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# Form **990-7**

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

ax year beginning	, 2009,

20	N9	١

For calendar year 2009 or other to

_			and ending		,		⊢	A CONTRACTOR	
Depa	ntment of the Treasury al Revenue Service (77)		► See s			Tille et viet	ranga nga Gir Kababat Sugi		
A	Check box if		Name of organization ( Check	k box if name	changed and see instruction	ns )	DE	imployer identit Employees' trus	ication number
В	address changed Exempt under section	Print	SECTION FOR EDUCA	ATION A	PTA		0 "	Employees trus Instructions for B	i, see lock D )
Ь	X 501( c )(6 )	or	Number, street, and room or suite in	number If a P	O box, see instructions.		1	43-10964	
	408(e) 1220(	e) Type	1111 NORTH FAIRF	AX STRE	ET		Eu	Inrelated busin	ess activity
	408A 5300		City or town		State	ZIP code	] å	odes (See instri Block E )	uctions for
	529(a)		ALEXANDRIA		VA	22314	] !	541800	
C	Book value of all assets at end of year	F Grou	exemption number (See in						
	301,24	1. G Chec	k organization type	X 501(c)	corporation 50	1(c) trust 4(	01(a)	trust	Other trust
H	Describe the organiza	tion's priman	y unrelated business activity.						
<u> </u>	Advertising		·			<del> </del>			
1	During the tax year, w	as the corpo	ration a subsidiary in an affil	liated group	or a parent-subsidia	ary controlled group	)?	► ☐ Ye	s X No
			ying number of the parent co	orporation	<u> </u>				
	The books are in care			<del></del>		Telephone number	<u>► (7</u>	703) 684	-2783
1			Business Income		(A) Income	(B) Expense	<b>S</b>	(C)	Net
	Gross receipts or sa		<del></del>				40.00		
1	Less returns and allowan		c Balance	<del></del>	<del></del>			r en ĝento. La laŭa la la	
2	Cost of goods sold (	Schedule A,	line 7)	2	<del></del>			200	
3	Gross profit. Subtract	ct line 2 from	line 1c .	3					
4	a Capital gain net inco	ome (attach S	Schedule D)	4a			3000		
ļ	Net gain (loss) (Form 479	97, Part II, line 1	7) (attach Form 4797)	4b					
_ (	Capital loss deduction			4c			¥ 4.	<b></b>	
5	Income (loss) from (attach statement)	partnerships	and S corporations	5					
6	Rent income (Sched	lule C)		6	<del></del>	Reserved to the server of the	A STATE OF	<b></b>	
7	Unrelated debt-finan	-	(Schedule E)	7		<del> </del>		<del> </del>	
8	Interest, annuities, r	oyalties, and	rents from controlled					<b></b>	
	organizations (Sche		• •	8		<u> </u>		<del> </del> -	
9			(9), or (17) organization (Sch G)	9		<del></del>		<del> </del>	
10	Exploited exempt ac	=	(Schedule I)	10		ļ <u>-</u>		<u> </u>	
11	Advertising income	-		11	6,800	. 1,5	27.	<del> </del>	5,273.
12	Other income (See i	nstructions;	attach schedule.)			ALC: NO PERSONAL PROPERTY OF THE PERSONAL PROP		4	
				- 12				<u> </u>	
13				13	6,800		27.	ــــــــــــــــــــــــــــــــــــــ	5,273.
1.6	Deduction:	s <b>Not Take</b> contributi	en Elsewhere (See instoons, deductions must l	tructions be directi	v connected with	the unrelated	busi	iness inco	me.)
14	<del></del>		ers, and trustees (Schedule K		,		14		
15	Salaries and wages	icers, directo	rs, and trustees (benedule to	<b>'</b>	•		15	<del>                                     </del>	
16	Repairs and mainter	2000					16	<del>                                     </del>	
17	Bad debts	ance					17	<del> </del>	
18	Interest (attach sche	edule)					18		
19	Taxes and licenses	/		*	. •	. , .	19		
20		ons (See ins	tructions for limitation rules )	)			20		
21	Depreciation (attach	•		•	21		100		
22		-	hedule A and elsewhere on r	eturn	22 a		22 b	5	
23	Depletion				<u></u>		23		
24	Contributions to defe	erred comper	nsation plans				24		
25	Employee benefit pr	•					25		
26	Excess exempt expe	•	lule I)				26		
27	Excess readership of	-					27		5,273.
28	Other deductions (at	•				•	28		
29	Total deductions. A		•		_		29	<u> </u>	5,273.
30			ne before net operating loss		Subtract line 29 fron	n line 13	30	<del>                                     </del>	0.
31			ited to the amount on line 30		21 6		31	<del> </del>	
32			ne before specific deduction				32	<del></del>	1,000.
33 34			,000, but see line 33 instruct i <b>me.</b> Subtract line 33 from lir			Ine 32 enter	33	<del> </del> -	1,000.
34			me. Subtract line 33 from ili				34		0.

rorm	1990-1			DUCATION APTA			4.	<u>3-1096406</u>	Page 2
****	H	Tax Compu	ıtation						
35	Orga			s. See instructions for tax comp	outation.				
	Contr	olled group me	mbers (sections 15	561 and 1563) check here 🕒	. See	instructions an	d:		
а	Enter	your share of t	he \$50,000, \$25,0	00, and \$9,925,000 taxable inco	ome brac	kets (in that or	der).	3.00	
	(1)  \$		(2)  \$				1		
b			share of: (1) Additi	ional 5% tax (not more than \$1		\$	<del>_</del> `		
		-	(not more than \$1			s			
c			mount on line 34 .					35 c	0.
				tructions for tax computation. Ir	ncome ta	ix on the amoun	it		
-			Tax rate schedu	<u>~</u>			" •	36	
27		y tax. See instru		Schedule b (i oil	11 1041)			37	
	-	native minimum					•	38	
				as 25 whichever employ		•	• •	39	
				or 36, whichever applies			<del></del>	39	0.
		Tax and Pa		F 1110	1116	40-1		Transit .	
	_	_	•	Form 1118, trusts attach Form	1116)	40 a			
		credits (see in:				40 ы		15-5-8	
_	-		edit. Attach Form 3			40 c		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
d	Credit	t for prior year i	mınımum tax (attad	ch Form 8801 or 8827)		40 d			
е	Total	credits. Add In	nes 40a through 40	d			•	40 e	
41	Subtra	act line 40e froi	m line 39 <u>.</u> .	· <u>.</u>				41	0.
42	Other	taxes. Check if	f from. 🔲 Form	4255 Form 8611 F	orm 869	7 🔲 Form 88	366		
		ther (attach sch	nedule)			_		42	
43	Total	tax. Add lines 4	11 and 42					43	0.
44 a	Paym	ents: A 2008	overpayment cred	lited to 2009		44a			
ь	2009	estimated tax p	avments			. 44b			
		eposited with Fo	-			44c	0.		
		•		held at source (see instructions	3	. 44d	······································		
			see instructions)	noid at source (soo mendement	,	44e	· <del></del>		
		credits and pay	· —	Form 2439		1-1-			
'			yinents –		— Total	-   aac		2 200	
		orm 4136		<u></u>	TOTAL	441		399632	_
			lines 44a through				. [-	45	0.
46	Estim	ated tax penalty	y (see instructions)	). Check if Form 2220 is attache	ed		▶ [_]	46	
47	Tax d	ue. If line 45 is	less than the total	of lines 43 and 46, enter amou	ınt owed		•	47	
48	Overp	payment, If line	45 is larger than t	he total of lines 43 and 46, ente	er amour	nt overpaid	•	48	0.
49	Enter	the amount of	line 48 you want: 0	Credited to 2010 estimated tax	<b>&gt;</b>		Refunded >	49	
1 60 1	7.	Statements	Regarding Ce	ertain Activities and Other	er Infor	mation (see u	nstructions.)		
1				ear, did the organization have a				ority over a	Yes No
•	forms	y time during th	el constitue es e	other) in a foreign country? If YE	ES the c	raspization ma	unc or other addition	m TD E 90.22 1	
								m 10 F 30-22.1,	STATE OF THE REAL PROPERTY.
	•	-		Accounts. If YES, enter the nam					<u> </u>
2	During	g the tax year, o	did the organization	n receive a distribution from, or	was it ti	he grantor of, or	transferor to, a	foreign trust?	X
	If YES	S, see the instru	actions for other for	rms the organization may have	to file				
3	Enter	the amount of t	tax-exempt interes	t received or accrued during the	e tax yea	r.►\$			
				Enter method of inventory valu					
		tory at beginnin		11		inventory at end	of year	6	
_			y or year	<del></del>	~-	•			
2		ases		2		Cost of goods s line 6 from line !			
3		of labor	••	. 3		and in Part I. Iin		7	
4a	Addition	nal section 263A co	sts (attach schedule)		i				Yes No
				_ [_4a					
Ь	Other or (attach			4b	8	Do the rules of s	section 263A (with ed or acquired for	in respect to	
5		Add lines 1 thr	rough 4b	5		to the organizati		i lesale, apply	
		Under penalties of	persury. I declare that I i	have examined this return, including acco	mpanying :	chedules and statem	ents, and to the best	of my knowledge and	belief, it is true,
Sigr	1	correct, and comple	ete Declaration of prepa	arer (other than taxpayer) is based on all	intermation	of which preparer h	as any knowledge		
Here	e	<b></b>			Þ	·		May the IRS discuss the preparer shown	
		Signature of of	fficer	Date		Title		instructions)?	Yes No
		Dran accepta	<del> </del>			Date	Check if	Preparer's SSN	or PTIN
Paid		Preparer's signature				07/28/10	self- employed	P005454	32
Pre-		<del></del>	DODNE VOCA	ORCENADAO C ACCOC		10.720710		1524357	
pare	ers	Firm's name (or yours if self-		DEGENARRO & ASSOC.			EIN 54-	1364331	
Use		employed), address, and	8235 PENN I			00000		10011 00	c 0046
Only	<u>y</u>	ZIP code	UPPER MARLI	3ORO	MD	20772-263	9 Phone no	(301) 73	0-0040

	AAA.								
Form 990-T (2009) SECTI Schedule C — Rent Inco				al Proports	iloss	ad Mith Dae		1096406 Page	
1 Description of property	ome (From Real P	roperty an	<u>u Persor</u>	iai Property	Leas	ea with Rea	II Pro	perty) (see instructions	
(1)									
(2)									
(3)									
(4)				<del></del>		· <del></del>			
<del></del>	2 Rent received of					3(a) Da		s directly connected	
(a) From personal p (if the percentage of rent property is more than not more than 5	property for personal 10% but 0%)	(b) From re (if the personal) if the rent is	eal and per percentage property ex based on	rsonal property e of rent for ceeds 50% or profit or income	e)	with the inc	ome in	n columns 2(a) and 2(b) h schedule)	
(1)								<del></del>	
(2)								-,	
(3)									
(4)									
Total	Tota	<u> </u>				(b) Total deduction	nne Ent	or .	
(c) Total income. Add totals of here and on page 1, Part I, line	e 6, column (A)	· •			1:	here and on page I, line 6, column (E	I, Part	<b>►</b>	
<u> Schedule E – Unrelated</u>	<u> Debt-Financed I</u>	ncome (see	instruction	ns)					
1 Description of o	debt-financed property			income from locable to	3 Dec	ductions directl debt-	y conn	nected with or allocable to ed property	
			debt-fina	nced property					
(1)		<del> </del>	ļ		<b> </b>				
(2)					ļ			<del></del>	
(3)					ļ	<del></del>			
(4)			ļ						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus or allocable to d property (attact	ebt-financed	div	olumn 4 vided by olumn 5	y report		- 1	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				8					
(2)			<u> </u>	<u> </u>					
(3)		<del> </del>	ļ	<u></u> &					
(4)			<u></u>		<u> </u>				
Totals Total dividends-received dedu			·	•	Enter here and on page 1, Part I, line 7, column (A)		(A) I	Part I, line 7, column (B).	
<u> Schedule F – Interest, A</u>					<u>Orgai</u>	nizations (se	e instr	ructions)	
		Exempt Cont	rolled Orga	nizations		·			
Name of Controlled Organization	2 Employer Identification Number	3 Net unr income ( (see instru	(loss)	4 Total of specified payments made		that is inc in the con- organiza	of column 4 is included connected w in column		
(1)			I						
(2)			]						
(3)									
(4)									
Nonexempt Controlled Organiz	ations								
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified nts made	included	of column 9 that is in the controlling ion's gross income			11 Deductions directly connected with income in column 10	
(1)	1	<del>                                     </del>							
(2)									
(3)									
(4)									
				Add column here and on 8, column (	n page 1	10. Enter , Part I, line	here	columns 6 and 11. Enter and on page 1, part I, lin- lumn (B)	

Schedule G - Investment Inc			c)(7), (9	)), or (17) Orga	nization (see in		96406	Page 4
1 Description of income	2 Amount of inc		ome 3 Deductions directly connected (attach schedule)		4 Set-aside (attach sched	es	5 Total deductions and set-asides (column 3 plus column 4)	
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colu	page 1, mn (A)					Enter her Part I, lii	re and on page 1, ne 9, column (B).
Totals	<u> </u>							·
Schedule I - Exploited Exemp								·
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pro unrelate	connected connected oduction of d business come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1				
(2)								
(2) (3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, column (A)	on p	here and lage 1, line 10, nn (B).					Enter here and on page 1, Part II, line 26
Schedule J - Advertising Inco	ome (See instruction	ns )		12.042.535.351.2			turus estebb	
Income From Period			onsolio	lated Basis	<del> </del>			
1 Name of periodical	2 Gross advertising income	3 D adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation	6 Read	sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Journal Advertising	1,100.	<del> </del>	908.		19,400.	43	,397.	1.325
(2) Web Advertising	5,700.	<del> </del>	619.		6,938.		,519.	(1) · · · · · · · · · · · · · · · · · · ·
(3)	37.700.	<del> </del>			- 0/355.		7515.	-
(4)	<del></del>	<u> </u>						
	<del> </del>	<del>                                     </del>						
Totals (carry to Part II, line (5))	6,800.	} ,	1,527.	5,273.	26,338.	58	,916.	5,273.
Income From Period through 7 on a line-by-line	icals Reported							
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation	6 Read	sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)		ļ						
(5) Totals from Part I	6,800.		L,527.					5,273.
	Enter here and on page 1, Part I, line 11, column (A).	on p Part I,	nere and age 1, line 11, nn (B).		to private property of			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>►</b> 6,800.		L,527.		واحدوا اليواني الواجي والمادات المستخدمات المستخدمات المستخدمات المستخدمات المستخدمات			5,273.
Schedule K - Compensation	of Officers, Dire	ctors,	and Tr	ustees (see instr	ructions)			
1 Name				2 Title	3 Percent of time devote to business	d 40		ation attributable ted business
						8		
						8		
						8		
						8		
Total. Enter here and on page 1, Part	II, line 14				<u></u>	<u>. ►</u>		

Form	990-EZ,	Part	١,	Line 8
	_		_	_

# **Other Revenue Statement**

Other revenue (describe)	
SPONSORSHIPS	500.
SUBSCRIPTIONS	6,165.
ROYALTIES	304.
ADVERTISING	6,800.
MISCELLANEOUS	976.

Total <u>14,745.</u>

# Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
AUDIO VISUALS	28,238.
AWARDS HONORARIA	13,365.
MEETING SERVICES	54,737.
MISCELLANEOUS - BANK FEES, SUBSCRIPTIONS ETC	2,315.
TRAVEL	31,828.
WEB PAGE COSTS	12,388.
Total	142,871.

1427071

# Form 990-EZ, Page 1, Part I, Line 20

# Other Changes in Net Assets or Fund Balances

Description	Amount
PREVIOUS UNREALIZED LOSSES	-16,957.
CURRENT UNREALIZED GAINS	19,001.
Total	2,044.

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