

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	or th	ne 2008 calendar year, or tax year beginning 07/01, 2008, and ending	06,	/30 , ²⁰ 09								
В	heck if a		D Employer identific									
х	Addr chan		54-1030357									
	_	e change print or Number and street (or P O box if mail is not delivered to street address) Room/su	E Telephone number									
	Imtia	type. See P.O. BOX 2688	(563) 676-2	2435								
	Term	Specific Instruc- City or town, state or country, and ZIP + 4	,									
	Amer	nded Bons. DATENDODE TA 52900_2699	G Gross receipts \$	421,919.								
	Application F Name and address of principal officer WILLIAM DETIND H(a) is this a group return for Yes Y No											
L_	SAME AS C ABOVE SAME AS C ABOVE Affiliates included? Yes X No											
ī	I Tax-exempt status. X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list. (see instructions)											
J	A contact of the cont											
<u>-</u>												
	rt I	Summary	T3/4 11 5-15	of legal domicile VA								
	1	Briefly describe the organization's mission or most significant activities:	FIODED AND									
9		TO PROMOTE COMMUNICATION AMONG TRUMPET PLAYERS AROUND THE										
Governance		TO IMPROVE THE ARTISTIC LEVEL OF PERFORMANCE, TEACHING AN	D_LITERATURE_									
ě	٦	ASSOCIATED WITH THE TRUMPET.										
	2	Check this box if the organization discontinued its operations or disposed of more than 2										
ංජ ග	3	Number of voting members of the governing body (Part VI, line 1a)		24								
ctivities	4	Number of independent voting members of the governing body (Part VI, line 1b)		19								
₹	5	Total number of employees (Part V, line 2a)	5	4								
Ac	6	Total number of volunteers (estimate if necessary)	6	150								
	7 a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	123,175.								
	b	Net unrelated business taxable income from Form 990-T, line 34	7 b	33,203.								
			Prior Year	Current Year								
0	8	Contribution and grants (Part VIII, line 1h)	26,630.	49,480.								
Revenue	9	Program service revenue (Part VIII, line 2g)	372,478.	361,494.								
9	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,446.	7,453.								
ΩĆ	11	Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 0c, 10c, and 11c)	874.	3,492.								
	12	Total revenue - add lines 8 through 11 (mus and Eart VIII, column (A), line 12).	408,428.	421,919.								
	13	Grante and similar amounts poid (Part I) retrieve (A) lines (3)	34,028.	30,100.								
	14	Describe and to a formation (District at the Abelian Association Association)	34,020.	NONE								
_	4.5	Salaries, other compensation, employee benefits (Part IX, column (A)) in 2011	70 517									
Expenses	160	Professional fundraising fees (Part IX, column (A), fine 11e)	79,517.	106,931.								
ben	lua	Total fundraising expenses, Part IX, column Daile 25		NONE								
Ä	470											
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	298,522.	239,446.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	412,067.	<u>376,477.</u>								
<u> </u>		Revenue less expenses. Subtract line 18 from line 12	-3,639.	45,442.								
ts o		<u></u>	Beginning of Year	End of Year								
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	255,640.	334,969.								
A P	21	Total liabilities (Part X, line 26)	63,029.	96,915.								
		Net assets or fund balances. Subtract line 21 from line 20	192,611.	<u>238,054.</u>								
Pa	rt (i	Signature Block										
		Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules	and statements, and to th	e best of my knowledge								
		and belief, it is true correct, and complete. Declaration of preparer (other than officer) is based on all i	nformation of which prep	arer has any knowledge								
S	ign	Le lelie G. Af a	x 3(17	2010								
Н	еге	Signature of officer	Date	, ,								
		LX WILLIAM A PFUND PAST PRESIDENT :	INTERNATION Trum	rat (sule)								
Type or print name and true												
		Preparer's Date Checks		identifying number								
Paid		signature RAY D. HARRISON 3/4/10 self-employ	ed (see instru	ctions))0449411								
	arer's	Firm's name (or yours COTTODEN DETD & BOWEN T. T. C.		5-2767460								
Use	Only	of self-employed) - 1528 - 47TH AVENUE MOLINE, IL 61265		9-764-3200								
May	the !!	RS disguss this return with the preparer shown above? (See instructions)										
		cy Act and Paperwork Reduction Act Notice, see the separate instructions.										
. 57		ey not and i apermork heduction not nouce, see the separate monticums.		Form 990 (2008) 24								

54-1030 54-1030	357
art Statement of Program Service Accomplishments (see instructions)	. <u></u>
Briefly describe the organization's mission:	
SEE_STATEMENT 1	
Did the organization undertake any significant program services during the year which we	are not listed as
	<u> </u>
the prior Form 990 or 990-EZ? If "Yes" describe these new services on Schedule O.	les 🗓
Did the organization cease conducting, or make significant changes in how it conducts, any	
services?	Yes X
If "Yes," describe these changes on Schedule O.	`
Describe the exempt purpose achievements for each of the organization's three largest progra	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	•
allocations to others, the total expenses, and revenue, if any, for each program service reporte	d.
a (Code) (Expenses \$ 230,344. including grants of \$) (R	evenue \$ 310,709.)
THE ORGANIZATION PUBLISHES A JOURNAL CONTAINING	
EDUCATIONAL, SCIENTIFIC, HISTORICAL AND OTHER MATERIAL	
APPROPRIATE TO THE TRUMPET. ADDITIONALLY, THE ORGANIZATION	
PRODUCES AUDIO CDS DVDS AND SHEET MUSIC IN THE ACHIEVEMENT	
OF THEIR EXEMPT PURPOSE. THE ORGANIZATION ANNUALLY PROVIDES	
THESE SERVICES TO AS MANY AS SIX THOUSAND INDIVIDUALS AND	
INSTITUTIONS.	
b (Code:) (Expenses \$ 43,404 including grants of \$ 15,000) (R	evenue \$ 25,275.)
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS.	HELD
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS.	
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS.	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$4,940. including grants of \$) (Re THE CARMINE CARUSO INTERNATIONAL JAZZ TRUMPET COMPETITION IS	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$	evenue \$ 17,900.
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. (Code) (Expenses \$4,940. including grants of \$) (Re THE CARMINE CARUSO INTERNATIONAL JAZZ TRUMPET COMPETITION IS EVERY TWO YEARS IN LOCATIONS THROUGHOUT THE WORLD. Other program services. (Describe in Schedule O) SEE STATEMENT 2	evenue \$ 17,900.) HELD
THE ELLSWORTH SMITH INTERNATIONAL TRUMPET SOLO COMPETITION IS EVERY FOUR YEARS. [Code	evenue \$ 17,900.) HELD

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,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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	Sections 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		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, 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
b	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			Ī
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
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	18		х
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	i		
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a 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		X
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		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		i	
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
8E1021	1 000	Form	990	(2008)

'Par	Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee-			
а	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,	·		_
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28Ь		x
С	The state of the s			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
-	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	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			
	VI	37		x
			L	

Form **990** (2008)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
		_	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			[
ıa	U S Information Returns. Enter -0- if not applicable			
b	41 37077	1		
C		1		
·	gaming (gambling) winnings to prize winners?	1c	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zd	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
		2b	×	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			·
sа	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	х	ļ
	this return?	3ь	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
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	4a		x
	account)?	70		
D	If "Yes," enter the name of the foreign country: See the instruction and filter requirements for Foreign Replications and filter requirements for Foreign Replications.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	5a		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	75		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		1
_	Prohibited Tax Shelter Transaction?	6a		х
	Did the organization solicit any contributions that were not tax deductible?	02		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	0.0	-	
7	Organizations that may receive deductible contributions under section 170(c).	7a		x
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7b		^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
_				
	·	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	x	
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7.9	- 22	
11	required?	7h	x	
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
8	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			i
	organization, have excess business holdings at any time during the year?	8		х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		•	
	Did the organization make any taxable distributions under section 4966?	9a		x
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		x
_ b				
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
b 11	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			ı İ
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			}
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		د ــــــــــــــــــــــــــــــــــــ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
				

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

Sect	ion A. Governing Body and Management			
	For each West and the Control of the		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, process, or changes in Schedule O. See instructions	-		
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent.			
າ	Enter the number of voting members that are independent Did any officer director trustee or less employee have a family relationship as a hydrogen relationship with			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
2	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		X
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	- V	x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-	<u> </u>	
	of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during		Λ.	
	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		x
9a	Does the organization have local chapters, branches, or affiliates?	9a	x	
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		x
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	X	
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	on B. Policies			
42-	Does the experientian have a written conflict of interest relia. 2 If "N/a " and a line 42		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		X
b	rise to conflicts?	401		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		<u> </u>
·	december in Cabadula O becutting a days	12c		
13	Dogs the organization have a written which lawer pales?	13		•
14	Does the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ĺ	
а	The organization's CEO, Executive Director, or top management official?	15a		x
b	Other officers or key employees of the organization?	15b		x
	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		
	on C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed \(\nabla \text{VA}_L \)	5		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you make these available. Check all that apply.	only)		
	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 inter	et e		
. 3	policy, and financial statements available to the public.	JOL		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e.		
	organization ▶DIXIE BURRESS, 4112 WEST KIMBERLY ROAD DAVENPORT, IA 52806	_		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 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 compensate any officer, director, trustee, or key employee.										
(A) Name and Title	(B) Average hours per week	individual trustee Por director	institutional trustee	(chec	C) a Key employee	ন্ধ Highest compensated ক employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
									,	
									-	
									<u>-</u> -	

ISA

Form 990 (2008)								54-1030357					Page
Part VII Section A. Officers, Directors, Tre	T	y Em	pic			and I	High	1	1				
(A) Name and title	(B) Average hours per		_	chec		that app		(D) Reportable compensation	(E) Report compens	able	Est	(F) imated ount o	
	week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	lated ations	comp fro orga and	ther ensatem the nization relatem	tion e on ed
												•	
											- -		
1b Total							nan	48,061. \$100,000 in rej	oortable co	ompens	ation fr	om t	he
organization NONE	· · · · · · · · · · · · · · · · · · ·							·····				Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu												165	
4 For any individual listed on line 1a, is the	e sum of	report	abl	ес	omj	pensa	tion	and other comp	pensation	from	3		Х
the organization and related organizations individual		. .									4		x
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5		х
Section B. Independent Contractors 1 Complete this table for your five highest	compensat	ed in	don	and	lent	cont	ract	tore that received	l more th	an \$10	0.000	of.	
compensation from the organization.		eu iii	uep			COIN	T		- more in	<u>π </u>			
(A) Name and business addr	ress							(B) Description of ser	vices	С	(C) ompens	ation	
2 Total number of independent contractors (i	ncluding th	ose i	n 1) w	/ho	rece	ived	I more than \$10	0,000 in				
	IONE												

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
Contributions, gifts, grants and other similar amounts	1a b c d e f	Membership dues	·	49,480.			
9	-"	Towns and meet a first	Business Code	45,400.		•	
Service Revenue	_	ADVIDDETORNIC CATEG		100.010		100.010	
ě	2a		511120	122,919.		122,919.	
9	Ь			4,325.	4,325.		
Σ	C	CD & JOURNAL SALES	·	4,886.	4,886.		-
	d			244.	244.		
ë E	e	MEMBERSHIP DUES		229,120.	229,120.		
Program	f g			361,494.			
				302,131.			
	3	Investment income (including dividends, inter		7.453	7 452		
		other similar amounts)		7,453.	7,453.		
	4	Income from investment of tax-exempt bond p		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	ь	Less: rental expenses]				
	c	Rental income or (loss)				-	
	d	Net rental income or (loss)		NONE			
		(i) Securities	(II) Other	HORE			1
	7 a	Gross amount from sales of	(4, 2				
1		assets other than inventory					i
	b	Less cost or other basis					
		and sales expenses					j
	С	Gain or (loss)					
	d	Net gain or (loss)	· · · · · · >	NONE			
	8a	Gross income from fundraising					
a		events (not including \$					[
Other Revenue							1
9		of contributions reported on line 1c).					
2		See Part IV, line 18 a		1			}
the l	ь	Less direct expenses b					J
0	c	Net income or (loss) from fundraising events .	••••••	NONE			1
j	9 a	Gross income from gaming activities.		-	İ		
ł		See Part IV, line 19 a			;		
	b	Less direct expenses b					
-	С	Net income or (loss) from gaming activities	▶	NONE			
- 1	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less cost of goods sold b					
1		Net income or (loss) from sales of inventory.		NONE			
ł	С	Miscellaneous Revenue	Business Code	NONE			
-						· · · · · · · · · · · · · · · · · · ·	
	11a	POSTAGE OPTION FEE		940.	940.		
- 1	b	FINANCE CHARGES AND FEES	511120	256.		256.	
	С	MISCELLANEOUS		2,296.	2,296.		
	d	All other revenue					
	е	Total. Add lines 11a-11d		3,492.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7					
	_	9c, 10c, and 11e		421,919.	249,264.	123,175.	

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).

	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
	Grants and other assistance to governments and		Captilloca	general arponios	
•	organizations in the U.S. See Part IV, line 21	2,000.	2,000.		•
2	Grants and other assistance to individuals in	2,000.	2,000.		
2	the U.S. See Part IV, line 22	28,100.	28,100.	i	
3	Grants and other assistance to governments,	28,100.	20,100.		
3	organizations, and individuals outside the			- ,	
	US See Part IV, lines 15 and 16	NONE			•
4	Benefits paid to or for members	NONE		1 -	
5	Compensation of current officers, directors,	NONE			
•	trustees, and key employees	48,061.	39,642.	8,419.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	51,351.	51,351.		
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	7,519.	6,652.	867.	
11	Fees for services (non-employees):				
а	Management	NONE			
	Legal	3,003.		3,003.	
	Accounting	13,280.		13,280.	
	Lobbying	NONE		•	
е	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
g	Other	9,900.	9,900.		
_	Advertising and promotion	4,516.	4,516.		
13	Office expenses	1,262.	192.	1,070.	
14	Information technology [1,190.	1,190.		
15	Royalties	NONE			
	Occupancy	NONE			
17	Travel	32,334.	10,034.	22,300.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	5,509.	3,446.	2,063.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	1,320.		1,320.	
23	Insurance	1,886.		1,886.	
24	Other expenses. Itemize expenses not			_	•
	covered above (Expenses grouped together			j	
	and labeled miscellaneous may not exceed			_ [
	5% of total expenses shown on line 25 below.)				
а	SEE_ATTACHMENT	165,246.	149,394.	15,852.	
b					
C					
đ					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	376,477.	306,417.	70,060.	7
	Joint Costs. Check here ▶ ☐ If following		,	į	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
SA	solicitation				

Pa	rt X	Balance Sheet	1 1000007				
•			(A) Beginning of year		End o	B) of yea	ır
	1	Cash - non-interest-bearing		1			
-	2	Savings and temporary cash investments	218,837.	2		322,	210
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	32,346.	4	_	5,	953
	5	Receivables from current and former officers, directors, trustees, key					
l		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section	-				
i		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			1		
		of Schedule L		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
٩	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a 8,214					
ł	b	Less accumulated depreciation. Complete					
		Part VI of Schedule D	3,495.	10c		5,	395
	11	Investments - publicly traded secunties		11			
-	12	Investments - other securities. See Part IV, line 11		12			-
	13	Investments - program-related See Part IV, line 11		13			
ŀ	14	Intangible assets		14			
ł	15	Other assets See Part IV, line 11	962.	15		1,	411.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	255,640.				969.
	17	Accounts payable and accrued expenses	33,750.				476.
	18	Grants payable	,	18			
ľ	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability Complete Part IV of Schedule D		21			
0	22	Payables to current and former officers, directors, trustees, key employees,				-	
<u></u>		highest compensated employees, and disqualified persons. Complete Part II					
2		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
- 1		Unsecured notes and loans payable		24			
- 1		Other liabilities Complete Part X of Schedule D	29,279.			92	439.
		Total liabilities. Add lines 17 through 25	63,029.				915.
		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	337023.				<u> </u>
일	27	Unrestricted net assets		27			
-10	28	Temporarily restricted net assets		28			
<u>Б</u>		Permanently restricted net assets		29			
or Fund		Organizations that do not follow SFAS 117, check here ▶ x and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Net Assets		Paid-in or capital surplus, or land, building, or equipment fund		31			
₹		Retained earnings, endowment, accumulated income, or other funds	192,611.	32		238	054.
희		Total net assets or fund balances	192,611.	33			054.
		Total liabilities and net assets/fund balances	255,640.	34			969.
Par	_	Financial Statements and Reporting					<u> </u>
						Yes	No
1	Accou	unting method used to prepare the Form 990: Cash X Accrual Othe	r				
		the organization's financial statements compiled or reviewed by an independent account	ant?		. 2a	.]	x
		the organization's financial statements audited by an independent accountant?					x
		s" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		review, or compilation of its financial statements and selection of an independent account	-	. 	- 2c		
		result of a federal award, was the organization required to undergo an audit or audits as s					
		ingle Audit Act and OMB Circular A-133?		. -	. 3a		x
		s," did the organization undergo the required audit or audits?					
		<u></u>				990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

OMB No 1545-0047

Name of the organization Employer identification number 54-1030357 INTERNATIONAL TRUMPET GUILD 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 in 5 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). R 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 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 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. Type III - Functionally Integrated Type II c 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 following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? x (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? X Provide the following information about the organizations the organization supports. (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the support? (see instructions)) Yes No Yes No Yes Nο

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) (e) 2008 (f) Total Amounts from line 4. . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is Other income Do not include gain or loss from the sale of capital assets Total support, Add lines 7 through 10 . . 11 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support							
С	alendar 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.")	59,489.	35,159.	12,179.	26,630.	49,480.	182,937.	
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	207,282.	220,650.	209,985.	240,103.	241,811.	1,119,831.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	its behalf							
5	The value of services or facilities	110						
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1-5	266,771.	255,809.	222,164.	266,733.	291,291.	1,302,768.	
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons	35,807.	26,891.	2,151.	18,370.	37,240.	120,459.	
b	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 the year or \$5,000							
c	Add lines 7a and 7b	35,807.	26,891.	2,151.	18,370.	37,240.	120,459.	
8	Public support (Subtract line 7c from	,				,		
	line 6)			-		-	1,182,309.	
Sec	tion B. Total Support				···-	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·		
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	Amounts from line 6	266,771.	255,809.	222,164.	266,733.	291,291.	1,302,768.	
10a	Gross income from interest, dividends,			,				
	payments received on securities loans,							
	rents, royalties and income from similar sources	2,548.	7,673.	12,325.	8,446.	7,453.	38,445.	
b	Unrelated business taxable income (less	•	•	1				
	section 511 taxes) from businesses		ľ					
	acquired after June 30, 1975	NONE	NONE	17,094.	25,705.	28,223.	71,022.	
c	Add lines 10a and 10b	2,548.	7,673.	29,419.	34,151.	35,676.	109,467.	
11	Net income from unrelated business			•	·			
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)						1,412,235.	
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here.		<u> </u>				▶ 🗍	
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2008 (line 8,	column (f) divide	d by line 13, colum	ın (f))		15	83.72%	
16	Public support percentage from 2007 Sche	dule A, Part IV-A,	line 27g			16	88.98%	
Sect	ion D. Computation of Investmen							
17	Investment income percentage for 2008 (lin					17	7.75%	
18	Investment income percentage from 2007 S					18	3.77%_	
19a	33 1/3% support tests - 2008. If the orga	anization did not	check the box o	n line 14, and lir	ne 15 is more tha	an 33 1/3 %, and	line	
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization \ \ X							
b	33 1/3% support tests - 2007. If the organ							
	line 18 is not more than 33 1/3 %, check this							
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or	19b, check this be	ox and see instruct	tions	▶ │	

Schedule A (Form 990 or 990-E2) 2008 54-1030357	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	10;
•		
		
		
· · · · · · · · ·		
	~	

JSA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Nam	e of the organization	Employer identification number
IN	TERNATIONAL TRUMPET GUILD	54-1030357
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funthe organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	funds are the organization's property, subject to the organization's exclusive legal control	ol? Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	used only for charitable purposes and not for the benefit of the donor or donor advisor	
	ımpermıssıble private benefit?	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	, , , , , , , , , , , , , , , , , , , ,	tion of an historically importantly land area
		tion of certified historic structure
_	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the on the last day of the tax year	e form of a conservation easement
	on the last day of the tax year	Held at the End of the Year
	Total supplies of access which access and	
a	Total number of conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
c d	Number of conservation easements and certified historic structure included in (a)	i I
3	Number of conservation easements included in (c) acquired after 6/17/00	
•	the taxable year	entimated by the organization during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, violations, and
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements do	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements durin	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	ue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes
	the organization's accounting for conservation easements	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describes the	research in furtherance of public service.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	ment and balance sheet works of art, arch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
For F	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

Pai	t III Organizations Maintaini	ng Collections of	of Art, Histo	rical Treasures,	or Other Similar	Assets (continued)
3	Using the organization's accession	and other records	, check any o	of the following tha	t are a significant u	ise of its collection
	items (check all that apply):			.		
а	Public exhibition		d _	-	ange programs	
b	Scholarly research		e	Other		
С	Preservation for future ge					
4	Provide a description of the organi	zation's collections	and explain	how they further the	ne organization's ex	empt purpose in
	Part XIV.					_
5	During the year, did the organization					
	assets to be sold to raise funds rat					
Par	t IV Trust, Escrow and Cust	odial Arrangeme	ents. Compl	ete if organizatio	n answered "Yes'	' to Form 990,
	Part IV, line 9, or reporte	ed an amount on	Form 990,	Paπ X, line 21.		
1 a	Is the organization an agent, truste			=		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	n Part XIV and com	plete the foll	owing table:		
						Amount
	Beginning balance					
d	Additions during the year				d	<u> </u>
е	Distributions during the year					
f	3				<u> </u>	
	Did the organization include an am		, Part X, line	21?		Yes No
	If "Yes," explain the arrangement in					
Par	tV Endowment Funds. Con	·		· · · · · · · · · · · · · · · · · · ·		
		(a) Current Year	(b) Prior ye	ar (c) Two years	back (d) Three ye	ears back (e) Four years back
1 a	Beginning of year balance	167,336.				
Ь	Contributions	44,720.				
С	Investment earnings or losses	3,975.				
d	Grants or scholarships	15,400.	-			
е	Other expenditures for facilities .					'
	and programs	12,725.		٦		
f	Administrative expenses			<u> </u>		
g	End of year balance	20.73001	·			
2	Provide the estimated percentage	of the year end ba	lance held as			
а	Board designated or quasi-endown	nent ▶	%			
b	Permanent endowment ▶	%				
С	Term endowment ▶	.%				
3a	Are there endowment funds not in	the possession of	the organiza	tion that are held a	and administered for	r the
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related org	•	•			3b
4	Describe in Part XIV the intended u					
Par	t VI Investments - Land, Buil	dings, and Equip	pment. See	Form 990, Part	X, line 10.	
	Description of investment	1 ' '	or other basis estment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land				<u> </u>	
b	Buildings					
С	Leasehold improvements			·		
d	Equipment			8,214	. 1,320.	5,395.
е	Other					
Total	I. Add lines 1a-1e (Column (d) shou	ld equal Form 990,	Part X, colu	mn (B), line 10(c))		5,395.

Part VII	Investments - Other Securities. See	Form 990, Part X, lir	ne 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
Financial der	rivatives and other financial products			
Closely-held	equity interests			
				·
				.
		<u> </u>		
		 		
Total (Column	(b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990 Part X lir	ne 13	·
T GIT VIII	(a) Description of investment type	(b) Book value	(c) Method of valuati	on:
	(a) Description of investment type	(b) BOOK Value	Cost or end-of-year mark	
				· · · · · · · · · · · · · · · · · · ·
				
	(b) should equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X,	line 15		
Part IX				
	(a)	Description		(b) Book value
	ther Receivables			
	Mor records			
				
				
	(b) should equal Form 990, Part X, col. (B) line 15)		· · · · · · · · · · · · · · · · · · ·	1,411
.Part X	Other Liabilities. See Form 990, Part	K, line 25.		
	(a) Description of liability	(b) Amount		
Federal incom				
PREPAID		90,320.		
ACCRUED	PAYROLL TAXES	2,119.		
		·		
Total. (Column ((b) should equal Form 990, Part X, col (B) line 25)	92,439.		
	provide the text of the footpote to the organic			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Scheaule D (Fa	rm 990) 2008	54-1030357	Page 5
Darf YIV	Supplemental Information (continued)		
WITCH TANK	Cappiemental information (continued)		
•			
		^	
	·		
·			
			·
	•		
			
-			
·			

Schedule D (Form 990) 2008

SCHEDULEI (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047 2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service		•	► Attach to Form 990.	ė.			Inspection
Name of the organization						Employer Identification number	n number
INTERNATIONAL TRUMPET GUILD						54-1030357	
Part 1 General Information on Grants and Assistance	and Assistar	ice					
1 Does the organization maintain records to substantiate the	o substantiate	the amount of	the grants or assist	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sligibility for the grants	or assistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rants or assista ocedures for m	nce? onitoring the us	se of grant funds in the	ne United States	United States		X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 is a part IV, and Schedule 1.1 (Form 900) if additional pressions.	to Governme any recipient	nts and Orga that received	nizations in the Unit more than \$5,00	nited States. Composition of the Check this box it	olete if the organization one recipient r	and Organizations in the United States. Complete if the organization answered "Yes" on it received more than \$5,000. Check this box if no one recipient received more than \$5,00	s" on \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash gran	(d) Amount of cash grant (e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
					other)		Politica 10
							-
2 Enter total number of section 501(c)(3) and government organizations	and governmen	t organizations				A : : : : : : : : : : : : : : : : : : :	

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008

Partill

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 15,000. 8,500, 4,600. (c) Amount of cash grant (b) Number of recipients 23 15 (a) Type of grant or assistance VARIOUS OTHER COMPETITION AWARDS E. SMITH COMPETION AWARDS SCHOLARSHIPS Part IV

Schedule I (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

54-1030357

INTERNATIONAL TRUMPET GUILD Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

<u>Employees</u>		,								,
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours	Posit	tion (i 	k all	that app		Reportable	Reportable	Estimated
	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)	amount of other compensation from the organization and related organizations
MICHAEL ANDERSON										
DIRECTOR	10.	х			х			6,000.		
DAVID BALDWIN DIRECTOR		x								
STEPHEN CHENNETTE										
DIRECTOR		x								
KIM DUNNICK	<u> </u>	T			_			 		
DIRECTOR		x					,			
LAURA FRINK		1								
DIRECTOR		x								
MURRAY GREIG		-A-			ļ —					
DIRECTOR		x								
		<u> </u>					-			
PAT HARBISON										
DIRECTOR		Х								
ANNE HARDIN						•				
DIRECTOR		Х	-		-					
FRANK KADERABEK										
DIRECTOR		Х								
CATHY LEACH										
DIRECTOR		X								
GARY MORTENSON										
DIRECTOR	15.	х		_	x			17,004.		
JAMES_OLCOTT					i					
DIRECTOR		х								
VERA OLCOTT										
DIRECTOR		Х						1,000.		
JUDY SAXTON										
DIRECTOR	A	х								
ANATOLY SELIANIN										
DIRECTOR		х								
ALAN SIEBERT				i						
DIRECTOR		х								
MICHAEL TUNNELL			- 1							
DIRECTOR		x								
NEVILLE YOUNG										· · · · · · · · · · · · · · · · · · ·
DIRECTOR		x	_		_					_
ZHONGHUI DAI										
DIRECTOR		x							ļ	
WILLIAM PFUND										
PRESIDENT	40.			x		ł				
KEVIN EISENSMITH										
VICE PRESIDENT	15.			x				}		
For Privacy Ast and Pananyark Peduction A		ho Inc				or Ear	(200	Cabadula	1 2 /5 000) 2000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

INTERNATIONAL TRUMPET GUILD

Employer Identification number 54-1030357

:Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										-
(A) Name and Title	(B) Average hours	Posit	tion ((Chec		that ap	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	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)	amount of other compensation from the organization and related organizations
BRIAN EVANS	·									
SECRETARY	15.			х			i			
DIXIE BURRESS										
TREASURER	30.			х	Х			24,057.		
JEFFREY PIPER										
PAST PRESIDENT / DIRECTOR			_	х						
										·
	·····					1				
				—						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 2	
PART III, LINE 4D	
INTERNATIONAL TRUMPET GUILD WEBSITE PROVIDES A FREE INSTANT GLOBA	L_LINK
TO ANYONE WITH ACCESS TO THE INTERNET. THE ITG WEB SITE COMPLIME	NTS_THE
ITG JOURNAL AND ITG PRINT PUBLICATIONS PROGRAMS WITH CONTENT THAT	_IS
AVAILABLE ONLY ON THE SITE.	
EXPENSES: \$6,000	
RECOGNITION AWARDS/EXPENSES REIMBURSEMENT IS THE TRAVEL EXPENSES	AND
WAIVED REGISTRATION FEE FOR AWARD RECEIPANTS TO ATTEND THE ANNUAL	ITG
CONFERENCE.	
EXPENSES: \$1,629	
CHAPTER GRANTS ARE MADE TO VARIOUS COLLEGES TO SUPPORT THE TRUMPE	T
EXPENSES: \$2,000; GRANTS: \$2,000	
SCHOLARSHIPS & AWARDS ARE FOR VARIOUS EVENTS GEARED TOWARD THE YO	UNG
TRUMPET PLAYER. WINNERS OF THE SCHOLARSHIPS RECEIVE \$200.	
EXPENSES: \$13,100; GRANTS: \$13,100; REVENUE: \$3,600	
COMMISSIONS ARE PAID FOR ORIGINAL COMPOSITIONS TO BE COMPOSED ON I	BEHALF
OF ITG.	
EXPENSES: \$5,000	
SPONSOR A TRUMPETER DONATIONS PAY MEMBERSHIPS FOR THOSE THAT CANNO	DT
AFFORD THEM.	
REVENUE: \$4,010	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
•	
PAGE 6	
DADM VIT CHOMTON A TINE C	
PART VI, SECTION A, LINE 6	
ANY PERSON MAY BECOME A MEMBER OF THE GUILD UPON PAYMENT OF THE	
_ MI I DIOGN THE DECOME A MEMBER OF THE GOID OF ON PAIRENT OF THE	
PRESCRIBED ANNUAL DUES. REGULAR MEMBERS WHOSE DUES ARE PAID SHA	LL HAVE
THE PRIVILEDGES OF PARTICIPATING IN THE ACTIVITIES OF THE GUILD,	
INCLUDING THE RIGHTS OF VOTING, HOLDING OFFICE, AND ADMISSION TO	GENERAL
MEENTINGS	
MEETINGS.	
	

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 6	
PART VI, SECTION A, LINE 7A	
ACTION OF THE PROPERTY OF THE	CHITY D
MEMBERS HAVE THE PRIVILEGE OF PARTICIPATING IN ACTIVITIES OF THE	GOTTO'
INCLUDING THE RIGHT OF VOTING AND HOLDING A POSITION OF OFFICE.	
· · · · · · · · · · · · · · · · · · ·	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
•	
PAGE 6	
PART VI, SECTION A, LINE 7B	
AMENDMENTS TO THE CONSTITUTION MAY BE MADE BY A TWO-THIRDS VOTE OF	OF_A
QUORUM OF THE MEMBERSHIP.	
•	
,	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 6	
PART VI, SECTION A, LINE 8B	
COMMITTES MOSTLY ACT AS ADVISERS TO THE BOARD AND SUBMIT REPORTS	THAT ARE
RECORDED WITH THE MINUTES OF THE BOARD AND OFFICERS' MEETING. THE	<u>ıe</u>
SCHOLARSHIP COMMITTEE DOES AWARD SCHOLARSHIPS AS DIRECTED BY THE	RULES.
NAMED OF GROOT PROVIDE AND DODGE TO DEPOSITE TO THE DOLD.	
NUMBER OF SHCOLARSHIPS AWARDED IS REPORTED TO THE BOARD.	
·	
	

Schedule O (Form 990) 2008	Page Z
lame of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 6	
PART VI, SECTION A, LINE 9B	
ITG AFFILITATE CHAPTERS HAVE NOT BEEN MONITORED IN PAST YEARS.	
CURRENTLY, A NEW AFFILIATE CHAPTER COORDINATOR HAS BEEN APPOINTED	<u> </u>
START MONITORING CHAPTER/AFFILIATE ACTIVITIES TO ENSURE A CONSIST	ENCY
WITHIN THE ORGANIZATION.	
	~

Iame of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 6	
PART VI, SECTION A, LINE 10	
A COPY OF THE 990 WILL BE REVIEWED BY THE TREASURER AND THE	PRESIDENT
BEFORE IT IS SIGNED AND FILED.	
-	
~	
···	

Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
•	
PAGE 6	
PART VI, SECTION B, LINE 15	
LINE 15A	
THE EXECUTIVE DIRECTOR AND OFFICERS, EXCEPT FOR THE TREASURER, OT	HER KEY
EMPLOYEES AND ONE DIRECTOR ARE NOT COMPENSATED FOR THEIR POSITION	<u>s.</u>
LINE 15B	
THE TREASURER, OTHER KEY EMPLOYEES, AND A COMPENSATED DIRECTOR AR	E
RECEIVING COMPENSATION BASED ON SIMILIAR POSITIONS AND TASKS.	
~~~ <del>~~</del>	

#### **SCHEDULE O** (Form 990)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Inspection

Name of the organization	Employer identification number
INTERNATIONAL TRUMPET GUILD	54-1030357
PAGE 6	
PART VI, SECTION C, LINE 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATE	ements
AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT	HAVE A
CONFLICT OF INTEREST POLICY.	

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THIS NON-PROFIT EDUCATIONAL ORGANIZATION'S PRIMARY PURPOSE IS TO PROMOTE COMMUNICATIONS AMONG TRUMPET PLAYERS AROUND THE WORLD AND TO IMPROVE THE ARTISTIC LEVEL OF PERFORMANCE, TEACHING, AND LITERATURE ASSOCIATED WITH THE TRUMPET.

V08-8.3 4370RH01

SERVICES
PROGRAM
OTHER
1
4D
LINE
III,
PART
990,
FORM

DESCRIPTION .	GRANTS	EXPENSES	REVENUE
INTERNATIONAL TRUMPET GUILD WEBSITE		6,000.	
RECOGNITION AWARDS/EXPENSES REIMBURSED		1,629.	
CHAPTER GRANTS	2,000.	2,000.	
SCHOLARSHIPS & AWARDS	13,100.	13,100.	3,600.
COMMISSIONS		5,000.	•
SPONSOR DONATIONS			4,010.
TOTALS	15,100.	27,729.	7,610.

۲.

		7,453.	7,453.
[           		7,453.	7,453.
			1 1 1 1
REVENU	BUSINESS REV.	EXEMPT REVENUE	REVENUE
EXCLUDED	UNRELATED	RELATED OR	TOTAL
<u>(a)</u>	(၁)	(B)	<b>(</b> 4)

# INTERNATIONAL TRUMPET GUILD EIN 54-1030357 FORM 990 - STATEMENT OF FUNCTIONAL EXPENSES ATTACHMENT

OTHER EXPENSES, ITEMIZED PAGE 10, PART IX, LINE 24

	TOTAL	PRGM SERVICES	MGMT/ GENL	FUND- RAISING
BAD DEBT EXPENSE	735	735	-	-
BANK FEES	371	267	104	-
COMMISSIONS	12,000	12,000	-	-
CREDIT CARD FEES	2,143	2,022	121	-
MEMBERSHIP DEVELOPMENT	7,950	-	7,950	-
MISCELLANEOUS	98	-	98	_
MOVING MERCHANDICE	1,451	830	621	-
PAYPAL FEES	3,589	3,481	108	-
POSTAGE AND SHIPPING	49,981	47,084	2,897	-
PRINTING AND PUBLICATION	59,876	59,376	500	-
PROJECT COSTS - CD	12,999	12,999	-	-
PROJECT COSTS - JOURNAL DVD	4,030	4,030	-	-
STORAGE - JOURNALS & OTHER	3,378	-	3,378	-
TAXES	6,496	6,496	-	-
TRADEMARKS, DOMAIN RIGHTS	149	74	75	
	165,246	149,394	15,852	-

## Form **8868**

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time 10 File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue Service	<u> </u>	► File a separate application for each return.		
<ul> <li>If you are filing</li> </ul>	for an Automatic 3-Mon	th Extension, complete only Part I and check this box		<b>&gt;</b>  x
		utomatic) 3-Month Extension, complete only Part II (on page ady been granted an automatic 3-month extension on a pre	ge 2 of this	form).
Part I Automa	tic 3-Month Extension	of Time. Only submit original (no copies needed).		
		and requesting an automatic 6-month extension - check this l	oox and co	mplete
				.`
All other corporate time to file income		filers), partnerships, REMICs, and trusts must use Form 7	004 to re	equest an extension of
one of the return electronically if (1 returns, or a comp 8868. For more de	s noted below (6 mont ) you want the addition osite or consolidated Frotalls on the electronic file	n electronically file Form 8868 if you want a 3-month aut hs for a corporation required to file Form 990-T). Howev al (not automatic) 3-month extension or (2) you file Forms om 990-T. Instead, you must submit the fully completed and ing of this form, visit www irs.gov/efile and click on e-file for C	ver, you c 990-BL, o d signed p Charities &	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form Nonprofits.
'' I	me of Exempt Organization		Employe	r identification number
print	INTERNATIONAL T		54-1	.030357
File by the due date for	Imber, street, and room or s P.O. BOX 2688	suite no If a P O. box, see instructions.		
filing your return See Ci		e, and ZIP code. For a foreign address, see instructions		
instructions	DAVENPORT, IA 5	•		
Check type of re		parate application for each return).		<del></del>
<b>x</b> Form 990		· · · · · · · · · · · · · · · · · · ·	rm 4720	
Form 990-BL		· · · · · · · · · · · · · · · · · · ·	rm 5227	
Form 990-EZ	H	· · · · · · · · · · · · · · · · · · ·	rm 6069	
Form 990-PF	H	· · · · · · · · · · · · · · · · · · ·	rm 8870	
	· · · · · · · · · · · · · · · · · · ·			
<ul> <li>If the organization of the whole ground the whole ground the sand EINs of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the</li></ul>	roup Return, enter the or o, check this box .  fall members the extens n automatic 3-month 02/15,2010  zation's return for endar year or year beginning	(6 months for a corporation required to file Form , to file the exempt organization return for the organization 07/01, 2008 , and ending	m 990-T) n named a	. If this is a list with the extension of time bove. The extension is
2 If this tax yea	r is for less than 12 mon	ths, check reason Initial return Final return	Change	in accounting period
		_, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	
	credits See instruction			3a \$ NONE
• •		or 990-T, enter any refundable credits and estimated tax p	ayments	
	any prior year overpayn		· • · · · · · · · · · · · · · · · · · ·	3b \$ NONE
		ne 3a Include your payment with this form, or, if required,	•	
	upon or, if required,	by using EFTPS (Electronic Federal Tax Payment Syste	m). See	
ınstructions.				3c \$ NONE
		onic fund withdrawal with this Form 8868, see Form 8453-E0	and Forn	n 8879-EO
for payment instruc	tions			
For Privacy Act an	d Paperwork Reduction	Act Notice, see Instructions.		Form 8868 (Rev 4-2009)

	3 (Rev 4-2009)				Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box			. ► X
Note.	Only complete Part II if you have already been granted an automatic 3-month ex	tension on a previously filed	i For	n 8868.	
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).			
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no cor	oies_	neede	d).
Type o	Name of Exempt Organization	Employer identifi			
print	INTERNATIONAL TRUMPET GUILD	54-103035	7		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only			
extended due date	P.O. BOX 2688				
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			•	-
retum Se instructio		,			
Check	type of return to be filed (File a separate application for each return):		_	_	
	Form 990-PF	Form 1041-A	L	Form	n 6069
F	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	L	Form	n 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227		<del>_</del>	
STOPI	Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usly	filed Fo	rm 8868.
• The I	pooks are in the care of ▶ DIXIE BURRESS,			<del></del>	
Telep	phone No. ▶ 563 676–2435 FAX No. ▶			_	
<ul><li>If the</li></ul>	organization does not have an office or place of business in the United States, or	check this box			. ▶□
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN) If t	his is		
for the	whole group, check this box ▶ If it is for part of the group, check this	box ▶ 🔛 and attac	:ha		
	the names and EINs of all members the extension is for.				
4 1	request an additional 3-month extension of time until05/17/2010				
5 F	or calendar year, or other tax year beginning07/01/2008	_,and ending <u>06/30/2</u>			
6 lf	this tax year is for less than 12 months, check reason: Initial return	Final return Change	e in a	accounti	ng period
7 St	tate in detail why you need the extension <u>ADDITIONAL TIME IS NEEDE</u>	D TO ALLOW TIME FO	)R		
TH	E OFFICER REVIEW AND SIGNING.				
_					
			<del>, ,</del> .		
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any			
	onrefundable credits See instructions.		8a	\$	NONE
<b>b</b> If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated			
ta	x payments made Include any prior year overpayment allowed as a credit	and any amount paid			
pr	eviously with Form 8868		8b	\$	NONE
	alance Due. Subtract line 8b from line 8a Include your payment with this form,				
wi	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instructions.	8c	\$	NONE
	Signature and Verification				
	nalties of perjury, I declare that I have examined this form, including accompanying schedules an	d statements, and to the best of	f my k	knowledge	and belief,
it is true, d	correct, and complete, and that I am authorized to prepare this form				
	$\Omega M$		_		/
Signature		Date	<u> </u>	2/6 8868 (R	10
	CRIPPEN, REID & BOWEN, L.L.C.		Form	8868 <del>(</del> R	ev 4-2009)

1528 - 47TH AVENUE MOLINE, IL 61265