
James Gilardi Exec Director	40.	х		x	x	х		60,000	0	0
Nick Reynolds Trustee	0.	х						0	0	0
Ruud Vonk Trustee	0.	Х						0	0	0
Steve Martin Trustee	0.	х						.0	0	0
	0.							0	0	0
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	90 (2008)	World Parrot Trust									62-1561		Page 8
Par	t VII	Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	l Hig	ghest	Co	mpensated Em	ployees (contin	ued)	
		(A)	(B)			-	C)			(D)	(E)	(	(F)
		Name and title	Average	$\vdash$	sition			hat app		Reportable	Reportable		mated
			hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fror orgar and t	ount of ther ensation in the nization related izations
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			0.							0	0		
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4h	Total		0.						<u> </u>	60,000			<u>C</u>
1b 2	Total .	umber of individuals (including those	un 1a) who rece		mor	e the	n \$	100.0	•				۷
		eation • 0	ill 1a) who lece	siveu	ШО	C liic	ייוג	100,0	1001	ii reportable con	npensation nom	uic	
	<u> </u>	<del>G</del>										Ye	s No
		organization list any former officer,			•	•	yee	, or h	ighe	st compensated			
		ee on line 1a? If "Yes," complete Sc					•					3	X
		/ individual listed on line 1a, is the su											į
	•	anization and related organizations of the contractions of the con	greater than \$15	00,00	0 ? 11	re.	s, c	ompi	ele .	Scriedule J for S		1	- x
5	Did any	person listed on line 1a receive or a service receive  receive receiver receive receiver											X
		ndependent Contractors	es, complete s	cnec	iuie c	101	Suci	ı per	5011	<del>:_:</del>		5	
	Comple	ete this table for your five highest cornsation from the organization.	mpensated inde	pend	lent (	contr	acto	ors th	at re	ceived more tha	n \$100,000 of		
		(A) Name and business a	address							(B) Description of seri	vices (	(C) Compensa	ation
	_								<u> </u>	<del></del>			
	-												<u>C</u>
										<del></del>			
2		umber of independent contractors (ir	ncluding those in	า 1) v	vho i	ecei	ved	more	tha	n \$100,000 ın			
	compe	nsation from the organization	0	•								Form 9	90 (2008

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Part	: VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a		0				
ran	b	Membership dues		30,456				
s, g	С	Fundraising events 1c		0				
jift: ar a	d	Related organizations 1d		0				
S, G	е	Government grants (contributions) 1e		0				
ion r si	f	All other contributions, gifts, grants, and						
but		similar amounts not included above		185,274				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$	;	0				
S E	h	<b>Total.</b> Add lines 1a–1f		▶	215,730			
ē				Business Code				
en.	2a		[		0	_		
Re	b		- 1		0			
/ice	С				0			
Sen	d		í		0			
Ē	е		[		0			
Program Service Revenue	f	All other program service revenue			0			
4	g	Total. Add lines 2a-2f		▶	0	****		
	3	Investment income (including dividends, interes	t, and	d				
		other similar amounts)			3,974			
	4	Income from investment of tax-exempt bond pro	ceed	ds ▶ [	0			
	5	Royalties		▶	0			
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0		<del></del>		
	d	Net rental income or (loss)		. ▶	0			
	7a	Gross amount from sales of (i) Securitie	es	(II) Other				
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses .	0	0				
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)	٠.,	▶	0			
ø	8a	Gross income from fundraising						
Other Revenue		events (not including \$0						
9		of contributions reported on line 1c).						
Ř		See Part IV, line 18		0				
he	1	Less: direct expenses		0				
ŏ		Net income or (loss) from fundraising events .	٠ ،	. ▶	0			
	9a	Gross income from gaming activities.						
		See Part IV, line 19		0				
		Less: direct expenses	. b [	0				
		Net income or (loss) from gaming activities .	ı	<u> </u>	0			
	10a	Gross sales of inventory, less	_	20.004				
		returns and allowances		30,601				
		Less: cost of goods sold	b	8,213 ►	22.200			
	<del>└</del>	Net income or (loss) from sales of inventory  Miscellaneous Revenue	· ·	Business Code	22,388			
	11^	Miscellaneous Revenue		900099	200			
				900099	332		-	
		Refunds Postage & Shipping	1	900004	1,739			<del> </del>
		All other revenue	1		1,739	-		
		Total. Add lines 11a–11d			2,271			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d			-,-11			
	· <b>-</b>	0- 40- and 44-	-, 00,		244 262		۱ ۵	۱ ,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
-	organizations in the U.S. See Part IV, line 21	4,000	4,000									
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	ol	ol									
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	U.S See Part IV, lines 15 and 16	17,896	17,896									
4	Benefits paid to or for members	0										
5	Compensation of current officers, directors,											
	trustees, and key employees	42,466	33,973	8,493								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	0										
7	Other salaries and wages	27,380	21,904	5,476								
8	Pension plan contributions (include section 401(k)											
	and section 403(b) employer contributions)	0										
9	Other employee benefits	0		<u></u>								
10	Payroll taxes	30,443	24,354	6,089								
11	Fees for services (non-employees):											
а	Management	0										
b	Legal	2,650	1,060	1,590								
С	Accounting	425	170	255	<del></del>							
d	Lobbying	0										
е	Professional fundraising services. See Part IV, line 17	0			····							
f	Investment management fees	0										
g	Other	0										
12	Advertising and promotion	0										
13	Office expenses	21,286	8,514	12,772								
14	Information technology	0			<del></del>							
15	Royalties	0										
16	Occupancy	4,500			·							
17	Travel	10,088	7,899	2,189								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0			<del></del>							
19	Conferences, conventions, and meetings	941	0	941								
20	Interest	0										
21	Payments to affiliates	0	0	0	0							
22	Depreciation, depletion, and amortization	0	0	0	0							
23	Insurance	0			<del></del>							
24	Other expenses. Itemize expenses not											
	covered above. (Expenses grouped together											
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)											
_		4,407	288	4,119								
a	Bank & Credit Fees	2,360	200	2,164	196							
D	Licenses & Taxes Telephone	350	· · · · ·	350	190							
بر ن		9,266	9,266	3,30								
a e	Repairs & Maintenance Supplies	560	9,200 560		<del></del> _							
e f	All other expenses	500		<del></del>	<del> </del>							
_25	Total functional expenses. Add lines 1 through 24f	179,018	129,884	44,438	196							
		173,010	123,004	77,730	130							
26	Joint Costs. Check here ▶ if following											
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined											
	educational campaign and fundraising											
	solicitation											
	SUNCHARIOTT		-		Form <b>990</b> (2008)							

	art A	Balance Sheet			(A)			(B)	
		Cook non-interest became			Beginning of year 9,926	1		nd of year	
	1	Cash-non-interest-bearing					<del>                                       </del>		11,565
	2	Savings and temporary cash investments .			155,548				94,512
	3	Pledges and grants receivable, net .			0	_	<del>                                       </del>		
	4	Accounts receivable, net			U	4		<del></del>	34
	5	Receivables from current and former officers	-	•	^	_			
	_	employees, or other related parties. Complete			0	5	<del> </del>	·	
	6	Receivables from other disqualified persons (	-						
	ŀ	4958(f)(1)) and persons described in section					-	<del></del>	
"	l _	Part II of Schedule L			0		<del>  -</del>		
ě	7	Notes and loans receivable, net			0		_		
Assets	8	Inventories for sale or use	•			8			866
•	9	Prepaid expenses and deferred charges	1 1	· · · · · · ·		9	<del> </del>		
	10a		10a	21,480					
	t			-					
		Part VI of Schedule D	10b	3,181	21,480				18,299
	11	Investments-publicly traded securities			0		ļ		30,415
	12	Investments-other securities. See Part IV, lin			0				
	13	Investments-program-related. See Part IV, lin	ne 11 .		0	13	ļ		
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11.			0	15	<u> </u>		
	16	Total assets. Add lines 1 through 15 (must e	equal line	34)	186,954	16		2	55,691
	17	Accounts payable and accrued expenses			0	17			349
	18	Grants payable				18			·
	19	Deferred revenue		[		19			
	20	20 Tax-exempt bond liabilities							
S	21	Escrow account liability. Complete Part IV of				21			
Liabilities	22	Payables to current and former officers, direc							
äbi		employees, highest compensated employees							
Ë		persons. Complete Part II of Schedule L			0	22	1		C
	23	Secured mortgages and notes payable to unr		) <del>_</del>	0	23			C
	24	Unsecured notes and loans payable		•	0	24	<u> </u>		
	25	Other liabilities. Complete Part X of Schedule			0	25			C
	26	Total liabilities. Add lines 17 through 25			0	26	<del> </del>		349
		<del></del>				_ <del></del> _	† · · · · · ·		
es		Organizations that follow SFAS 117, check					Ì		
		complete lines 27 through 29, and lines 33					<del> </del>		
or Fund Balanc	27	Unrestricted net assets			165,474		ļ	2	<u>55,621</u>
ä	28	Temporarily restricted net assets		· · · · · · · · · · · · · · · · · · ·		28	ļ		
2	29	Permanently restricted net assets		· · · <u>· ·</u> · · ·		29			
Ţ		Organizations that do not follow SFAS 117	7, check	here▶					
		and complete lines 30 through 34.							
Net Assets	30	Capital stock or trust principal, or current fund	ds			30			
SS	31	Paid-in or capital surplus, or land, building, or				31			
τĀ	32	Retained earnings, endowment, accumulated				32			
ž	33	Total net assets or fund balances			165,474		<del></del>		55,621
	34	Total liabilities and net assets/fund balances		<b>—</b>	165,474		<del>                                     </del>		55,970
Рa	rt XI			····	100,47-41	<del></del>	<u></u>		00,070
		Timanolal otatements and reporting	1					Yes	No
1	Δ	ccounting method used to prepare the Form 99	n. 🗖 c	ash Accrua	al Other			-	+
2:		Vere the organization's financial statements com			<u> </u>		2:		X
		vere the organization's financial statements con- Vere the organization's financial statements aud	•						<del>  ^</del>
		"Yes" to lines 2a or 2b, does the organization h	-	-				<del>'                                     </del>	+^
,		tes to lines 2a or 2b, does the organization nudit, review, or compilation of its financial staten				_		_	
9.		•					. 20		X
3		s a result of a federal award, was the organization						_ [	
		ne Single Audit Act and OMB Circular A-133?.					3:		X
!	o It	"Yes," did the organization undergo the require	u audit o	raudits?	<u> </u>		. 31	2	<u> </u>

## **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

▶ Attach to Form 990 or Form 990-EZ.

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► See separate instructions. Employer identification number

Name of the organization 62-1561595 World Parrot Trust Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 |x|receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I Type II c | Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (III) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the above or IRC section governing document? col.(1) of your (see instructions)) support? US? No Yes No Yes No Yes 0

Total

Schedule A (Form 990 or 990-EZ) 2008 World Parrot Trust Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0			0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
<b>4 5</b>	Total Add lines 1-3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	l ol	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11	Total support. Add lines 7 through 10	· · · · · ·		J			0
12	Gross receipts from related activities, etc. (s	ee instructions	<u> </u>			12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here		•	rd, fourth, or fif	th tax year as a		x)(3) ▶ □
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2008 (line 6, c			column (f))		14	0 00%
15	Public support percentage from 2007 Sched	lule A, Part IV-/	A, lıne 26f			15	0 00%
16a	33 1/3% support test-2008. If the organization	tion did not che	eck the box on	line 13, and lin	e 14 is 33 1/39	% or more, che	ck this box_
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	zation			▶ 🔲
b	33 1/3% support test-2007. If the organization	tion did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 33	3 1/3% or more	, check this
172	box and stop here. The organization qualifie	es as a publicly	supported org	ganization .			▶ 🔲
17a b	10%-facts-and-circumstances-test-2008. or more, and if the organization meets the "facts-and-circum 10%-facts-and-circumstances test-2007. or more, and if the organization meets the "facts-and-circumstances test-2007."	acts-and-circur nstances" test If the organizat acts-and-circur nstances" test	mstances" test The organizat tion did not che mstances" test The organizat	, check this boy ion qualifies as eck a box on lin , check this boy ion qualifies as	x and stop her a publicly sup ie 13, 16a, 16b x and stop her a publicly sup	e. Explain in P ported organiz o, or 17a, and li e. Explain in F ported organiz	art IV how ation ▶ ☐ ne 15 is 10% Part IV how
18	Private foundation. If the organization did not ch	eck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, check	this box and se	e instructions	▶ 📙

20

•				
chedule A (Fo	rm 990 or 990-EZ) 2008	World Parrot Trust	62-1561595	Page
Part III	Support Sched	dule for Organizations Described in Section 509(a)(2)		
	(Complete only	ıf you checked the box on line 9 of Part I)		
ection A.	Public Support			

	tion A. Public Support						<u> </u>
Cal	endar year (or fiscal year beginning in) 🕒 📗	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ") .	66,173	93,499	149,503	302,279	215,730	827,184
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,044	12,499	24,098	22,529	24,659	91,829
3	Gross receipts from activities that are not an	-,					
4	unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			
5	The value of services or facilities						
6	furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1-5	0 74,217	0 105,998	0 173,601	324,808	240,389	0 919,013
7a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						0
	the year or \$5,000						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6 )						919,013
	tion B. Total Support				T		
	endar year (or fiscal year beginning in) 🕨 📗	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	74,217	105,998	173,601	324,808	240,389	919,013
τυa	Gross income from interest, dividends,	Ì					
	payments received on securities loans, rents, royalties and income from similar						
b	sources Unrelated business taxable income (less section 511 taxes) from businesses						0
	acquired after June 30, 1975 .						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
46	carned on						0
12	Other income Do not include gain or loss from the sale of capital assets						
42	(Explain in Part IV).	2,123	1,011	1,186	1,266	3,974	9,560
13	Total support. (Add lines 9, 10c, 11,					-	029 572
14	and 12)  First five years. If the Form 990 is for the org	anızatıon's first	, second, third	l, fourth, or fifth	•	section 501(c)(	928,573
~	organization, check this box and stop here.	D	•		• •	• • • •	• _
	tion C. Computation of Public Support				· · · · · · · · · · · · · · · · · · ·	.="1	
15	Public support percentage for 2008 (line 8, co	, ,	•	olumn (f))		15	98 97%
16	Public support percentage from 2007 Schedu					16	99.60%
	tion D. Computation of Investment Inco			- 10 "	,, I	47	0.000
17	Investment income percentage for 2008 (line			e 13, column (f	<i>"</i>	17	0 00%
18	Investment income percentage from 2007 Sch			lino 14 and lin	ا ۱۰ محمد ۱۸ م	18	0.00%
	33 1/3% support tests-2008. If the organizat not more than 33 1/3%, check this box and st	<b>op here</b> . The o	organization qu	ialifies as a pul	olicly supported	dorganization	Id line 17 is ► X
b	33 1/3% support tests-2007. If the organization did						
	THE LOTS DOLLDOOR HISD 33 1/3% CHECK HIS DOY AL				or ov summanned Al	TOTAL PROPERTY OF THE PARTY OF	

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	990 or 990-EZ) 2008	World Parrot Tr	ust			62	2-1561595	Page 4
Part IV	Supplemental	Information. Co or 17b, or Part I	omplete this p	part to provide	e the explanation	on required by I formation (see	Part II, line 10;	
<del></del>	raitii, iiie ii <u>a</u>	OI TID, OI FAILT	11, 1110 12 1 1	ovide any our	Ci additional in	iorniadon (see	inistractions)	
		· • • • • • • • • • • • • • • • • • • •						· •
					· · · · · · · · · · · · · · · · · · ·	·	·	
				•••				
				•••••	<del></del>			
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•								
		· • • • • • • • • • • • • • • • •						

# Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

ırn.

Attachment Sequence No 67

` '	Business or act	tivity to which th	is form relate	s	Identifying number					
	990			62-1561595						
Part I Election To Expense Certain										
Note: If you have any listed property, co						1	250,000			
	Maximum amount. See the instructions for a higher limit for certain businesses									
2 Total cost of section 179 property placed in	2	21,480								
3 Threshold cost of section 179 property before	3 4	800,000 0								
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0										
5 Dollar limitation for tax year. Subtract line 4				_						
separately, see instructions	<u> </u>					5	250,000			
(a) Description of property		(b) Cos	t (business use	e only)	(c) Elected co	st				
6					<u> </u>					
The line is a first through the second for a line				1	<del>-</del>					
7 Listed property. Enter the amount from line				7						
8 Total elected cost of section 179 property.						8	0			
9 Tentative deduction. Enter the smaller of li						9	0			
10 Carryover of disallowed deduction from line				lina E /aaa in		10				
11 Business income limitation. Enter the small						11				
12 Section 179 expense deduction. Add lines						12 0	0			
13 Carryover of disallowed deduction to 2009.				13	1	<u>U</u>				
Note: Do not use Part II or Part III below for list  Part II Special Depreciation Allowar				lude listed n	roporty \ (Soc.)	netru	etions \			
14 Special depreciation allowance for qualified					roperty.) (See i	IISuu	cuons.)			
·	· · · · ·		• • •			44				
15 Property subject to section 168(f)(1) election						14 15				
16 Other depreciation (including ACRS)						16				
Part III MACRS Depreciation (Do not	t include listed	property ) (Se	e instruction	<u></u>	<u> </u>	101				
macke bepreciation (be not	i iliciade listed	Section A	e manacaon	3 /	<del> </del>		<del></del>			
17 MACRS deductions for assets placed in ser	vice in tay years		re 2008			17	<del></del>			
18 If you are electing to group any assets place				nore						
general asset accounts, check here					▶ □					
Section B - Assets Placed in						<u></u>	<u> </u>			
Section B - Assets Placed II	(b) Month and	(c) Basis for	(d) Recovery		1	<u> </u>	(=)			
(a) Classification of property			period	(e)	(f)	D	(g)			
(a) Classification of property	year placed in service	depreciation	period	Convention	Method	Depre	ciation deduction			
19 a 3-year property	III SCIVICE	(business/investment)								
b 5-year property		· · · · · ·								
c 7-year property		1,546	7	HY	200DB		221			
d 10-year property		1,040	•		20000					
e 15-year property										
f 20-year property	:					$\vdash$	<u> </u>			
g 25-year property			25 yrs		S/L					
h Residential rental		<del></del>	27.5 yrs.	MM	S/L					
property			27 5 yrs	MM	S/L	_				
i Nonresidential real										
property			39 vrs	MM	l S/L	1				
			39 yrs	MM MM	S/L S/L					
Section C - Assets Placed in S	Service During	2008 Tax Year		MM	S/L	m				
Section C - Assets Placed in S 20 a Class life	Service During	2008 Tax Year		MM	S/L preciation Syste	m_				
20 a Class life	Service During	2008 Tax Year	Using the Al	MM	S/L preciation Syste S/L	m_				
20 a Class life b 12-year	Service During	2008 Tax Year	Using the Al	MM ternative Dep	S/L preciation Syste S/L S/L	m				
20 a Class life	Service During	2008 Tax Year	Using the Al	MM	S/L preciation Syste S/L	m				
20 a Class life b 12-year c 40-year	Service During	2008 Tax Year	Using the Al	MM ternative Dep	S/L preciation Syste S/L S/L	m	2,960			
20 a Class life b 12-year c 40-year  Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 th	nrough 17, lines	19 and 20 in co	Using the Alternative 12 yrs 40 yrs.	MM ternative Dep  MM	S/L preciation Syste S/L S/L		2,960			
20 a Class life b 12-year c 40-year  Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 th Enter here and on the appropriate lines of y	nrough 17, lines		12 yrs 40 yrs. lumn (g), and	MM ternative Dep  MM	S/L preciation Syste S/L S/L		2,960			
20 a Class life b 12-year c 40-year  Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 th	nrough 17, lines our return. Partrice during the ci		12 yrs 40 yrs. lumn (g), and	MM ternative Dep  MM	S/L preciation Syste S/L S/L	21				

62-1561595 **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

			for which you a										comple	te	
			ns (a) through (												
	ion A—Depreciatio						uctions	for lin	nits for pa	assenge	er autoi	mobiles	S. )	<del></del>	
24a	Do you have evidence	nt use claimed? X Yes No				24b If "Yes," is the evidence written?				tten?	XYes	No			
	(a)	(b)	(c) Business/	(4	d)	(e) Ba	sis for dep	<b>&gt;-</b>	(f)	(9	3)	(1	h)	(i) E	ected
	Type of property	Date placed	investment use	Cost or		reciatio	n (busines	s/	Recovery	Met	hod/	Depre	ciation	section	n 179
_	(list vehicles first)	in service	percentage	other	basis	investme	ent use on	ıly)	репод	Conv	ention	dedu	iction	<u> </u>	st
25	Special depreciation								ng the tax						
	year and used mo					ee instru	ictions)	<u>.                                    </u>			25	ļ		L	
26	Property used mor					,				т					
Toyo	Toyota 7/14/2008 100 00%			<u> 19,934</u>		19,9	934	5	200DI	3 - HY	ļ	2,960			
	<del> </del>											<b> </b>	<del>.</del>		
				<u> </u>		<u> </u>						!			
27	Property used 50%	<u>6 or less in a</u>			<u> </u>	1				1-00		1		<del></del>	
		<del></del>	<u>%</u>							S/L -				ł	
			%					<del></del> -		S/L -		<u> </u>		ł	
	A 11	1 / 1 > 1	%	7 5-4-			04		4	S/L -	- 00		0.000	ł	
	Add amounts in co							_	1.		28	L	2,960	<del></del>	
29	Add amounts in co	olumn (i), line					<del></del>				•		29		0
		E -1				nation o					. 16			1 4-	
	plete this section for ve	-												es to	
	employees, first answe Total business/inves				a)	1	)	I	(c)		1)			r ,	<u> </u>
30	·	•			cle 1	1	-	Vehicle 3		1		(e) Vehicle 5		(f) Vehicle 6	
	during the year (do not include commuting		5,000		•	Vehicle 2 Vi		vernicle 3 vernic		nicle 4 Vehicle 5		icie J	Veill	CIE U	
31	•	miles) .  Total commuting miles driven during the year				3,555			***************************************	<del> </del>		<del></del>			
32	-							<b></b>			-				
-	miles driven										•				
33	Total miles driven du	ring the vear	•												
•	Add lines 30 through				5,000										
34	Was the vehicle avai		nal	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	use during off-duty h			Х											
35	Was the vehicle used		a more than												
	5% owner or related	· · · · ·		Х											
36	Is another vehicle av	allable for													
	personal use?			Х							·				
	5	Section C—C	Questions for E	mploy	ers Wh	io Provi	de Veh	icles	for Use	by The	ir Emp	loyees			
Answ	ver these questions	to determine	if you meet an	excepti	on to c	ompletir	ig Section	on B	for vehicl	es use	d by en	nployee	s who		
are r	not more than 5% or	wners or rela	ted persons (se	e instru	ıctions)	١.								<del>_</del>	
														Yes	No
37	Do you maintain a w	ritten policy sta	atement that prohi	ibits all p	persona	l use of ve	ehicles, i	nclud	ing commi	uting,					
	by your employees?		•												
38	Do you maintain a w								_	by your	employ	ees?			
	See the instructions		•			s, or 1% c	or more o	wners	S					ļ	
39		•						•			•			<u> </u>	
40	. ,				btain in	formation	from you	ur em	ployees at	oout					
	the use of the vehicle	•					0.40								
41										•					
Dord	Note: If your answer		40, or 41 is "Yes,	ao not	comple	te Sectioi	n B for th	e cov	rerea vehic	cies					<u> </u>
Part	VI Amortiz		·			D-4-	1 .		1 .	<b>-1</b> \		4 1			
	<b>5</b> -	(a)		1 ' '		) Date (c)					A	(e)		I .	f) ation for
	De	scription of costs	i			tization		izable			· ·			I	ation for
42	Amortization of co	ete that hadis	ne during your 2	nna tav		gins see insti		ount V		ction	or	percenta	ige	unis	year
72	Amortization of Co	oto triat Degil	is during your Z	ogo (a)	year (	366 II 1911	JULIOTIS	<i>,</i>							
	·· <del>··························</del>				<del>                                     </del>		<del>                                     </del>	-			<del></del>				
43	Amortization of co	sts that hege	n before your 2	008 tax	vear								43	<u> </u>	
			Your 2	, , , , ,	. ,										

44 Total. Add amounts in column (f). See the instructions for where to report .

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