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Department of the Treasury

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Int	emal Rever	nue Service		The organization may ha	ive to use a copy of th	us return to satisfy	state reportu	ng requirements			nspection
Α	For th	he 2008 calen	dar year,	or tax year beginnin	9 1	1/1/2008	, an	d ending	10	/31/200	9
<u>B</u>	Check	ıf applicable	Please	C Name of organization	on				D Emple	yer iden	tification number
	_ Addres	ss change	use IRS			A TIONIA I				70	1000 101
Γ	Name	change		HOUMA OILMANS				т			1292421
Ē	Initial n	eturn	print or type.	Number and street (or F	O box, if mail is not delive	ered to street address;)	Room/suite	E Teler	none ni	ımber
F	Termin	ation	2	P O BOX 4351							
<u> </u>	╡	ded return	Specific	City, town, or countr	<u> </u>	State		ZIP + 4	E C	- Evom	otion
<u> </u>	╡		Instruc-		y				F Grou		
<u>_</u>	-	ation pending		HOUMA		<u>LA</u>		70361	Num		<u> </u>
•	Section	on 501(c)(3) o	-	ns and 4947(a)(1) no	•		attach	G Accountir	-	_	Cash Accrual
			a comple	eted Schedule A (Fo	rm 990 or 990-EZ)	·		Other (sp			
										-	zation is not
1	Websi	te: ► <u>N/A</u>		_ 							e B (Form 990,
J	Organiz	ation type (chec	ck only one)-	- X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527	990-EZ, c	or 990-PF)	<u>.</u>
K	Check	▶ ☐ If the	organizatio	n is not a section 50	9(a)(3) supporting o	organization and	d its gross r	eceipts are no	mally no	t more t	han \$25,000
	A retur	n is not require	ed, but if th	e organization choos	es to file a return, t	pe sure to file a	complete re	eturn			
<u>L</u>	Add line	s 5b, 6b, and 7b	, to line 9 to	determine gross receipts	, if \$1,000,000 or mor	e, file Form 990 ın	stead of Forr	n 990-EZ		▶\$	611,022
G	art I	Revenue,	Expens	es, and Change	s in Net Assets	s or Fund B	alances	(See the ins	truction	s for P	art I.)
	1	Contributio	ns, gifts,	grants, and similar	amounts receive	d			. [1	0
	2			enue including gov			•		Г	2	610,319
	3	Membershi	p dues ar	nd assessments.		•			[3	
	4	Investment	income .						. [4	703
	5a	Gross amo	unt from s	sale of assets othe	than inventory.		5a	_	0	NTS .	-
	b	Less. cost	or other b	asis and sales exp	enses		5b		_0		
	, c	Gain or (loss) from sale	of assets other than	inventory (Subtrac	t line 5b from lir	ne 5a) (atta	ch schedule)		5c	0
7	6			s (complete applicable pa							
4	а	Gross reve	nue (not i	ncluding \$	0 of	contributions			;		
Revenue		reported or	line 1)		· .		6a		o\{		
	b	Less direc	t expense	s other than fundra	ising expenses .		6b		0		
5010	С	Net income	or (loss)	from special event	s and activities (Subtract line 6	b from lin	e 6a) .		6c	0
1 0	7a	Gross-eate	offinVen	tery, less returns a	nd allowances .		7a		{:		
	b	Less cost					7b		2		
	С	Gross profi	t or (loss)	∱ကုက် saleနည်of inve	ntory (Subtract lir	ne 7b from line	e 7a) .		L	7c	0
20	8	Other rever) L	8	0
_	9	Total revei	nue. Add	lines,1-2, 3, 4, 5c,	6c, 7c, and 8	·			•	9	611,022
ANNED	10	Grantsland	similar a	nounts paid (attacl	n schedule) .				· L	10	0
Ž	11	Benefits pa	ud to or fo	r members					· · L	11	
	12	Salaries, of	her comp	ensation, and emp	loyee benefits.					12	
3	13	Professiona	al fees an	d other payments t	o independent co	ontractors .				13	40,692
SC/ Expens	14	Occupancy	, rent, util	ities, and maintena	nce				L	14	37,283
ú	15			s, postage, and shij					<u> </u>	15	333
	16			scribe 🕨 See attac					— ′ ⊢	16	500,383
	17	Total expe	nses. Ad	d lines 10 through	<u> 16 </u>		<u> </u>	<u> </u>		17	578,691
y.	18			r the year (Subtrac			•		—	18	32,331
Net Assets	19	Net assets	or fund ba	alances at beginnir	ig of year (from li	ne 27, columi	n (A)) (mu:	st agree with	-	17,00	
AS		end-of-year	r figure re	ported on prior yea	r's return) .				L	19	131,942
e e	20	Other chan	ges in ne	t assets or fund bal	ances (attach ex	planation).				20	0
		Net assets	or fund b	alances at end of y	ear Combine line	es 18 through	20 .	<u> </u>		21	164,273
E	art II	Balance S	Sheets. I	f Total assets on lin	ne 25, column (B) are \$2,500,0	000 or mor	e, file Form 9	990 inste	ad of F	orm 990-EZ
			(See th	ne instructions for F	Part II.)			(A) Beg	inning of ye		(B) End of year
22		, savings, ar				•			131,59		164,117
23		and building								23	
24	Other	r assets (des	scribe 🏲	MACHINERY & EC	UIPMENT)		35		156
25		assets							131,94		164,273
26		liabilities (d)	<u> </u>		26	0
27	Net a	ssets or fur	nd baland	es (line 27 of colu	mn (B) must agr	ee with line 21	<u>1) </u>		131,94	1 27	164,273
Fo	r Privac	y Act and Pa	perwork R	eduction Act Notice	, see the Instructi	on for Form 99	90.				Form 990-EZ (2008)

	<u>``a</u> `		DIFINIVIA LIQUIN	O 11441	17111011714			12-129			Je 🛎
Pa	rt III Statement o	f Progr	am Service Acc	omp	lishments (S	See the i	nstructions for Pa	art III)		Expenses	
Wha	at'is the organization's p				•					red for 501(c)(3)	
	cribe what was achieved in) organizations	
										947(a)(1) trusts,	
	ribe the services provided,								option	al for others)	
	THE ORGANIZATION I					PROFITS	OF THE ANNUAL	KODFO			
	ARE DONATED TO VA	RIOUS	CHARITABLE OR	GANIZ	ATIONS.				}		
	(Grants \$		0) If this amou	nt incli	udes foreian a	rants, ch	eck here .	. ▶ 🔲	28a		O
29									100		<u> </u>
							· · · · · · · · · · · · · · · · · · ·				
								·	}		
	(Grants \$		0) If this amou	nt inclu	udes foreign g	rants, ch	eck here	. ▶	29a		0
30											
]		
	(Grants \$		0) If this amou	nt incli	idos foreign a	rante ch	ock here		20-		^
	·			III III CII	des loreign g	iants, cn	eck nere	<u> </u>	30a		_0
31	Other program services	(attach		•							
	(Grants \$		0) If this amou	nt incli	udes foreign g	rants, ch	eck here	_ ▶	31a		_0
32	Total program service	expens	es. (add lines 28a	throu	gh 31a)			. •	32		0
							one even if not comper	sated, (See t	he instru	ctions for Part IV.)	
	2.000	0, 5	1010, 1140,000, 4		(b) Title and average		(c) Compensation	(d) Contribu		(e) Expense	
	(a) Name an	d address			hours per week		(If not paid,	employee bene		account and	
					devoted to position	on	enter -0)	deferred comp	ensation	other allowance:	<u>-</u>
N	me JAMES S BERGERO	Ol Str 303	WELLINGTON D	Title	V-PRES						
	City HOUMA	ST LA	ZIP 70360	Hr/WK		5.00	0		0		_0
Na	ime JOHN L LEBLANC	Str 120	PRESQUE ISLE	Title	PRES						
	City HOUMA	ST LA	ZIP 70360	Hr/WK		5.00	0		0		0
	me KENNETH J BABIN				TREAS		<u>-</u>				
				l		E 00	^		0		^
	City HOUMA	ST LA	ZIP 70360	Hr/WK		5.00	0		0		0
N	ime	Str		Title							
	City	ST	ZIP	Hr/WK		.00	0	<u> </u>	0		_0
Na	ıme	Str		Title							
	City	ST	ZIP	Hr/WK		.00	0		0		0
	ıme	Str		Title			<u>-</u>				
		ST	ZIP			00	^		0		0
	City		ZIP	Hr/WK		.00	0		0		
Na	ime	Str		Title							
	City	ST	ZIP	Hr/WK		00	0		0		0
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	City	ST	ZIP	Hr/WK		.00	0		0		0
	ime	Str		Title							
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	City		ZIP	Hr/WK		00	0		0		0
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	City	ST	ZIP	Hr/WK		00	0		0		0
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	City		ZIF	Hr/WK		.00	0		0		0
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			710	Title		20	^		_		^
	City	ST	ZIP	Hr/WK		.00	0		0		_0
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	City	ST	ZIP	Hr/WK		00	0		0		0
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	me	Str		Title					ł		
	City	ST	ZIP	Hr∕WK		.001	0		0		0

Form 990-EZ	Form 9	990-EZ (2008) HOUMA OILMANS FISHING INVITATIONAL	72-12924	21	Page :
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 35 If the organization had remore from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explanning your reason for not reporting the income on Form 990-T and the variety of the common of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," has if filed at sx return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 If "Yes," complete applicable parts of Schedule N. 38 Did the organization file Form 1120-PCL for this year? 39 Did the organization file Form 1120-PCL for this year? 39 Did the organization file Form 1120-PCL for this year? 39 Did the organization stem of the form 1120-PCL for this year? 39 Did the organization stem of the form 1120-PCL for this year? 39 Did the organization file Form 1120-PCL for this year? 30 Did the organization file Form 1120-PCL for this year? 31 Did the organization file Form 1120-PCL for this year? 32 Did the organization file Form 1120-PCL for this year? 38 Did the organization file Form 1120-PCL for this year? 39 Did the organization file Form 1120-PCL for this year? 30 Did the organization file Form 1120-PCL for this year? 31 Did the organization file Form 1120-PCL for this year? 32 Did the organization file Form 1120-PCL for this year? 33 Did the organization file Form 1120-PCL for this year? 34 Did the organization file Form 1120-PCL for this year? 35 Did the organization file Form 120-PCL for this year? 36 Did the organization file Form 120-PCL for this year? 37 Did the organization file Form 120-PCL for this year? 38 Did the organization file Form 120-PCL for thi	Par	Other Information (Note the statement requirements in the instructions for Part VI)			
description of each activity. 4 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 5 If the organization had income from business activities, such as those reponed on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaning your reason for not reporting the income on Form 990-1 and the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and provy tax requirements? 5 If "Yes," has it filed a tax return on Form 990-1 for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 1 If "Yes," complete applicable parts of Schedule N. 7 a Enter amount of political expenditures, direct or indirect, as described in the instructions ₱ 2 7a		•		Yes	No
4. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 90-T, attach a statement explaining your reason for not reporting the income on Form 90-T and Did the organization had uncome from 90-T, attach a statement explaining your reason for not reporting the income on Form 90-T and Did the organization variety in the composition of the compositi	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
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15 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 16 If "Yes," hast filled at ax return on Form 990-T for this year? 27 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," has it filed a tax return on Form 990-T for this year? 36 If "Yes," has the a liquidation, dissolution, termination, or substantial contraction during the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		attach a conformed copy of the changes	34		X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has if filed a tax return on Form 990-T for this year? 356 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 17 a Enter amount of political expenditures, direct or indirect, as described in the instructions 18 Did the organization file Form 1120-POL for this year? 36 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 37 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b O O Section 501(c)(7) organizations Enter alminitiation fees and capital contributions included on line 9 39 Gross recepts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ O section 4912 ▶ O section 4955 ▶ O b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax on line 40c reimbursed by the organization = page in any section 4958 excess benefit transaction? If "Yes," complete Form 888-T 40 List the states with which a copy of this return is filed. ▶ 21 The books are in care of № 12 Amper PHYLLIS LANDRY. Telephone no. ▶ 985-851-5201 22 The books are in care of № 12 Amper PHYLLIS LANDRY. Telephone no. ▶ 985-851-5201 23 Extending the calendar year, did the organization maintain an office outside of the U.S.? 24 The year fine during the calendar year, did the organization m	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 a Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans and step in the start of the period covered by this return? 38 a Did the organization developed the start of the period covered by this return. 38 a Did the organization during the year under sections 4912 part and start of the period covered by this return. 40 b Extending the year or did it become aware of an excess benefit transaction from a prior year? 40 b Extending the year or did it become aware of an excess benefit transaction from a prior year? 40 b Extending the year or did it become aware of an excess benefit transaction from a prior yea		not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
b If "Yes," has it flied a tax return on Form 990-T for this year? 18 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 18 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	а				
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. 37 a			35a		X
If "Yes," complete applicable parts of Schedule N. 37a 38	b	·	35b		
The amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36				
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39b 39a 39b 39b 39b 39b 39b 39b			100000000000000000000000000000000000000	967. 1. CORCEA	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 b 17 %; complete Schedule L, Part II and enter the total amount involved 38	37 a				
any such loans made in a prior year and still unpaid at the start of the period covered by this return? b f' Yes," complete Schedule L, Part I and enter the total amount involved 38b 0 0 0 Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a 30a 30a	b	· · · · · · · · · · · · · · · · · · ·	37b	Note Janear	
Section 501(c)(3) organizations Enter amount of tax imposed on the organization engage in any section 4915 ▶ 0 section 501(c)(3) organizations Did the organization engage in any section 4955 ▶ 0 section 501(c)(3) and (4) organizations Did the organization engage in any section 4955 ▶ 0 section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 40e X 1 List the states with which a copy of this return is filed. 2 The books are in care of ▶ Name PHYLLIS LANDRY 1 Located at ▶ PO BOX 4351 2 The Hoboks are in care of ▶ Name PHYLLIS LANDRY 2 The Hoboks are in care of ▶ Name PHYLLIS LANDRY 3 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: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	38 a	· · · · · · · · · · · · · · · · · · ·			
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 40e X 11 List the states with which a copy of this return is filed. 12 a The books are in care of ▶ Name PHYLLIS LANDRY 13 Located at ▶ PO BOX 4351 14 Located at ▶ PO BOX 4351 15 Located at ▶ PO BOX 4351 16 Yes," enter the name of the foreign country (such as a bank account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 16 Yes," enter the name of the foreign country: 17 Yes," enter the name of the foreign country: 18 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. 19 Ada IN/A 19 In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 18 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			38a	200 march	X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 39b 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter amount of tax imposed on organization aparty to a prohibited tax shelter transaction? If "Yes," organization aparty to a prohibited tax shelter transaction? If "Yes," organization not a prohibited tax shelter transaction? If "Yes," organization not a prohibited tax shelter transaction? If "Yes," organization not a prohibited tax shelter transaction? If "Yes," organization organization organization organization organization organization organization organization of the under the year organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		W V000786	_이		
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			ſ	Yes	No
Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of	NA.	Soir Press	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			P		Х
	45			, , , , , , , , , , , , , , , , , , ,	. 'E''
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Form 99	0-EZ (2008) HOUMA OILMANS FISHING II	NVITATIONAL					72	2-12924	121	Page 4
Part			3) organ	nizations	must ar	iswer c				3-
	and complete the tables for lines 50 and		, . 3				•			
46	Did the organization engage in direct or indirect p	olitical campaign activ	ities on	behalf o	f or in opp	osition	to		Yes	No
	candidates for public office? If "Yes," complete So							46		X
	Did the organization engage in lobbying activities		chedule	C. Part	11 .	_		47		X
	Is the organization operating a school as describe	•				Schedu	ıle F	48		X
	Did the organization make any transfers to an exe					0000		49a	 -	$\frac{1}{x}$
	If "Yes," was the related organization(s) a section	•	natou of	gamean			•	49b		- ^`
	Complete this table for the five highest compensation	_	than of	 ficers di	ectors to	istees a	and kev en		es) who	
	each received more than \$100,000 of compensat						-	.p.0,0	, , , , , ,	
		ion nom the organization		.0.0 .0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		(b) Title and averag	e	(c) Com	pensation		ntributions to		e) Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	, [benefit plans & compensation		ccount a	
Name		Title				45,6,156	our portousor.	1		1000
City	ST ZIP	Hr/WK	00		0		(ار		(
Name	Str	Title						1		
City	ST ZIP	Hr/WK	.00		o			ا		,
			00		<u> </u>			' 		
_ Name .	Str	Title	00		o		,			,
City	ST ZIP	Hr/WK	.00					⁴		
Name .	Str	Title	00		_		,	J		,
City	ST ZIP	Hr/WK	00		0)		
Name	Str	Title	00				,			,
City Total a	ST ZIP	Hr/WK	.00		0)		
	umber of other employees paid over \$100,000 ▶							1	_	
	Complete this table for the five highest compensa	•	ractors v	who each	ı received	more t	nan \$100,	JUU OT		
(compensation from the organization. If there is no	ne, enter "None "								
	(a) Name and address of each independent contractor	paid more than \$100,000			(b) Typ	e of service	ce	(c) Co	mpensat	ion
Name	- 	<u>· </u>	-							
City	ST	ZIP								(
Name	Str									
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City	ST	ZIP					1			(
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Name	Str									
City	ST	ZIP					ļ			(
	umber of other independent contractors each rec		-	. ▶			0			
	Under penalties of perjury, I declare that I have examined			chedules a	nd statemen	ts, and to	the best of m	knowled	dge	
	and belief, it is true, correct, and complete Declaration of	f preparer (other than officer)	ıs based	on all inforr	nation of whi	ch prepar	er has any kn	owledge		
Sign	Ly hunge Brown	NIL				8-	1-19			
Here	Signature of officer	<u> </u>				Date				
	1 Phylis Landry	~								
,	Type or print name and title									
	Prenarer's		Date		Check if		Preparer's Iden	lifying Nun	ber (See in	structions
Paid	signature Pryan I McElroy CPA		7/6/	2010	self- employed I	i	200020195			
Prepar	er's Firm's name (or yours A Bryan I McElroy CPA	APAC		,	Jp.0 J.Cd	EIN	▶ 72-1			
Use Or	if self-employed), address, and ZiP +4 267 Corporate Drive,					Phone no				
	1 address, and Air +4 . 207 Corporate Diffe,	Tiodina, Dividood					. 000		``	

May the IRS discuss this return with the preparer shown above? See instructions .

. . . ▶ X Yes

No

Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer Identification number

<u> 10U</u>	MA (DILMANS FIS	<u>SHING INVITATI</u>	ONAL					72-12924	121			
Pai	t I	Reasor	for Public Cl	narity Status (All or	ganizatio	ns must	complete	e this par	rt.) (see i	nstruction	ons)		
The o	orgar	nization is not	a private found	ation because it is (P	lease che	ck only or	ne organi:	zation.)					
1		A church, co	onvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170((b)(1)(A)(i).			
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)							
3	\Box	A hospital of	r a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii). (A	ttach Sc	hedule H	1)	
4	同	-	•	ation operated in conju									
			me, city, and st			•		.			`` '		
5		An organiza	tion operated fo	r the benefit of a colle (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental u	nit descr	ibed	
6				ernment or governme	ntal unit d	lescribed	ın sectioi	n 170(b)(1)(A)(v).				
7	П		•	ly receives a substanti						r from th	e genera	al publ	ıc
•				(1)(A)(vi). (Complete		по обрро		,			3		
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete F	Part II)						
9	X			ly receives: (1) more tl									
		support from	n gross investme	ed to its exempt function ent income and unrela on after June 30, 1975.	ted busin	ess taxabl	le income	(less sed	ction 511 t				6
10	\Box		•	nd operated exclusive		•		•	•	4). (see :	nstructio	ns)	
11	Ħ	•	•	nd operated exclusive	-	•	•						
•				blicly supported organ									on
				at describes the type of									
		a Type	1 b	Type II c	П Туре	e III–Fund	tionally in	ntegrated		d 🔲 .	Type III-	-Other	
е		By checking	this box, I certif	y that the organization	n is not co	ntrolled d	rectly or i	indirectly	by one or	more di	squalifie	t	
		persons other	er than foundation	on managers and othe	er than on	e or more	publicly :	supported	dorganiza	tions de:	scribed i	n secti	on
		509(a)(1) or	section 509(a)(2	2)									
f		If the organi	zation received	a written determinatio	n from the	RS that	it is a Typ	e I, Type	II, or Typ	e III sup _l	porting		
		•	, check this box			•	•						
g		-		the organization acce	pted any	gift or con	tribution 1	from any	of the				
		following per			- 461-		طفيين ممطف		daaaabad	(ii)		Yes	No
			-	or indirectly controls, verning body of the su		-				III (II)	11g(i)	162	NO
		•	-	person described in (1		_					11g(ii)		
				y of a person describe							11g(iii)		
h				ation about the organi	• •	• •		ports.					
(i)	Name	of supported	(ii) EIN	(iii) Type of organization				ou notify	, , ,	s the		Amoun	t of
• •		inization		(described on lines 1–9 above or IRC section		sted in your ; document?		nization in of your	organizat	zed in the		support	
				(see instructions))				ort?	†	S ?	4		
					Yes	No	Yes	No	Yes	No			
						[0
			ļ										0
•									_				
		<u>.</u>				<u> </u>							0
													0
			-						-		 		
													0
otal						1							0

Total

Par					1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I.)			
	ion A. Public Support		, , , , , , , , , , , , , , , , , , , ,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	l ol	0	o			0
2	Tax revenues levied for the organization's		-				
	benefit and either paid to or expended on	1					
	its behalf	l ol	o	o			0
3	The value of services or facilities				-		
-	furnished by a governmental unit to the						
	organization without charge	l ol	o	o	!		0
4	Total Add lines 1-3	0	0	0	0	0	0
5	The portion of total contributions by each	0 15,655 (1.55)		2.24K的機			
J	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)						
6	Public support. Subtract line 5 from line 4.				を記れる。	第26年从英雄新	0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	o	0	0	0	ol	0
8	Gross income from interest, dividends,			_	-		
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0	0			0
9	Net income from unrelated business						
	activities, whether or not the business is						_
40	regularly carried on						0
10	Other income. Do not include gain or			'			
	loss from the sale of capital assets (Explain in Part IV.)	ا ا	0	0			0
11	Total support. Add lines 7 through 10.	U	U Salakar Cara Car		Brossocial 1975	STONE CONTRACTOR	0
12	Gross receipts from related activities, etc. (s	see instructions			Macamata 405272	12	
13	First five years. If the Form 990 is for the o		-			<u> </u>)(3)
13	organization, check this box and stop here	•			iii tax yeai as i	a 30011011 00 1(C	▶ □
04			· · · ·			· ·	·
	ion C. Computation of Public Suppor		od by line 11	column (f)		14	0 00%
14 15	Public support percentage for 2008 (line 6, Public support percentage from 2007 Scheo		-	coluitiii (i))		15	0 00%
	33 1/3% support test—2008. If the organiza			ine 12 and lin	o 14 io 22 1/20		•
16a	and stop here. The organization qualifies a				IE 14 18 33 1/3	76 Of More, Che	CK IIIIS DOX
L	33 1/3% support test–2007. If the organization				nd line 15 is 31	3 1/20/ or more	chack this
b	• • • • • • • • • • • • • • • • • • • •				110 11110 13 18 3		, Check this
47-	box and stop here. The organization qualifi					 16b and line 1	► 1 is 10%
17a	10%-facts-and-circumstances-test-2008. or more, and if the organization meets the "						
	the organization meets the "facts-and-circur						
L	10%-facts-and-circumstances test–2007.		•	•			
b	or more, and if the organization meets the "	•					
	the organization meets the "facts-and-circur						
4.5	· ·		_	·		-	
18	Private foundation. If the organization did not of	neck a hoy on line	17 165 16h 1	/a or 1/h chec	k this hoy and se	e instructions	▶ 1

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	. (Complete only if you checked t	<u>he box on line</u>	9 of Part I.)				
	tion A. Public Support		·	·			
Cal	endar year (or fiscal year beginning in) 🕒 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						
	include any "unusual grants.") .	0	0	. 0		i.	0
2	Gross receipts from admissions, merchandise						
2	· · · · · · · · · · · · · · · · · · ·		i			ł	
	sold or services performed, or facilities furnished					l	
	in any activity that is related to the	277 706	445.050	454 000	504.004	610 210	2 257 072
3	organization's tax-exempt purpose	377,785	415,352	451,893	501,924	610,319	2,357,273
J	Gross receipts from activities that are not an			j.			0
4	unrelated trade or business under section 513					-	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	ا	ام	o		ı J	0
5	The value of services or facilities	0	0				0
5							
	furnished by a governmental unit to the		۸	٥			0
^	organization without charge	0	0	454.000	504.004	610,319	0 257 272
6	Total. Add lines 1-5	377,785	415,352	451,893	501,924	010,319	2,357,273
/a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons					-	0
D	Amounts included on lines 2 and 3		}			1	
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for					' I	0
_	the year or \$5,000				0		0
	Add lines 7a and 7b	0	0	0			
8	Public support (Subtract line 7c from	CATE INSINGER AT THE		######################################	veleta de la compositione de la co	WYFAVIA AND	2,357,273
Saci	line 6)	Line Automation	200 - Mille (1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 - 1864 -	MARCHAEL P. DOMESTON	1. 被称为。 A.1 · · · · · · · · · · · · · · · · · · ·	# 1 12 15 15 15 15 15 15 15 15 15 15 15 15 15	2,301,213
		(=) 2004	(h) 2005	(a) 2000 T	(4) 2007	(-) 2009	(f) Total
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	377,785	415,352	451,893	501,924	610,319	2,357,273
Iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		[ol	370	703	1,073
b	Unrelated business taxable income (less				310	703	1,075
D	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	ol	0	0	370	703	1,073
11	Net income from unrelated business				0,0		1,070
• •	activities not included in line 10b,						
	whether or not the business is regularly	ł	}	1			
	carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets	[[
	(Explain in Part IV.)	i ol	o	ol			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	14 (M) (M)	经被机构地	新心器。特殊 的	THE PARTY OF	CAN PROTECT AND	2,358,346
14	First five years. If the Form 990 is for the org	anization's firs	t, second, third	l, fourth, or fifth	tax year as a	section 501(c)(
	organization, check this box and stop here	•					▶ □
Sect	tion C. Computation of Public Support						
15	Public support percentage for 2008 (line 8, co		d by line 13, co	olumn (f)) .		15	99 95%
16	Public support percentage from 2007 Schedu	` '	•			16	99.98%
	ion D. Computation of Investment Inco				<u> </u>		
<u> 17</u>	Investment income percentage for 2008 (line			e 13. column (f	<u>)) . </u>	17	0.05%
18	Investment income percentage from 2007 Sc					18	0.02%
	33 1/3% support tests—2008. If the organizar						
	not more than 33 1/3%, check this box and st						. ► X
h	33 1/3% support tests-2007. If the organization di	d not check a ho	x on line 14 or li	ne 19a. and line	16 is more than	33 1/3% and	
	line 18 is not more than 33 1/3%, check this box at						▶ □
20	Private foundation. If the organization did no						
LU	Titale foundation. If the organization did no	A CHICCH A DOX (51, 11110 17, 10a	, 5, ,55, 6,666	DOX GING (· ·

	n 990 or 990-EZ) 2008	HOUMA OILMAN	S FISHING INVIT	ATIONAL		72-1292421	Page 4
Part IV	Supplementa	I Information. Cor	nplete this part t	to provide the expla	nation required	by Part II, line 10;	
<u> </u>	Part II, line 17a	a or 17b; or Part III	, line 12. Provide	e any other addition	nal information	(see instructions)	
			•				
							·
			*			• • • • • • • • • • • • • • • • • • • •	
-							

 Part I, Line 4 (990-EZ) - Investment Income

 1 Interest on savings and temporary cash investments
 1
 703

 2 Dividends and interest from securities
 2

 3 Gross rents
 3

 4 Other investment income
 4

 5 Total
 5

Pa	rt I, Line 16 (990-EZ) - Other Expenses		500,383
1	Travel, Meals and Entertainment		<u> </u>
	a Travel	. 1a	
	b Total meals and entertainment	1b	
2	Fundraising	. 2	·
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	322
5	Depreciation, depletion, etc	_ 5	195
6	Equipment rental and maintenance	_ 6	
7	Interest	_ 7	
8	Supplies	_ 8	1,032
9	Telephone	_ 9	4,305
10	Unrelated business income taxes	10	0
11	OFFICE SUPPLIES	_ ₁₁	226
12	NSF CHECKS	12	650
13	INSURANCE	13	1,371
14	BANK CHARGES	14	6,259
15	AWARDS & PRIZES	15	264,573
16	CONTRIBUTIONS	16	211,600
17	PROMOTIONS	17 <u></u>	9,850
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Otl	ner Assets	351	156
	Description	Beginning	End
1 MACHINERY & EQUIPMENT	,	351	156
2			
3			
4			
5			
6			
7			
8			
9			
10			

-		e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the			. • X			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868								
	_	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	20000	11				
Part		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies in Name of Exempt Organization Employee			n number			
Type				icalio	ii iiuiiibei			
print File by th		HOUMA OILMANS FISHING INVITATIONAL Number, street, and room or suite no If a P O box, see instructions 72-1292						
extended	í	P O BOX 4351	Se only					
due date filing the		City, town or post office, state, and ZIP code. For a foreign address, see instructions	11 (24)		7.3.6 × 20			
return So	ee	HOUMA LA 70361	4					
		e of return to be filed (File a separate application for each return):	A CONTRACTOR OF THE PARTY OF TH					
	orm 99		Form	6069				
F	orm 99	90-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Form	8870				
X F	orm 99	90-EZ Form 990-T (trust other than above) Form 5227						
STOP	l Do no	ot complete Part II if you were not already granted an automatic 3-month extension on a previously filed	orm 88	68.				
		ks are in the care of ► PHYLLIS LANDRY PO BOX 4351 HOUMA LA 70361						
Te	lephon	ne No ▶ 985-851-5201 FAX No. ▶			·			
• If t	he org	ganization does not have an office or place of business in the United States, check this box			. ▶			
• If ti	his is f	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If thi	S IS			
for the	e whole	le group, check this box \ldots \ldots ▶ \square . If it is for part of the group, check this box \ldots \ldots ▶	an	d atta	ch a			
list wit	th the i	names and EINs of all members the extension is for.						
		uest an additional 3-month extension of time until 9/15/2010 .						
5	For ca	alendar year, or other tax year beginning11/1/2008 , and ending	10.	/31/20				
6	If this	tax year is for less than 12 months, check reason: Initial return 🔲 Final return 🔲 Change	in acco	ountin	g period			
7	State	in detail why you need the extension More time is requested to acquire all information needed to c	omplet	e				
	and fil	ile an accurate return due to issues relating to the BP oil spill.						
			1					
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
		any nonrefundable credits. See instructions.	8a	\$				
		sapplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
		nated tax payments made. Include any prior year overpayment allowed as a credit and any	200	œ.				
		ant paid previously with Form 8868.	8b	\$				
		ce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	¢	0			
		Signature and Verification	00	Ψ				
linder n	enalties	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kni	owledae a	and beli	ef.			
		t and complete, and that I am authorized to prepare this form		1	1			
Signatu	ıre ►.	Hayan MC XIVa Title CA	Date ►	6	1/10			
		() ()	Form	8868	(Rev 4-2009)			

Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

Internal Reven	ue Service		
	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🔀
	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (
Part I	nplete Part II unless you have already been granted an automatic 3-month extension of Automatic 3-Month Extension of Time. Only submit original (no copies nee		filled Form 6666.
	· · · · · · · · · · · · · · · · · · ·	·	
Part I only .	on required to file Form 990-T and requesting an automatic 6-month extension—check t	nis box and co	omplete ►
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 income tax returns.	004 to request	an extension of
of the return electronical returns, or	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at an anoted below (6 months for a corporation required to file Form 990-T). However, you can ly if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms to a composite or consolidated Form 990-T. Instead, you must submit the fully completed at Form ore details on the electronic filing of this form, visit www.irs gov/efile and click on	annot file Fort 990-BL, 6069, and signed pa	n 8868 or 8870, group ge 2 (Part II) of
Type or	Name of Exempt Organization	Employer id	entification number
print	HOUMA OILMANS FISHING INVITATIONAL	72-1292421	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		
due date for filing your	PO BOX 4351 City, town or post office, state, and ZIP code For a foreign address, see instructions.		
return See instructions	HOUMA	LA	70361
Check type	e of return to be filed (file a separate application for each return):		
X Form 9	90 Form 990-T (corporation)		Form 4720
Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
Form 9			Form 6069
Form 9			Form 8870
	50-11 [] 1 0 III 1041-7A		
• The boo	ks are in the care of ► PHYLLIS LANDRY PO BOX 4351 HOUMA LA 70361		
If this is is for the w	ne No. ▶ 985-851-5201 FAX No ▶ ganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) hole group, check this box ▶		
1 I regi	uest an automatic 3-month (6 months for a corporation required to file Form 990-T) exte	nsion of time	
until	6/15/2010 , to file the exempt organization return for the organization's return for: calendar year		ove. The extension
►X	tax year beginning 11/1/2008 , and ending	10/31/200)9
2 If this	tax year is for less than 12 months, check reason: Initial return Final return	n	ge in accounting period
3 a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	any nonrefundable credits. See instructions.		3a \$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta	x	
paym	nents made. Include any prior year overpayment allowed as a credit.		3b \$
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require	ed,	
-	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
Syste	em). See instructions.	53 EO 224 C2	3c \$ 0
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	os-EU and Fo	1111 00 / 9-EU
	Act and Paperwork Reduction Act Notice, see Instructions.	_	Form 8868 (Rev 4-2009)
. UI I IITAUT	rivi with r wportrott itowwoholi rigi itohog, and iligh MUNOID:		(1101 - 2000)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment
Sequence No. 67

		*****	71100011110 700				01100 110 07	
Name(s) shown on return	Business or ac	tivity to which th	nis form relate:	s	Identifying nur	nber		
HOUMA OILMANS FISHING INVITATIONA						72-1292421		
Part I Election To Expense Cert								
Note: If you have any listed property								
1 Maximum amount See the instructions			sses			1	250,000	
2 Total cost of section 179 property place	structions)			•	2			
3 Threshold cost of section 179 property	imitation				3	800,000		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0					4	0		
5 Dollar limitation for tax year. Subtract li	ne 4 from line 1 lf:	zero or less, en	ter -0 If mar	ried filing		1_1		
separately, see instructions	<u></u>		<u></u>	· · · · ·		5	250,000	
(a) Description of property		(b) Cost (business use only)			(c) Elected co	ost	, , , ,	
_6		ļ					*	
7 Listed manager. Established assembles as	1: 00	L		17			س، به دعي	
7 Listed property. Enter the amount from				<u> 7</u> _		8	0	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7					9			
					10			
10 Carryover of disallowed deduction from line 13 of your 2007 Form 456211 Business income limitation. Enter the smaller of business income (not less than ze				line 5 (see in	etructions)	11		
12 Section 179 expense deduction. Add lii				III 5 (366 III	structions)	12		
13 Carryover of disallowed deduction to 20				▶ 13	 .		· (
Note: Do not use Part II or Part III below for				1.0			. f. b . 25.	
Part II Special Depreciation Allo				lude listed n	roperty) (See	ınstru	ictions)	
14 Special depreciation allowance for quali						1		
						14		
15 Property subject to section 168(f)(1) ele						15		
					16			
Part III MACRS Depreciation (Do	not include listed	property.) (Se	e instruction	s.)				
		Section A						
17 MACRS deductions for assets placed in	service in tax years		ore 2008			. 17	195	
	-	s beginning bef				17	195	
17 MACRS deductions for assets placed in	-	s beginning bef				17	195	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here	placed in service du	s beginning beforing the tax yea	r into one or n	nore 	► reciation Syste	1.7.	195	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p	placed in service du 	s beginning beforing the tax yea	r into one or n	nore General De p	► reciation Syste	1.7.	(g)	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here	placed in service du	s beginning beforing the tax yea	r into one or n	nore General De p		m		
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here Section B - Assets Place	olaced in service during (b) Month and	s beginning beforing the tax yea og 2008 Tax Ye (c) Basis for	r into one or n ar Using the (d) Recovery period	nore General Dep (e)	(f)	m	(g)	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here Section B - Assets Place	ed in Service during (b) Month and year placed	s beginning beforing the tax years g 2008 Tax Ye (c) Basis for depreciation	r into one or n ar Using the (d) Recovery period	nore General Dep (e)	(f)	m	(g)	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here Section B - Assets Place (a) Classification of property	ed in Service during (b) Month and year placed	s beginning beforing the tax years g 2008 Tax Ye (c) Basis for depreciation	r into one or n ar Using the (d) Recovery period	nore General Dep (e)	(f)	m	(g)	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here Section B - Assets Place (a) Classification of property 19 a 3-year property	ed in Service during (b) Month and year placed	s beginning beforing the tax years g 2008 Tax Ye (c) Basis for depreciation	r into one or n ar Using the (d) Recovery period	nore General Dep (e)	(f)	m	(g)	
17 MACRS deductions for assets placed in 18 If you are electing to group any assets p general asset accounts, check here Section B - Assets Place (a) Classification of property 19 a 3-year property b 5-year property	ed in Service during (b) Month and year placed	s beginning beforing the tax years g 2008 Tax Ye (c) Basis for depreciation	r into one or n ar Using the (d) Recovery period	nore General Dep (e)	(f)	m	(g)	
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