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# Form **990**

SCANNED JUL 15 2010

# **Return of Organization Exempt From Income Tax**

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

OMB No 3:545-0047

benefit trust or private foundation)						e (except black lang		
Department of the Treasury Internal Revenue Service			► The organization may have to use a	Open to Public				
_			<del></del>			reporting requirements.	Inspection	
B CI	neck if	Please C I	dar year, or tax year beginning  Name of organization  SI Trust	and	l ending	D Employer identification	ation number	
	Addres change Name change	ss label or print or type	O OSI Restaurant Part	ners, LLC	<del></del>	59-7162589		
	initial return Termir ated	Specific 22	Number and street (or PO box if mail is not do 202 N. West Shore Blvd	E Telephone number 813–282–1225				
	Ameno	'	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,453,378.	
<u></u>	Application pendir	տ <del> </del>	ampa, FL 33607 and address of principal officer:	H(a) Is this a group ret for affiliates? H(b) Are all affiliates incli	Yes X No			
	27.07	amot status:	X 501(c) (9 ) ◀ (insert no.)	4947(a)(1) or 527	<del></del>	<b>⊣</b> ''	ist. (see instructions)	
		te: ► N/A	223 00 1(0) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 )	4347 (d)(1) 01 021	· · · · · · · · · · · · · · · · · · ·	H(c) Group exemption		
		organization	Corporation X Trust Associat	ion Other	I Yea		State of legal domicile FL	
	rt I	Summary				101111111111111111111111111111111111111	otato or logar dominono 2 —	
			be the organization's mission or most signi	ficant activities: Prov	ride l	ife, sickness	, accident	
ဦ			er benefits to eliqibl					
Activities & Governance			ox If the organization discontinue					
Š			oting members of the governing body (Part		osea or mo	3	0	
යි			dependent voting members of the governing	•		4		
<b>න්</b>								
ij			r of employees (Part V, line 2a)	•		5		
. ≩			r of volunteers (estimate if necessary)	aluma (C) line 10		6	0.	
Ā			nrelated business revenue from Part VIII, c			7a   7b	0.	
	D	Net unrelated	business taxable income from Form pay-			<del></del>		
		0 4 - 1 - 1 - 1 - 1	4 J	S		Prior Year 516, 128.	Current Year 450,241.	
ne			s and grants (Part VIII, line 11)		310,120.	430,241.		
Revenue		-	/ice revenue (Part VIII, line 26)	2 0 2010	-	55,140.	<14,859.>	
Re			ncome (Part VIII, column (A) lines 3, 4, and	- D	-	<u> </u>	<u></u>	
	i .		e (Part VIII, column (A), lines 5, 66, 56, 56,	<u></u>		571,268.	435,382.	
			e · add lines 8 through 11 (must equal Part			3/1,200.	433,302.	
			imilar amounts paid (Part IX, column (A), lin		<del> -</del>	511,662.	315,087.	
			to or for members (Part IX, column (A), line		, ⊢	311,002.	313,007.	
xpenses		*	er compensation, employee benefits (Part I	• • •	' ⊢			
en			fundraising fees (Part IX, column (A), line 1		551		······································	
Ex			sing expenses (Part IX, column (D), line 25)			66,302.	55,698.	
	i .	=	ses (Part IX, column (A), lines 11a-11d, 11f-	·	<u>-</u>	577,964.	370,785.	
	i		es. Add lines 13-17 (must equal Part IX, co	lumn (A), line 25)	-	<6,696.		
<u>- 8</u>	19	Revenue less	s expenses. Subtract line 18 from line 12			<del></del>	<del></del>	
Net Assets or Fund Balances			/D		-	Beginning of Current Year	End of Year	
SSe			(Part X, line 16)		-	1,782,630.	1,876,471.	
agt A	21		s (Part X, line 26)		-	1 702 620	1 076 471	
픑	22		r fund balances. Subtract line 21 from line	1,782,630.	1,876,471.			
PE	ırt II	Signatu		<u> </u>				
		and complete	of pogury. I declare that I have examined this return, incl peclaration processor (other toan officer) is based on all i	uding accompanying schedules information of which preparer ha	and statements s any knowledg	ge	,	
Sig	n	Cioneti	A Cotton				3/2010	
Her	е	1 -	eph Hartnett, Vice Pre	esiden+		Date		
			print name and title	Paracit				
		<del>                                     </del>	print name and the	Date	· · · · · · · · · · · · · · · · · · ·	Check If Prepare	er's identifying number	
Paid	l	Preparer's	•	Date		elf- (see ins	structions)	

signature employed 🕨 Preparer's Firm's name (or EIN > yours if self-employed), address, and ZIP + 4 Use Only Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. X Yes Form 990 (2009). 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)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 Х public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 8 X Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X X 11 as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12 Schedule D. Parts XI, XII, and XIII. No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

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complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

c/o OSI Restaurant Partners, LLC

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was Х an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

c/o OSI Restaurant Partners, LLC
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			ĺ
	Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		,	
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		···
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			۱
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E-		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If *Yes,* to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		<del></del>
Ĭ	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			i
	provided to the payor?	7a		X
	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 was required			
	to file Form 8282?	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	X
A.	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	7h		
Ū	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	•	
9	Sponsoring organizations maintaining donor advised funds.	<del></del> -		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	[		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
		Γ	aan	/2000

'Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

the Enter the number of voting members of the governing body be Enter the number of voting members that are independent client the number of voting members that are independent client the number of voting members that are independent client the number of voting members that are independent client the number of voting members that are independent client the number of voting members that are independent client the independent of the control over management duties customarily performed by or under the direct sure of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was of the organization have members or stockholders?  Does the organization have members or stockholders, or other persons who may elect one or more members of to governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the by the following:  The governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co of the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have a written policies and procedures governing the activities of such chapters, in a branches to ensure their operations are consistent with those of the organization?  Are officers, directors or trustees, and key employees required to disclose annually interests that could give risk to conflicts?  The organization have a written whistelower policy?  Does the organization have a written whistelo			
b Enter the number of voting members that are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct sur of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was of officers, directors or trustees, or key employees to a management company or other person?  Did the organization have members or stockholders, or other persons who may elect one or more members of the organization have members or stockholders, or other persons who may elect one or more members of the organization have members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," proude the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co of the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  If "Yes," does the organization have a written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  Bear of forest, directors or trustees, and key employees requir	م	Yes	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, directors of trustees, or key employees?  3 Did the organization delegate control over management duties customanily performed by or under the direct sur of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization beaches any significant changes to its organization of the proof of the organization's assets?  5 Does the organization have members or stockholders?  6 Does the organization have members, stockholders, or other persons who may elect one or more members of t governing body?  5 Part of any decisions of the governing body subject to approval by members, stockholders, or other persons?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the by the following:  6 The governing body?  7 Each committee with authority to act on behalf of the governing body?  8 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Y'se', "rowide the names and addresses in Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co  8 Continuation of the organization have local chapters, branches, or affiliates?  9 If Y'es," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  1 Has the organization have a written conflict of interest policy? If "Yes," does the organization brave day of this Form 990 to all members of its governing body before filling the form of the organization of the process, if any, used by the organization to review this Form 990.  10 Desember in Schedule O the process, if any, used by the organization to review the Form 990.  11 Possible organization have a written organizat	0		
officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Does the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of to governing body?  5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the by the following:  9 The governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co  8 Cection B. Policies (This Section B requests information about policies not required by the Internal Revenue Co  10 Does the organization have local chapters, branches, or affiliates?  10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the for 11 Internation of the process, if any, used by the organization to review this Form 990.  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give in conflict?  14 Describe in Schedule O they	0		
Did the organization delegate control over management dulies customarily performed by or under the direct sur officiers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was 50 bit the organization become aware during the year of a material diversion of the organization's assets?  Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  A rea any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officier, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, Provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Co.  Does the organization have local chapters, branches, or affiliates?  If Yes, does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before filling the for 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization ave a written conflict of interest ploicy? If "Yes," to be in 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rist to conflicts?  Does the organization have a written organization of the following persons, schude a review and approval by indep persons, comparability data, and cont	ì		.,
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#### Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

(A)	(B)	sate any current officer, director  B) (C)				(D)	(E)	(F)			
Name and Title	Average	Position (check all that apply)		Reportable	Reportable	Estimated					
	hours per week	Individual trustee or director	eck adsurt lanotutation	all t		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Elizabeth Smith										_	
Trustee		<u> </u>	<u> </u>	<u> </u>	<u> </u>		L.	0.	0.	0.	
Joe Kadow		1				ļ	{		_	_	
Trustee		ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.	
Steve Shlemon			l								
Trustee	<u> </u>		L	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.	
Ava Forney Trustee								0.	0.	0.	
Cathy Kochan		-	-	-		┢			•		
Trustee		1				1		0.	0.	0.	
Mary Ridgeway			İ				T	<del></del>			
Trustee						1		0.	0.	0.	
Dirk Montgomery											
Trustee				Ì	<u>L</u>		Ì.,	0.	0.	0.	
Matt Henson											
Trustee	<u></u>	<u> </u>	_			<u> </u>	L	0.	0.	0.	
ı			,								
									-		
				-	-	-	T				
	<u> </u>		-	-	-		-				
		-		<u> </u>	-	-	-				
		<u> </u>		_							
	<del> </del>		<del> </del>		$\vdash$		ļ				
		├-	$\vdash$	┼-	$\vdash$	$\vdash$	+	<del> </del>			
	Į.			l			1			1	

9-7162589′ Page 8	9	-71	625	589	•	Page 8
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<b>(A)</b> Name and title		ustees, Key Employees, and Highest (C)  Average Position							(D) (E) Reportable Reportable			(F) Estimated		
		hours per week	Individual frustee or director	lnsttutional trustæe	all s		Highest compensated O employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amount of other compensate from the organization and relate organization	of tion e ion ed	
			-											
1 b	Total Total number of individuals (including but	not limited to t	hose	l list	ed a	bov	e) wi	ho r	0 .	<del></del>	0.		0.	
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	r, director or tru such individua	ıste	e, ke	у ег	nplo	yee,	or l	nighest compensated er	mployee on		Yes 3	No X	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or the organization? If "Yes," complete Sche	50,000? If "Yes accrue compe	," cc nsat	<i>mpl</i> tion	ete	Sch	edul	e J i	for such individual	•		5	X X	
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c the organization NONE	ompensated in	dep	ende	ent o	cont	racto	ors 1	hat received more than	\$100,000 of compe	ensa	ation from		
	(A) Name and busines	s address							(B) Description of s	services	Co	(C) ompensation	n	
					-									
						-								
	Total number of independent contractors \$100,000 in compensation from the organ		not I	imite	ed to		ose li	ste	d above) who received r	nore than				

Pa	irt VI	II Statement of Reve	nue				33 ,102	JUJ Fage 3
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	t	Membership dues	1b					
S, C		Fundraising events	1c					
ar ar		Related organizations	1d					
S,E	€	Government grants (contribu	tions) 1e					
ţi	f							1
혈축		similar amounts not included abo		150,241.				
돧	ç	Noncash contributions included in lines						
လွှင့် ရ	ŀ	Total. Add lines 1a-1f		<b>&gt;</b>	450,241.			
				Business Code		,		
ဗ	2 a	·			:			
ه ڲٚ	b						·· <u> </u>	
SE	c				<del></del>			
e a	d	]					<u>.</u>	<del></del>
Program Service Revenue	е							
ď	f	All other program service reve	enue					
	g			<b></b>	-			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		•	55,654.			55,654.
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>	•			3373311
	5	Royalties	·	▶				
			(ı) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·			
	6 a	Gross Rents						I
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	947,483.					
	b	Less: cost or other basis						
		and sales expenses	1017996.					
	С	Gain or (loss)	<70,513.	<u> </u>				
		Net gain or (loss)			<70,513.	<70 <b>,</b> 513.	>	
9	8 a	Gross income from fundraisin	g events (not					***************************************
Other Revenue		including \$						
Re		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
ਰ		Less direct expenses	b					
		Net income or (loss) from fund		<b>•</b>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gam		<b>D</b>				
ļ	iv a	Gross sales of inventory, less	returns					
		and allowances	a .					
İ		Less, cost of goods sold	b	L				
ţ		Net income or (loss) from sale  Miscellaneous Revenu						<del></del>
Ì	11 a			Business Code				
	b							
ľ	c		<del></del>					
	d	All other revenue		<del></del>				
	e	Total. Add lines 11a-11d						
_	12	Total revenue. See instructions			435,382.	<70,513.	> 0.	55,654.
93200 02-04	9 10					-,0,010.	<u> </u>	Form <b>990</b> (2009)
					•			1 01111 2 2 U (2003)

#### Part IX Statement of Functional Expenses

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

	All other organizations must comple				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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			<del></del>	<del></del>
4	Benefits paid to or for members	315,087.	315,087.		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		,		<del></del>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	1		ļ	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
Ь	Legal				
С	Accounting				<del></del>
d	Lobbying	<u></u>	11. 14. 1 119. por 10. 10. 10. 10. 10.		<del></del>
е	Professional fundraising services See Part IV, line 17		······································		<del></del>
f	Investment management fees				
g	Other				· 
12	Advertising and promotion	45 433			
13	Office expenses	45,411.			45,411.
14	Information technology		<del></del>		
15	Royalties				
16	Occupancy		·		
17	Travel .		<del></del>	<del>_</del>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings				<del></del>
20	Interest			<del></del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	<del></del>		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below )  Bank fees	6,398.		6,398.	
a	Miscellaneous Expenses	3,140.	<del></del>	0,390.	3,140.
0	Postage and shipping	749.		749.	3,140.
C		147.		/49.	<del> </del>
d			<del></del>		
e •	All other expenses				
f 25	Total functional expenses. Add lines 1 through 24f	370,785.	315,087.	7,147.	48,551.
25 26	Joint costs. Check here	<u> </u>	313,007.	/,14/.	40,331.
∠0	SOP 98-2 Complete this line only if the organization		l	Į.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
				1	1

Part )	•	Balance Sheet	(A)		(B)
			Beginning of year		End of year
Τ.	1	Cash · non-interest-bearing		1	
:	2	Savings and temporary cash investments	1,782,630.	2	1,876,471
;	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, ke	,		
1		employees, and highest compensated employees. Complete Part II	1		
		of Schedule L		5	
- [ -	6	Receivables from other disqualified persons (as defined under section	on		
1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
. ا ي	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹   ,	9	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other			· ····
	-	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
1		Investments · publicly traded securities		11	<del></del>
	2	Investments - other securities. See Part IV, line 11		12	<del></del>
	3	Investments - program-related. See Part IV, line 11		13	
1		Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	
- 1	6	Total assets. Add lines 1 through 15 (must equal line 34)	1,782,630		1,876,471
	7		1770270307	17	1/0/0/4/1
- 1		Accounts payable and accrued expenses		18	<del></del>
- 1	8	Grants payable .		19	
	19 20	Deferred revenue		20	<del></del>
_		Tax-exempt bond liabilities	D	_	
의	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key em			
E		highest compensated employees, and disqualified persons. Complete School and Compensated employees, and disqualified persons.	ete Part II	00	
1		of Schedule L		22	
l l	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	<del> </del>
- 1	25	Other liabilities. Complete Part X of Schedule D	0	25	0
-   2	26	Total liabilities. Add lines 17 through 25		26	
		,	complete		
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
e   2	28	Temporarily restricted net assets		28	<del> </del>
<u> </u>	29	Permanently restricted net assets	7	29	
<u> </u>		,	<b>☑</b> and		
ō		complete lines 30 through 34.			_
ğ   3	30	Capital stock or trust principal, or current funds	0		0
ğ 3	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
<u>ត</u>   3	32	Retained earnings, endowment, accumulated income, or other fund	1,782,630	• 32	1,876,471
<b>~</b>   3	33	Total net assets or fund balances	1,782,630	• 33	1,876,471
3	34	Total liabilities and net assets/fund balances	1,782,630	. 34	1,876,471

Form **990** (2009)

orm	990 (20	009) C/O OSI RESTAULANT PARTNERS, LLC 59-7162	202	Pag	je 12
Par	t XI I	Financial Statements and Reporting			
				Yes	No
1	Accou	nting method used to prepare the Form 990. X Cash Accrual Other			
	If the o	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were t	he organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were t	he organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review	, or compilation of its financial statements and selection of an independent accountant?	2c	, , , , , , , , , , , , , , , , , , ,	<u> </u>
	If the c	organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1		
	consol	lidated basis, separate basis, or both:	1		
		Separate basis Consolidated basis Both consolidated and separate basis			
3a	Asare	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act an	d OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes	s," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or aud	its, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	<u> </u>	

## Schedule D

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OSI Trust

c/o OSI Restaurant Partners, LLC

Employer identification number 59-7162589

Par	Organizations Maintaining Donor Advise organization answered 'Yes' to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes to Form 330, Factiv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets hold in donor advis	sed funds
J	are the organization's property, subject to the organization's		Yes No
		-	<del></del>
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pat	t II Conservation Easements. Complete if the organization	ganization answered "Ves" to Form 990.	Yes No
	4.1111 - 11,1 <sub>2</sub>		art IV, mie 7.
1	Purpose(s) of conservation easements held by the organizat	<del></del>	A constitution of the state of
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		,
			Held at the End of the Tax Year
а	Total number of conservation easements		_2a
b	Total acreage restricted by conservation easements	•	2b
C	Number of conservation easements on a certified historic sti		2c
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education,	·	
	these items:		, promo ma ranoming amounto rollaming to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	agelines or other similar assets for financial	
_	the following amounts required to be reported under SFAS		ar garr, provide
_	Revenues included in Form 990, Part VIII, line 1	To relating to these items.	<b>&gt;</b> ¢
a	Assets included in Form 990, Part X		► \$ ► \$
О	Assets included in Form 850, Fall A		•

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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**b** Buildings

d Equipment e Other

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) N	lethod of valuation: and-of-year market value
Financial derivatives .			
Closely-held equity interests			
Other			
		<del></del>	
			<del></del>
<del></del>			
		······································	
Total (Col (b) must 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		Method of valuation: end-of-year market value
<u> </u>			
			····
	<del>-  </del>		
			<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	· )		
Part IX Other Assets. See Form 990, Part X, II			4.5
	a) Description		(b) Book value
	<del></del>		
			<del></del>
		<del></del>	
		<del></del>	
	<del></del>	<del></del>	
		<del></del>	
		<del></del> _	
T-1-1 (C-1(1-)(1	( dE)		
Total. (Column (b) must equal Form 990, Part X, col (B).  Part X Other Liabilities. See Form 990, Part			<u> </u>
(a) December of helider	A, iiile 25.	(b) Amount	,
<u></u>		(b) Amount	
Federal income taxes	<del></del>		
	· _ <del> </del>		
	<del></del>		
	<del></del>		
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)	<del></del>	
2 FIN 48 Footnote In Part XIV provide the text of the			transita the organization le liability for

uncertain tax positions under FIN 48.

	t XI Reconciliation of Change in Net Assets from Form 990	<del></del>	nancial State		2303 Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)	o to Addited i ii		ments	435,382.
1	Total expenses (Form 990, Part VIII, column (A), line 12)		2		370,785.
2			3		64,597.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		4	<del></del>	04/37/.
4	Net unrealized gains (losses) on investments  Donated services and use of facilities		5		
5		•	6		
6	Investment expenses	•	7		
7	Prior period adjustments	•	8	<del></del>	
8	Other (Describe in Part XIV.)	•	9		
9	Total adjustments (net). Add lines 4 through 8  Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 0	10		64,597.
10 Par	t XII Reconciliation of Revenue per Audited Financial State			Return	01/05/1
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•			
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIV.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Sta	tements With E	Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b	_ <del></del>	4	
c	Add lines 4a and 4b			4c	<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; I				
X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.					
				<del></del> -	
					<del></del>
		<del></del>			