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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AI	For the	2008 ca	lendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009	
В	Check if	Diagon	C Name of organization	D Employer identifi	
á	applicable	use (HS			
X	Addres	s label or print or	CAMPUS RESEARCH CORPORATION		
	Name change	type	Doing Business As	86-0	779656
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Termin-	Specific	9070 SOUTH RITA ROAD 1750	(520	
	Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	13,826,134.
Ē	Applica	1-	TUCSON, AZ 85747-6112	H(a) Is this a group re	
	pendin	9 F Nan	ne and address of principal officer DONALD PITT	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inc	
1	Tax-exe	mpt statu	us X 501(c) (3	⊣ ''	list. (see instructions)
		e: ► N /		H(c) Group exemptio	
					A State of legal domicile, AZ
		Summ			
			scribe the organization's mission or most significant activities ASSIST TH	E ARIZONA BO	ARD OF
Governance			TS FOR AND ON BEHALF OF THE UNIVERSITY O		- · · · · · · · · · · · · · · · · · · ·
rna	-		s box if the organization discontinued its operations or disposed of mo		s
Ş	1		f voting members of the governing body (Part VI, line 1a)	3	9
Ğ	1		f independent voting members of the governing body (Part VI, line 1b)	4	6
\$ 8	1		ber of employees (Part V, line 2a)	5	3
ij	1		ber of volunteers (estimate if necessary)	6	0
Activities	1		s unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
⋖	ì	-	ated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
~ (0	8 (Contributi	ons and grants (Part VIII, line 1h)	175,130.	175,000.
Revenue			service revenue (Part VIII, line 2g)	10,190,284.	12,475,540.
e e	1		nt incerne (Party) (A), lines 3, 4, and 7d)	36,659.	8,906.
5C	11 (Other reve	enue (Parr VIII, Column-(A), times d, 6d, 8c, 9c, 10c, and 11e)		1,166,688.
	12 7	otal reve	nue - add lines 8 through 11 (myst equal Part VIII, column (A), line 12)	10,402,073.	13,826,134.
)	13 (Grants an	similar amounts part (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	
- >			paid to or for members (Part IX, Column (A), line 4)		
UIII/ B @ IV V I			other companient of employee benefits (Part IX, column (A), lines 5-10)	336,812.	402,608.
ခ်စ္တင	16a F	Profession	nal funerasing fees (Part IX, column (A), line 11e)	•	
pe	1		raising expenses (Part IX, column (D), line 25)		
<u>`</u>	1		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,584,672.	10,229,152.
Ħ	ł		enses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,921,484.	10,631,760.
	19 F		ess expenses. Subtract line 18 from line 12	480,589.	3,194,374.
Net Assets or Fund Balances		_		Beginning of Year	End of Year
sets	20 T	otal asse	ets (Part X, line 16)	19,620,092.	21,451,158.
Seg.	21 T		ities (Part X, line 26)	13,402,681.	12,423,633.
캺	22 1	Vet assets	s or fund balances. Subtract line 21 from line 20	6,217,411.	9,027,525.
Pa	art II	Signat	ture Block		
		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the best of my knowled	ge and belief, it is true, correct,
		and co mpro	be Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ge .	1
Sig	n	E	Frue A. Wy	Jan	11/2010
Her		Sign	ature of officer	Date	
	ł	NA.	ME ISTUCE A.) Works TITLE	Pres. No.	
	1	Туре	or print name and title	11 63100	
	.	Preparer's			er's identifying number
Paid	'	signature		elf- mployed (see ins	structions)
•		Firm's name	© BEACHFLEISCHMAN PC	EIN ►	
Use	····	yours if self-employe	ed). P.O. BOX 64130		
		address, and ZIP + 4	TUCSON, ARIZONA 85728-4130	Phone no. ► (520) 321-4600
Mav	the IR	S discuss	s this return with the preparer shown above? (see instructions)	11 110110 1101 12 (X Yes No

CAMPUS RESEARCH CORPORATION Part 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	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			٠,,
_	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		Х
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 X, or provide	_		v
40	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		Λ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		х	
10	If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	12	х	
13	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school as 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		х
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		Х
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		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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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		X
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 \$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		
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		
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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	ا مر		v
00	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		Ì	v
07	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 substantial	27		Х
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	9 90 (2	
		LOIM.	33U (2	2008)

Form 990 (2008) CAMPUS RESEARCH CO Part IV 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	'	1	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other		<u> </u>	
	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	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
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			
	sections 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		X
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		Х
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		Х
			000	^^^

Form **990** (2008)

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Form 990 (2008) CAMPUS RESEARCH CORPORATION

Part 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	1a	10			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng			
	(gambling) winnings to prize winners?		•	1c		
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	3	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control			2b	Х	ļ,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					لــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X
	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		•			7,7
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
D	If "Yes," enter the name of the foreign country	<u> </u>		ŀ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	вапк а	ana			
5-	Financial Accounts Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?			5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	iction?	1	5a 5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			155		
·	Tax Shelter Transaction?	ogu.	allig i rombita	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	l I		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	aı			X
	benefit contract?	·20+2		7e 7f		$\frac{x}{x}$
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		aured?	79 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		-			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?			8		
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		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter: N/A					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter N/A	ایدا				
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	, , .				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	104 1 ?		128		
	11 165, Circli the amount of tax-exempt interest received or accrued during the year 11/ A	120		<u></u>	990/	2000)

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

Sec	tion 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	l		
1a	Enter the number of voting members of the governing body 1a 9			1
b	Enter the number of voting members that are independent 1b 6			
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		Х
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
a	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		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		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	40	х	
44	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	^	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4.4		Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion b. Foncies		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	110
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	In Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
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			1
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	1
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 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 policy, ar	id fina	ncial	
	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 organization.	ion 🕨	•	
	KENNETH MARCUS - (520) 382-2480			
	9070 SOUTH RITA ROAD, SUITE 1750, TUCSON, AZ 85747			
832006 12-18-	08	Form	990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **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 c (A)	(C)						(D)	(E)	(F)	
Name and Title	(B) Average		Positi					Reportable	Reportable	Estimated
	hours	(c	hecl	k all	that	арр	ly)	compensation	compensation	amount of
	per	rg.				П		from	from related	other
	week	Individual trustee or director				ted		the organization	organizations (W-2/1099-MISC)	compensation from the
		ustee	Institutional trustee		ļ	bens		(W-2/1099-MISC)	(,,, =, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
		lual tr	tional	١.	ay old r	st com				and related
		Individ	Institu	Officer	Key employee	Highest compensated employee	Forme			organizations
FRED BOICE		-	-		\vdash					
DIRECTOR	2.00	$ \mathbf{x} $	l					0.	0.	0.
PETER LIKINS		T	\vdash			1				
DIRECTOR	2.00	X			•	i		0.	0.	0.
MANUEL PACHECO										
DIRECTOR	2.00	x						0.	0.	0.
ROBERT SHELTON										- · - ·
DIRECTOR	2.00	Х			<u> </u>	<u> </u>		0.	488,971.	4,093.
LESLIE TOLBERT		I								
DIRECTOR	2.00	Х	<u> </u>					0.	224,906.	2,304.
JOEL VALDEZ					İ			_		
DIRECTOR	2.00	Х	_	<u> </u>	_	L		0.	230,360.	2,597.
DONALD PITT	0 00	•		l					•	
PRESIDENT	2.00	_	_	Х				0.	0.	0.
BRUCE WRIGHT	20.00			٠.,				CE 450	155 000	1 000
EXECUTIVE VICE PRESIDENT	20.00	<u> </u>	┝	Х				65,476.	175,939.	1,903
ROBERT JOHNSTON	2 00			J.				0	0	0
VICE PRESIDENT HENRY KOFFLER	2.00	<u> </u>	<u> </u>	X		<u> </u>		0.	0.	0.
PRESIDENT EMERITUS	2.00			х				0.	0.	0.
MARSHALL WORDEN	2.00	\vdash	 	Λ		-		0.		0.
SECRETARY	2.00			х				0.	126,500.	0.
KAY NELSON	2.00	 	 	1		\vdash		0.	120,300+	
ASSISTANT SECRETARY	2.00			Х				0.	0.	0.
STEVE LENIHAN			 		_	H		<u> </u>		
TREASURER	2.00			x				0.	0.	0.
PATRICK GRIFFIN		 		<u> </u>		H		5,1		
GENERAL COUNSEL	2.00			х				0.	0.	0.
KEN MARCUS										
CFO	40.00			X				119,621.	0.	16,807.
		L	L			Щ				<u> </u>
							ļ			

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Form 990 (2008)

Form 990 (2008)

Form 990 (2008) CAMP 05 KI									86-0119	O D O Page O
Part VII Section A. Officers, Directors, Tru	stees, Key E	nplo	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that	app	oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per	ऻ—				Ė	Ë	from	from related	other
	week	individual trustee or director	۰		1	ited		the organization	organizations (W-2/1099-MISC)	compensation from the
		ustee	Institutional trustee		e e	Suadi		(W-2/1099-MISC)	(** = *********************************	organization
		dual tr	itional	_	pldin	st con	_			and related
		N Pu	Institu	Officer	Key B	Highest compensated employee	Form			organizations
		 	-		-		-			
						-	<u> </u>	· · ·		
									:	
			-		-	\vdash				
	<u>.</u>					-	┝			
									•	
							<u> </u>			
					\vdash	-				
1b Total						▶		185,097.	1,246,676.	27,704.
2 Total number of individuals (including those	ın 1a) who re	ceiv	ed m	ore	tha	n \$1	00,0	000 in reportable		1

compensation from the organization	

- Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
LEGAL	465,892.
CONSTRUCTION	399,841.
CONSULTING	260,681.
LEGAL	164,950.
CONTRACTOR	137,576.
ore than \$100,000 in compensation	
	Description of services LEGAL CONSTRUCTION CONSULTING LEGAL CONTRACTOR

Form **990** (2008)

12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e
13,826,134. 13,642,228. 0 8,906 8

Form 990 (2008)

1041298.

125,390

1166688

1041298

125,390

2008.05020 CAMPUS RESEARCH CORPORATION 4540___1

Business Code

900099

900099

d All other revenue

Total. Add lines 11a-11d

b

Miscellaneous Revenue

REIMBURSED EXPENSES

DEBT FORGIVENESS

Part IX | Statement of Functional Expenses

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

All other organizations must complete columns (A) but are not required to complete columns (B) (C)

	All other organizations must comp				(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				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	201,904.	104,646.	97,258.	
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,930.	41,679.	97,251.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,404.	1,321.	3,083.	
9	Other employee benefits	40,680.	12,204.	28,476.	
10	Payroll taxes	16,690.	5,007.	11,683.	
11	Fees for services (non-employees)		İ		
а	Management				
b	Legal	544,290.	544,290.		
С	Accounting	41,685.	41,685.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees	554 000	574 000		
g	Other	571,909.	571,909.		
12	Advertising and promotion	41,270.	41,270.	11 (20	
13	Office expenses	16,625.	4,987.	11,638.	
14	Information technology				
15	Royalties	610 507	204 200	226 227	
16	Occupancy	610,507. 35,250.	284,280. 17,625.	326,227.	
17	Travel	35,250.	17,025.	17,023.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	62,925.	50,340.	12,585.	
19	Conferences, conventions, and meetings	720,165.	720,165.	12,303.	
20	Interest	720,103.	720,103.		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates Depreciation, depletion, and amortization	1,943,625.	1,896,666.	46,959.	
22	Insurance	41,423.	20,711.	20,712.	
23 24	Other expenses. Itemize expenses not covered	41,423.	20,711.	20,712.	
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PROJECT OPERATING	3,803,264.	3,803,264.		····
b	REPAIRS & MAINTENANCE	1,254,309.	1,241,766.	12,543.	
c	U OF A DEVELOPMENT	475,465.	475,465.		····
d	PARK DEVELOPMENT	35,587.	35,587.		
e	ABANDONED ASSETS	30,853.	30,853.		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,631,760.	9,945,720.	686,040.	0.
26	Joint Costs. Check here J 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				
) 12-18-08	L	<u>.</u>		Form 990 (2008)

832010 12-18-08

Form 990 (2008)

r,a		Balance Sheet					
			(A) Beginning of year		(B) End of y		
		Cook and the cook of the cook o	676,229.		4,169		20
	1	Cash - non-interest-bearing	1,880,352.	1			258.
	2	Savings and temporary cash investments	1,000,332.	2	453	<u>, </u>	.56.
	3	Pledges and grants receivable, net	1,376,779.	3	1,514	/ 1	22
	4	Accounts receivable, net	1,370,773.	4	1,514	<u>* , </u>	. 3 4
	5	Receivables from current and former officers, directors, trustees, key		_			
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	THE THE PROPERTY COMES AND ADDRESS OF THE COME				
, 0	၂ ೢ	Part II of Schedule L		7			
Assets	7	Notes and loans receivable, net Inventories for sale or use		8			
As	8		96,108.	9	5.	1 1	44.
	9	Prepaid expenses and deferred charges Land, buildings, and equipment. cost basis 10a 14,624,915.	50,100.	9		, <u>, </u>	
	i .		-		l		
		Less accumulated depreciation Complete Part VI of Schedule D 10b 3,543,878.	11,219,035.	10c	11,081	1 0	37
	11	Investments - publicly traded securities	11,215,055.	111	11,003	<u>, o</u>	37
	12	Investments - publicly traded securities Investments - other securities See Part IV, line 11		12			
	13	Investments - other securities (See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4,371,589.	15	4,173	<u>ء </u>	19
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,620,092.	16	21,451		
	17	Accounts payable and accrued expenses	2,047,122.	17			66.
	18	Grants payable	2,017,122.	18		<u>, , o</u>	
	19	Deferred revenue	879,300.	19	473	7	41.
	20	Tax-exempt bond liabilities	075,500.	20		- , ,	
"	21	Escrow account liability Complete Part IV of Schedule D		21			
tie	22	Payables to current and former officers, directors, trustees, key employees,		21			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			ı		
Lia		of Schedule L	er term mer mer mer men en	22			-
	23	Secured mortgages and notes payable to unrelated third parties	9,640,808.	23	10,067	7.5	36.
	24	Unsecured notes and loans payable	174,074.	24			52.
	25	Other liabilities Complete Part X of Schedule D	661,377.	25	965	5.6	38.
	26	Total liabilities. Add lines 17 through 25	13,402,681.	26	12,423		
		Organizations that follow SFAS 117, check here X and complete		==			
ν		lines 27 through 29, and lines 33 and 34.					
JCe	27	Unrestricted net assets	6,217,411.	27	9,027	7.5	25.
alai	28	Temporarily restricted net assets		28			
d B	29	Permanently restricted net assets		29			
5		Organizations that do not follow SFAS 117, check here and					
ě		complete lines 30 through 34.					
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds	B. 177 - Andrewson Marine 1970 - 1971	30		7-m	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
¥	32	Retained earnings, endowment, accumulated income, or other funds		32			
ž	33	Total net assets or fund balances	6,217,411.	33	9,027	7,5	25.
i	34	Total liabilities and net assets/fund balances	19,620,092.	34	21,451		
Par	t XI	Financial Statements and Reporting					
						Yes	No
1	Acco	unting method used to prepare the Form 990 [.] Cash X Accrual	Other				
2a		the organization's financial statements compiled or reviewed by an independent	accountant?		2a		Х
b		the organization's financial statements audited by an independent accountant?			2b	X	
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of the	audıt,	,		
		w, or compilation of its financial statements and selection of an independent acco			2c	X	
За	As a	result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in the Sing	le Aud	ıt 🗍		
	Act a	nd OMB Circular A-133?			3a		X
b	If "Ye	s," did the organization undergo the required audit or audits?			3b		
832011	12-18-	-08			Form 9) 90 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

2008

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		CAMPUS	RESEARCH COF	RPORAT	NOI				8	6-0779656
Part I	Reason	for Public Char	rity Status (All organia	zations mu	st comple	te this par	t.) (see ins	tructions)		
The organ	nization is not	a private foundation	because it is (Please ch	neck only o	one organi	zation)				
1 🔲	A church, co	onvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).		
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E)	}					
3 🖳	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A) (iii). (At	tach Sche	dule H)	
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospital's name,
	city, and stat									
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	t describ	ed in
	section 170)(b)(1)(A)(iv). (Compl	ete Part II)							
6 🖳	A federal, sta	ate, or local governm	ient or governmental uni	it describe	d in sectio	on 170(b)(1)(A)(v).			
7 📙	An organizat	on that normally red	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general	public described in
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)							
8 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 💹	An organizat	ion that normally red	eives (1) more than 33	1/3% of its	s support f	from contr	ibutions, n	nembershi	p fees, ar	nd gross receipts from
			nctions - subject to certa		-					•
	income and	unrelated business t	axable income (less sec	tion 511 ta	ix) from bu	ısınesses	acquired b	y the orga	ınızatıon a	after June 30, 1975
	See section	509(a)(2). (Complete	e the Part III)							
10	An organizat	ion organized and o	perated exclusively to te	st for publ	lic safety.	See secti o	on 509(a)(4	l). (see ins	tructions)
11 X	_	-	perated exclusively for the						-	•
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(a	2) See se e	ction 509(a)(3). Che	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•					•
r==-1	a L Type		* *	с 🔲 Тур		-	-		d L	Type III - Other
e X	-		at the organization is not							
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).
f	If the organiz	zation received a writ	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th								
g	_		organization accepted ar							, , , , , , , , , , , , , , , , , , ,
	(ı) A perso	on who directly or ind	lirectly controls, either al	lone or tog	jether with	persons of	described	ın (ıı) and (III) below,	
	_		upported organization?							11g(i) X
		•	n described in (i) above?							11g(ii) X
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii) X
h	Provide the f	following information	about the organizations	the organ	iization suj	pports.				
		1	(iii) Turn of	T	 .	T.::		r		
(ı) Name	of supported	(II) EIN	(ıiı) Type of organızatıon		organization sted in your		u notify the	(vi) Is organizatio	the	(vii) Amount of
org	anization		(described on lines 1-9	governing	•		ion in col.	(i) organız	ed in the [support
			above or IRC section		No	Yes		Yes U.S.	No	
3.7. DO	ADD OF		(see instructions))	162	140	Tes	140	163	140	
	ARD OF	06 6004701	2	37						
REGEN	RSITY	86-6004791	<u>Z</u>	Х	ļ	 			 	
		74-2652689	2			1				10 (21 752
OF AR	TONA	114-2032009		X			ļ		\vdash	10,631,760.
		Ì		i			:			
				 	 		_		 -	

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

Schedule A (Form 990 or 990-EZ) 2008

10,631,760.

Total

	nedule A (Form 990 or 990-EZ) 2008						Page	2
P	art II Support Schedule for)(b)(1)(A)(iv) an	id 170(b)	(1)(A)(vi)	
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part 1)) -				
<u>Se</u>	ction A. Public Support		·	-		 		
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	008 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organ-				1			
	ızatıon's benefit and either paid to				1			
	or expended on its behalf					ļ <u></u>		
3	The value of services or facilities				İ			
	furnished by a governmental unit to							
	the organization without charge				İ.,	<u> </u>		
4	Total. Add lines 1 - 3							
5	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,	, ,			İ			
	column (f)						ŀ	
6	Public Support. Subtract line 5 from line 4							_
	ction B. Total Support			•		•		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	008 (f) Total	_
	Amounts from line 4	······································	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>			_
8	Gross income from interest,]				_
_	dividends, payments received on					ĺ		
	secunties loans, rents, royalties					İ		
	and income from similar sources							
9	Net income from unrelated business				<u> </u>	+		_
_	activities, whether or not the							
	business is regularly carned on	i '						
10	Other income Do not include gain				<u> </u>	 		_
	or loss from the sale of capital	,]			
	assets (Explain in Part IV.)					İ		
11	Total support. Add lines 7 through 10				 			_
	Gross receipts from related activities,	etc (see instructi		<u> </u>	<u> </u>	12		
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av voar as a soctio			
10	organization, check this box and stor	· ·	s mst, second, am	id, idditii, or ilitii t	ax year as a section)	' ▶□	٦
Sec	ction C. Computation of Publ		rcentage		 			ᅼ
	Public support percentage for 2008 (column (fl)		14		%
	Public support percentage from 2007		•	Column (1))		15		/ 0 %
		·	•	n line 12 and line	14 10 22 1/204 07 7		k this box and	
108	33 1/3% support test - 2008. If the c stop here. The organization qualifies	-			14 15 33 1/3/0 01 1	nore, checi	k tills box and	٦
	, ,	, , , , ,	•		d lung 15 to 22 1/20	/	, _	_
C	33 1/3% support test - 2007. If the c	_			ine 15 is 33 1/3%	o or more, o	Check this box	\neg
	and stop here. The organization qual	•	• •		- 40 40 40'		P _	٦
17a	10% -facts-and-circumstances tes	•						
	and if the organization meets the "fac					irt IV how th		_
	meets the "facts-and-circumstances"	•	•		•		▶ L.	┙
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the						how the	_
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anızatıon	▶∟	╝

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for	Organizations	Described in	Section 509(a	1)(2) (Complete onl	y if you checked the bo	x on line 9 of Part I.
Section A. Public Support	T	T				
Calendar 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 ")		ļ <u>.</u>	<u> </u>		- 	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5				1		
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons 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						
8 Public support (Subtract line 7c from line 6)	* .					
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					-	
c Add lines 10a and 10b 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)		<u> </u>	L	1		
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiza	ation,
check this box and stop here						<u> </u>
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2008	(line 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 200	7 Schedule A, Par	t IV-A, line 27g			16	%
Section D. Computation of Inve	stment Incom	ne Percentage				
17 Investment income percentage for 2	008 (line 10c, colu	mn (f) dıvıded by li	ne 13, column (f))		17	%
18 Investment income percentage from	2007 Schedule A,	Part IV-A, line 27h	ı		18	%
19a 33 1/3% support tests - 2008. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	lifies as a publicly :	supported organiz	zation	
b 33 1/3% support tests - 2007. If the	organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see in	structions	<u> </u>
				Sc	hedule A (Form 990	or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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

Name of the organization

CAMPUS RESEARCH CORPORATION

Employer identification number 86-0779656

Pa	rt I Organizations Maintaining Donor Advise		ds or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fu	nds 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 in donor adv	used funds	
_	are the organization's property, subject to the organization's		1000 101100	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	he used only	
•	for charitable purposes and not for the benefit of the donor of		-	? Yes No
Pa				
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •
•	Preservation of land for public use (e.g., recreation or p		ustoncally imn	portant land area
	Protection of natural habitat	Preservation of cert		
	Preservation of open space	Freservation of Cert	med riistoric s	uucture
2	·			
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	inservation ea	sement on the last day
	of the tax year		f	Titald at the Fad at the Wass
_	Tabel more bound as a financial state of the			Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С.	Number of conservation easements on a certified historic str	• •	2c	
d	Number of conservation easements included in (c) acquired		2d	<u> </u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization	n during the taxable
	year -			
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations,	and	[
	enforcement of the conservation easements it holds?			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	-		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year 🕨	\$	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	'0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organiza	ition's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ince sheet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education, o			
	these items	·	•	o o
	(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 tre-	asures or other similar assets for financial	ial dain proviii	Ψ
~			iai gairi, provid	7 C
_	the following amounts required to be reported under SFAS 1	to relating to these items		c.
a	Revenues included in Form 990, Part VIII, line 1			\$ \$
b	Assets included in Form 990, Part X			\$
	F. Div. A. I. D.	 		2 2
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.		Schedule D (Form 990) 2008

832051 12-23-08

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (b) Cost or other (a) Cost or other (c) Depreciation (d) Book value basis (other) basis (investment) 1a Land 10,921,800. 14,017,036. 3,095,236. **b** Buildings c Leasehold improvements 420,305. 330,715 89,590. d Equipment 187,574. 117,927. 69,647. e Other 11,081,037. Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008

Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2		<u></u>
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuatend-of-year mark	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		1		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	>			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		· - · · ·
(a) Description of investment type	(b) Book value	(c)	Method of valuat end-of-year mark	
				·
			·—· —- · · · · · · · · · · · · · · · · ·	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		, «		
Part IX Other Assets. See Form 990, Part X, Iir				
7	a) Description			(b) Book value
INTANGIBLE ASSETS, NET OF AC	CUMULATED AMOR	RTIZATION		4,173,949.
		<u> </u>		<u> </u>
				·
		 		·
		 <u> </u>		
		· <u> </u>		4 4 5 0 4 0
Total. (Column (b) should equal Form 990, Part X, col (B)			<u> </u>	4,173,949.
Part X Other Liabilities. See Form 990, Part >	⟨, line 25	(b) Amount		
(a) Description of liability		(b) Amount		
Federal income taxes				
TENANT DEPOSITS		18,988.		
LIABILITY UNDER INTEREST RAT	E SWAP			
AGREEMENT		946,650.		
				•
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25)	965,638.		
In Part XIV, provide the text of the footnote to the organi	zation's financial statement	e that reports the organiza	tion's liability for	uncortain tay positions

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.

12-23-0

FINANCIAL STATEMENT FOOTNOTE THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48:

IN 2006, THE FASB RELEASED FASB INTERPRETATION [FIN] NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES". FIN 48 INTERPRETS THE GUIDANCE IN FASB STATEMENT OF FINANCIAL ACCOUNTING STANDARDS NO. 109, "ACCOUNTING FOR INCOME TAXES". FIN 48 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. FIN 48 MUST BE APPLIED TO ALL EXISTING TAX POSITIONS UPON INITIAL ADOPTION.

IMPLEMENTATION WILL REQUIRE MANAGEMENT TO ANALYZE ALL OPEN TAX YEARS, AS DEFINED BY THE STATUTE OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES.

FASB STAFF POSITION FIN 48-3, ISSUED IN DECEMBER 2008, PERMITS

NOT-FOR-PROFIT ENTITIES TO DEFER THE EFFECTIVE DATE OF FIN 48 UNTIL FISCAL

YEARS BEGINNING AFTER DECEMBER 15, 2008. THE ORGANIZATION'S MANAGEMENT

HAS ELECTED TO DEFER THE APPLICATION OF FIN 48. FOR THE CURRENT PERIOD

AND UNTIL THE IMPLEMENTATION OF FIN 48, MANAGEMENT CONTINUES TO EVALUATE

UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE GUIDANCE IN FASB STATEMENT

OF FINANCIAL ACCOUNTING STANDARDS NO. 5, "ACCOUNTING FOR CONTINGENCIES".

AS THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ENTITY AND IS ONLY

SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME (UBTI), NO

INCOME TAX PROVISION IS REFLECTED IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION DOES NOT EXPECT THE ADOPTION OF FIN 48 TO HAVE AN IMPACT ON

ITS RESULTS OF OPERATIONS OR FINANCIAL CONDITION.

Schedule D (Form 990) 2008

SCHEDULE J (Farm 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CAMPUS RESEARCH CORPORATION

Employer identification number

86-0779656

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a X 5b b Any related organization? If "Yes," to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2008

X

Schedule J (Form 990) 2008 CAMPUS RESEARC

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred	Nontaxable benefits	Total of columns (B)(ı)-(D)	Compensation reported in prior Form 990 or Form 990 EZ
	(E)	1 1			0	0	- 1 - 1	0
ROBERT SHELTON	<u>(E)</u>	488,971.	0		0	4,093.	493,064.	0
LESLIE TOLBERT	≘ ≘	224.906.	000	00		2.304.	227 210	0
	: 😑	0			0	-1	١-	0
JOEL VALDEZ	(ii)	230,360.			0	2,597.	232,957.	0
BRIICE WRIGHT	3	56,726.	0	8,750	00	1 903	65,476.	00
	1			•		-1	٦.	
	Ξ							
	Ξ							
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	Ξ							
	(E)							
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	(ii)							
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				ć			Schedule	Schedule J (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

Schedule O (Form 990) 2008

CAMPUS RESEARCH CORPORATION	86-0779656
FORM 990, PART VI, SECTION A, LINE 7A: THE PRESIDENT OF	THE UNIVERSITY OF
ARIZONA IS A BOARD MEMBER AND CAN APPOINT 3 OTHER PEOPLE	E TO THE BOARD.
FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION	PROVIDES A COPY OF
FORM 990 TO THE AUDIT COMMITTEE FOR REVIEW BEFORE THE RE	ETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	N HAS A CONFLICT OF
INTEREST POLICY IN PLACE AND EACH OFFICER AND DIRECTOR	IS REQUIRED TO SIGN
AND AGREE TO THE POLICY. IF A CONFLICT OF INTEREST IS I	DISCOVERED, THE
INDIVIDUAL IS REQUIRED TO NOTIFY THE ORGANIZATION IMMEDIA	ATELY. CONFLICTS OF
INTEREST ARE HANDLED ON A CASE BY CASE BASIS. THE POLICE	CY COVERS CRC
EMPLOYEES AND CRC BOARD MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION	DETERMINES
COMPENSATION BY COMPARING COMPENSATION TO THE UNIVERSITY	OF ARIZONA
COMPENSATION LEVELS, AND BY UTILIZING OUTSIDE RESOURCES	SUCH AS ROBERT HALF
AND SALARY.COM. COMPENSATION IS REVIEWED ANNUALLY AND A	APPROVED BY THE
BOARD.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAI	LABLE UPON REQUEST.
A COPY OF FORM 990 IS PROVIDED IN PLACE OF FINANCIAL STA	ATEMENTS IF
REQUESTED.	
FORM 990, PART XI, LINE 2C, FINANCIAL STATEMENTS:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RES	SPONSIBILITY FOR

09451215 759078 4540

832211 12-18-08

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

2008.05020 CAMPUS RESEARCH CORPORATION 4540___1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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. 2008
Open to Public
Inspection

Name of the organization **Employer identification number** CAMPUS RESEARCH CORPORATION 86-0779656 OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. FORM 990, PART VIII, LINE 11A, DEBT FORGIVENESS INCOME: THE UA OFFICE OF ECONOMIC DEVELOPMENT INCURS ECONOMIC DEVELOPMENT COSTS FOR SERVICES IT PROVIDES TO THE UA AND ITS AFFILIATES. WHICH INCLUDES CAMPUS RESEARCH CORPORATION. THESE EXPENSES ARE BASED UPON A BUDGET THAT IS APPROVED BY THE BOARD OF DIRECTORS AND THE UA AND ARE THOSE NECESSARY TO OPERATE THE PARK OFFICE AND FUND CERTAIN ECONOMIC AT JUNE 30, DEVELOPMENT ACTIVITIES OF THE UA. 2008, \$1,041,298 OF ACCRUED ECONOMIC DEVELOPMENT COSTS WERE INCLUDED IN ACCOUNTS PAYABLE. DURING 2009, THE UA DETERMINED THAT THE ORGANIZATION WOULD NO LONGER BE CHARGED FOR THESE SERVICES AND FORGAVE THE ENTIRE OUTSTANDING BALANCE 2008. OF PREVIOUSLY RECOGNIZED COSTS DUE AT JUNE 30, THE FORGIVENESS UA DEBT IS SHOWN AT PART VIII, LINE 11A AS DEBT FORGIVENESS INCOME.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No 1545-0047

2008

Employer identification number 86-0779656

Direct controlling

End-of-year assets

(

0.A/A

0

331,866.N/A

Œ

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 272,875. Total income <u>0</u> Legal domicile (state or foreign country) <u>ပ</u> See separate instructions. ARIZONA ARIZONA HIGH TECHNOLOGY COMPANIES PROMOTING DEVELOPMENT OF Primary activity CAMPUS RESEARCH CORPORATION IN SOUTHERN ARIZONA LEASE ASSIGNMENTS <u>@</u> Identification of Disregarded Entities ARIZONA CENTER FOR INNOVATION, LLC Name, address, and EIN of disregarded entity Name of the organization 9072 LEASING, LLC TUCSON, AZ 85747 TUCSON, AZ 85747 9040 S. RITA RD. 9040 S. RITA RD. Part I

Identification of Related Tax-Exempt Organizations Part II

(A)	(B)	(0)	(Q)	(E)	(F)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
ARIZONA BOARD OF REGENTS - 86-6004791	GOVERNING BOARD FOR				
2020 N. CENTRAL AVENUE #230	ARIZONA'S PUBLIC				
PHOENIX, AZ 85004-4593	UNIVERSITIES	ARIZONA	501(C)(3)	2	N/A
UNIVERSITY OF ARIZONA - 74-2652689					
P.O. BOX 3607					
TUCSON, AZ 85722-3607	PUBLIC UNIVERSITY	ARIZONA	501(C)(3)	2	W/ A

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

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Schedule R (Form 990) 2008

86-0779656

Page 2

Schedule R (Form 990) 2008 CAMPUS RESEARCH CORPORATION

Part III Identification of Related Organizations Taxable as a Partnership

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assets					foreign country)		<u> </u>		
P e		Shar	Type of entity	Direct controlling	Legal domicile (state or	Primary activity	ď.	N.	Name, address, and EIN of related organization
(H)		<u>(E)</u>	(E)	<u>0</u>	(C)	(B)			(A)
						Trust	rporation or	Identification of Related Organizations Taxable as a Corporation or Trust	Part IV Identification of Related Or,
				-					
			-						
1 (Form 1065) Yes No	Yes No K	assets		ated)	unrela		country)		
Code V-UBI General or amount in box managing	Disproportion-	Share of end-of-year	Share of total income		Predominant income (related, investment,	Direct controlling entity	Legal domicile (state or	Primary activity	Name, address, and EIN of related organization
(r) (l)	Ĥ)	(5)			(E)		<u>(</u>)		(A)

86-0779656

Page 3

					•	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.				Yes	2	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	th one or more related organizations listed in Parts II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		×	1
b Gift, grant, or capital contribution to other organization(s)			유	×		ı
c Gift, grant, or capital contribution from other organization(s)			မ	⊢	<u> </u>	1
d Loans or loan guarantees to or for other organization(s)			우	×	_	1
e Loans or loan guarantees by other organization(s)			16		×	1
				_	<u>.</u>	\Box
f Sale of assets to other organization(s)			=	L	×	7
9 Purchase of assets from other organization(s)			1g		×	ı
h Exchange of assets			£	_	×	1
i Lease of facilities, equipment, or other assets to other organization(s)			∓	×		1
j Lease of facilities, equipment, or other assets from other organization(s)			[-	×		1 1
k Performance of services or membership or fundraising solicitations for other organization(s)	on(s)		¥		×	1
l Performance of services or membership or fundraising solicitations by other organization(s)) uc(s)		=		×	1
m Sharing of facilities, equipment, mailing lists, or other assets			#ţ			1 1
n Sharing of paid employees			4	×		1 1
			위		×	- 1
p Reimbursement paid by other organization for expenses			우	×		. [
 Other transfer of cash or property to other organization(s) 			14		×	1
r Other transfer of cash or property from other organization(s)			÷	×		1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nust complete this line, including covered relationships and tra	ansaction thresholds				
(A)		(B))	<u> </u>		l
Name of other organization(s)		Transaction type (a-r)	Amount involved	involv.	pe/	
(1)						1
(2)						1
(6)						1
(4)						1
(9)						ı
(9)						1
832163 12-23-08	28	Schec	Schedule R (Form 990) 2008	966 m) 2008	1 00

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Schedule R (Form 990) 2008 CAMPUS RESEARCH CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name address, and EIN Primary activity Legal doctional legistration and control of entity Primary activity Veal of the control of entity Veal of the con	Primary activity		1 1		Code V-UBI amount in box 20 of Schedule K-1		>
Yes No (Form 1065) Yes	Indo						D1_
				-	(Form 1065)	Yes	اوا
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Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you :	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		×
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Fo	m 8868	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corpora	ation required to file Form 990 T and requesting an automatic 6-month extension check this box and comy	plete	,	▶ □
All other to file inc	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ome tax returns.	exten	sion of time	
noted be (not auto you must	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuity the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want the	additional
Type or	Name of Exempt Organization	Emp	loyer identificati	on number
print	GAMBITA BRADA DOLL GODDON MYOU	_		_
File by the due date for filing your	CAMPUS RESEARCH CORPORATION	8	<u>6-0779656</u>	5
	Number, street, and room or suite no. If a P.O. box, see instructions. 9070 SOUTH RITA ROAD, NO. 1750			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	TUCSON, AZ 85747-6112			
Check ty	pe of return to be filed (file a separate application for each return):			
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870				
Telepi	KENNETH MARCUS cooks are in the care of ▶ 9070 SOUTH RITA ROAD, SUITE 1750 - TUCS thone No ▶ (520) 382-2480 FAX No. ▶ corganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If thi . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	is is fo	r the whole group	▶ ☐ o, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990·T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or □ X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 If this tax year is for less than 12 months, check reason □ Initial return □ Final return □ Change in accounting period				
			Change in accou	mung penod
	his application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions	За	\$	
b If t	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated			··· — · · · · · · · · · · · · · · · · ·
tax	payments made. Include any prior year overpayment allowed as a credit	3b	\$	
	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)			27 / 2
	e instructions.	30		N/A
Caution	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment in	nstructions.
LHA F	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868	(Rev 4-2009)