

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 07/01, 2009, and ending 06/30, 20 10 A For the 2009 calendar year, or tax year beginning C Name of organization INTERNATIONAL TRUMPET GUILD D Employer identification number B Check if applicable 54-1030357 Doing Business As label or E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite print or type. (563) 676-2435 P.O. BOX 2688 initial return Specific City or town, state or country, and ZIP + 4 362,242. DAVENPORT, IA 52809-2688 G Gross receipts \$ Amended H(a) Is this a group return for X No F Name and address of principal officer Х H(b) Are all affiliates included Nο If "No," attach a list. (see instructions) X 501(c)(3) ◀ Website: TRUMPETGUILD.ORG H(c) Group exemption number L Year of formation 1974 M State of legal domicile Form of organization | X | Corporation Summary Briefly describe the organization's mission or most significant activities

TO PROMOTE COMMUNICATION AMONG TRUMPET PLAYERS AROUND THE WORLD AND TO IMPROVE THE ARTISTIC LEVEL OF PERFORMANCE, TEACHING AND LITERATURE ASSOCIATED WITH THE TRUMPET. If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ 23 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of employees (Part V, line 2a) က 150 Total number of volunteers (estimate if necessary) 6 99,354. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 29,443. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 25,225. 49,480 Contributions and grants (Part VIII, line 1h) 361,494 327,406. Program service revenue (Part VIII, line 2g) 7,473. 7,453 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,492 2,138. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 421,919 362,242. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 17,690. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,100 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 14 106,931 102,788. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶ 239,446 204,378. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 376,477. 324,856. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 37,386. 45,442. 19 Revenue less expenses Subtract line 18 from line 12 200 Beginning of Year End of Year 383,624. 334,969 20 Total assets (Part X, line 16) 96,915. 108,188. Total liabilities (Part X, line 26) 21 238,054. 275,436. 22 Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block ave examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of peparer (other than officer) is based on all information of which preparer has any knowledge Under penalties of perjury, I declare that and belief, it Sign Here Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) P00449411 self-2-19-11 Paid signature PRAY D. HARRISON employed Preparer's 36-2767460 Firm's name (or yours CRIPPEN, REID & BOWEN, L.L.C. if self-employed), address, and ZIP+4 1528 - 47TH AVENUE MOLINE, IL 61265 309-764-3200 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes

V 09-9.2

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

Form 9	990 (2009) 54-1030357		F	age 3
Par				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	- - -		
•	Schedule C. Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
0			J	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			Х
-	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	i	Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	·		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			.,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			:
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		ļ	
	Schedule D, Part VI	-		
•	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.	,	li	
•	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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. 0	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	ا ا		Х
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ľ	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٠,
	If "Yes," complete Schedule G, Part III	19		<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Par	t IV Checklist of Required Schedules (continued)		·	
			Yes	No
21	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	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	ĺ '		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	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 Schedule J	23	1	Х
24 a				
	\$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 Schedule K. If "No," go to question 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 12		
·	to defease any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
20 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
		23a	\vdash	
D	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	256		X
	990-EZ? If "Yes," complete Schedule L, Part I	25b	\vdash	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		_^
27	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?			v
	If "Yes," complete Schedule L, Part III	27	 	Х
28	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):			,,
	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
•	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		Х
20	Part VI	31	\vdash	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		Х
	19? Note. All Form 990 filers are required to complete Schedule O	38	لـــــــا	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	T		
	U.S. Information Returns Enter -0- if not applicable	, -2		ı
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	, ,		, ' . İ
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	* •		ļ i
Ŭ	gaming (gambling) winnings to prize winners?	1 c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	13	. *	- 1
24	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9	a	´ ' -	- •
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	دا
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			- 4
			· 5 3	
	instructions)		21.5	.,,,,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	X	J J
	this return?	3b	X	\vdash
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
	account)?	4a	**,1	A
Ь	If "Yes," enter the name of the foreign country: ▶	***	·	إ بي إ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		5 36	
	and Financial Accounts			- x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		.,
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b		ļ.,
7	Organizations that may receive deductible contributions under section 170(c).	3,4	, ,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7с	Х	L
d	If "Yes," indicate the number of Forms 8282 filed during the year			l i
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	, 		
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Х	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	L		, ,
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		,	
_	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	:		-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
				!
	Gross income from members or shareholders	- (-	
D		; l		-
40	amounts due or received from them.)	12a	-	·
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
b	in res, enter the amount of tax-exempt interest received or accrued outling the year 120	Form	990	(2009)
		LOHI)	3 3 U	(CUUS)

Form 9	90 (2009) 54-1030357			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	bel r cha	ow, a	and s in
Secti	on A. Governing Body and Management		-	
	On the Object of the Managoment		Yes	No
1a	Enter the number of voting members of the governing body			
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			}
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
	Does the organization have members of stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	7		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
	on B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code.)			
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		Х
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}
	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			_
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed ▶_VA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	·
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
}	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are person who person because the per	ie 		
	563-676-2435			

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

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

1a Complete this table for all persons required to be listed 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) Name and Title	(B) Average	1					n(u)	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
WILLIAM PFUND										
PAST PRESIDENT / DIRECTOR		Х					X			
JEFFREY PIPER										
DIRECTOR		Х								
MICHAEL ANDERSON										
DIRECTOR	10.00	Х			Х			6,000.		0
DAVID BALDWIN										
DIRECTOR		Х								
STEPHEN CHENNETTE										
DIRECTOR		Х							1	
ANNE HARDIN				,						
DIRECTOR		Х								
CATHY LEACH										
DIRECTOR		Х								
GARY MORTENSON										
DIRECTOR	15.00	Х			Х		Ì	17,004.		0
JAMES OLCOTT							Г			
DIRECTOR		Х								
JUDY SAXTON					_					
DIRECTOR		Х								
ALAN SIEBERT										
DIRECTOR		X								
NEVILLE YOUNG					_				_	
DIRECTOR		Х								
ZHONGHUI DAI				_				- · · · · · ·		
DIRECTOR		Х							,	
JAMES ACKLEY										
DIRECTOR		Х								
JOSEPH BOWMAN										
DIRECTOR		Х		`						
MICHAEL CHAPPLE										
DIRECTOR		х								

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and l	ligi	hest Compensat	ed Emplo	yees (c	ontinued)
(A)	(B)	(B) (C)						(D)	(E)		(F)
Name and title	Average	Position (check all that ap		that ap		Reportable	Report		Estimated		
	hours per	Individual trustee or director	Ins	Off	9	B E	Former	compensation	compens		amount of
	week	lire	Institutional trust	Officer	Key employee	hes	필	from the	from re organiza		other compensation
		호프	200		힣	8 8	1	organization	(W-2/1099		from the
		Tus.	12		ee	l mg		(W-2/1099-MISC)		-	organization
		8	stee			Highest compensated employee					and related organizations
			"			ted					organizations
LUIS ENGELKE											
DIRECTOR		X	İ								
KEITH JOHNSON											
DIRECTOR]	Х	ļ								
GRANT PETERS											-
DIRECTOR		Х		İ							
KEVIN EISENSMITH											
PRESIDENT	40.00			Х					1		
BRIAN EVANS						 	1				· · · · · · · · · · · · · · · · · · ·
SECRETARY	15.00		İ	Х		ŀ					
DIXIE BURRESS		 	 			 	 -		<u> </u>		
TREASURER	30.00			Х	x			27,836.			0.
KIM DUNNICK	30.00		-		 	 		2.7000			
VICE PRESIDENT	15.00			х							
VICE TRESTDENT	13.00	-	-	1			├		···		
	-										
		<u> </u>	_	<u> </u>	ļ	 		<u> </u>			
									ŀ		
			<u> </u>		ļ	1	_				
	-										
					_		<u> </u>				
			Ĺ			<u> </u>	ļ				
									ļ		
1b Total					<u></u>	. .	>	50,840	ļ		0.
2 Total number of individuals (including but not	limited to the	hose	iste	d al	bov	e) wh	o re	ceived more than	\$100,000	ın	
reportable compensation from the organization	n 🕨	()								
											Yes No
3 Did the organization list any former office	er. directo	or or	tru	iste	e.	kev e	ame	lovee, or highes	t compens	sated	计算 对求 和德
employee on line 1a? If "Yes," complete Schede											3 X
											建 5-72 基础
4 For any individual listed on line 1a, is the the organization and related organizations	arester th	repoi	150	ยาเ	1017 1017	pensa If "∨	וטווג 'בי "	' complete Sched	ule I for	such	
											4 X
	Will be the state of the state										
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5 X
Section B. Independent Contractors						F					
1 Complete this table for your five highest	compensat	ed in	dep	enc	dent	con	trac	tors that received	d more th	an \$10	0,000 of
compensation from the organization											
(A)								(B)			(C)

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0



Part VIII		Statement of Revenue		54-1030357						
Transaction of the state of the				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c	Federated campaigns								
ontribution nd other si	f	All other contributions, grits, grants, and similar amounts not included above. Noncash contributions included in lines 1a-1f \$	25,225.		: :					
	<u>h</u>	Total. Add lines 1a-1f	▶	25,225.						
Program Service Revenue			Business Code							
.Ve	2a	ADVERTISING SALES	511120	98,804.		98,804.				
8	ь	COMPETITION INCOME		2,380.	2,380					
,ice	ء ا	CD & JOURNAL SALES ^		7,023.	7,023					
Sen.	d	BOOK & OTHER SALES		179.	179					
Ę	l "	MEMBERSHIP DUES		219,020.	219,020.	· - 				
gra	e									
ē	f	All other program service revenue Total. Add lines 2a-2f		327,406	1 = 3					
	3 4 5	Investment income (including dividends, interdother similar amounts). ATTACHMENT Income from investment of tax-exempt bond properties.	est, and 4	7,473. 0. 0	7,473					
	6a b c	(i) Real Gross Rents Less rental expenses Rental income or (loss)	(II) Personal	-	· , · , · ,		ar			
	d 7a b	Ret rental income or (loss). Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ii) Other	0.	,					
	С	Gain or (loss)								
e	d 8a	Net gain or (loss)	>	0. ~.	3					
Other Revenue	b	events (not including \$ of contributions reported on line 1c). See Part IV, line 18					and the second of			
ö	С	Net income or (loss) from fundraising events .	<u> ▶</u>	0			<u> </u>			
	9a	Gross income from gaming activities See Part IV, line 19			,	,	_			
	ь	Less direct expenses b			<u> </u>					
	С	Net income or (loss) from gaming activities	▶	0.		_				
	10a	Gross sales of inventory, less returns and allowances a		-	,	•				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory		0.			, , , , , , , , , , , , , , , , , , , ,			
	<u> </u>	Miscellaneous Revenue	Business Code	<u> </u>			i			
	11a	POSTAGE OPTION FEE		560.	560.		ļ			
	b	FINANCE CHARGES AND NFS FEES	511120	550.		550				
	С	MISCELLANEOUS		1,028.	1,028.					
	d	All other revenue								
	e	Total. Add lines 11a-11d		2,138.	1					
	12	Total Revenue. See instructions		362,242.	237,663.	99,354.				
	- <u>-</u> -				.,					

Part IX Statement of Functional Expenses

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

	All other organizations must complet	e column (A) but are			, and (D).
	o not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	500.	500.	-	
2	organizations in the U.S. See Part IV, line 21	300.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,190.	12,190.		
3	Grants and other assistance to governments,		l ⁿ		1
	organizations, and individuals outside the		[
	U.S. See Part IV, lines 15 and 16	5,000.	5,000.	* -	
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	50.040	50.040		
	trustees, and key employees	50,840.	50,840.	-	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	44,829.	37,510.	7,319.	
8	Pension plan contributions (include section 401(k))				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	7,119.	6,258.	861.	
11	Fees for services (non-employees):				
а	Management	0.			·-
Ь	Legal	0.			
C	Accounting	8,540.	0.	8,540.	
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other	8,000.	8,000.	0.	
12	Advertising and promotion	0.	01.4	007	
13	Office expenses	1,021.	214. 533.	807.	
14	Information technology	734.	533.	201.	
15	Royalties	0.			
16	Occupancy	14,968.	0.	14,968.	
17	Travel	14, 300.		14,900.	
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials	817.	817.	0.	
19	Conferences, conventions, and meetings	0.			
20 21	Interest	0.			
22	Payments to affiliates	1,643.	0.	1,643.	
23	Insurance	1,907.	0.	1,907.	
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)				
а	PRINTING & PUBLICATION	52,724.	52,706.	18.	
ь	POSTAGE & HANDLING	48,827.	45,666.	3,161.	
_	COMPETITION EXPENSES	25,647.	25,647.	0.	
ď	CD/DVD PROJECT COSTS	11,012.	11,012.	0.	
е	MEMBERSHIP DEVELOPMENT	6,157.	0.	6,157.	
f	All other expenses	22,381.	12,039.	10,342.	
25	Total functional expenses. Add lines 1 through 24f	324,856.	268,932.	55,924.	
	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundasising solicitation				
JSA	fundraising solicitation	<u> </u>			Form 990 (2009)

Pa	irt X	Balance Sheet	,,		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	322,210.	2	360,301.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,953.	4	9,129.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			•
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			-
	l	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1 1	
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or 10a 8,214.		-	
		other basis Complete Part VI of Schedule D			
	h	Less. accumulated depreciation	5,395.	100	3,752.
	11	Investments - publicly traded securities.		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	F		14	
	15	Intangible assets	1,411.		10,442.
		· ·	334,969.		383,624.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,476.		3,618.
	17	Accounts payable and accrued expenses	7,770.	 ' 	3,010.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key	-		
iab		employees, highest compensated employees, and disqualified		i I	
-		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			104,570.
	26_	Total liabilities. Add lines 17 through 25	96,915.	26	108,188.
Ses		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Bai	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
\$	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds	238,054.	32	275,436.
Ę	33	Total net assets or fund balances	238,054.		275,436.
	34	Total liabilities and net assets/fund balances	334,969.		383,624.
				<u> </u>	

Form **990** (2009)

4370RH01

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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 organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	1	Ì	ľ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		-	i
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audıt Act and OMB Cırcular A-133?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

54-1030357

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

INTERN	JATIONAL	TRUMPET GU	ILD						54-10	30357
Part I	Reason f	or Public Char	rity Status (All organ	izations m	ust comp	lete this	part) Se	e instru	ctions.	
The orga	nization is n	ot a private foun	dation because it is (I	For lines 1	through 11,	check or	nly one bo	x)		
1	A church, c	onvention of chu	urches, or association	of churche:	s described	in sectio	n 170(b)	(1)(A)(i).		
2	A school de	escribed in <mark>secti</mark>	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3	A hospital of	or a cooperative	hospital service organ	ization des	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organi	ization operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's n	ame, city, and st	ate.							
5	An organiz	ation operated f	or the benefit of a co	llege or un	iversity ow	ned or o	perated	by a gove	ernmental	unit described in
	section 170	<mark>)(b)(1)(A)(iv).</mark> (C	Complete Part II)							
6	A federal, s	tate, or local go	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7	An organiza	ation that norma	ally receives a substan	itial part of	its support	t from a	governme	ental unit	or from t	the general public
	described ii	n section 170(b)	(1)(A)(vi). (Complete F	Part II)						
8	A communi	ty trust describe	ed in section 170(b)(1)	(A)(vi). (Co	mplete Par	tII)				
9 X	An organiza	ation that norma	ally receives: (1) more	than 331/3	% of its su	pport fro	m contril	outions, n	nembersh	ip fees, and gross
	receipts fro	m activities rela	ated to its exempt fur	ictions - su	bject to ce	ertain exc	eptions,	and (2) i	no more t	han 331/3% of its
	support fro	m gross invest	ment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	n after June 30, 1975	See section	n 509(a)(2). (Comp	lete Part I	II.)		
10	-		and operated exclusive	•		-				
11 🔛	_	_	and operated exclus	-						
		•	publicly supported org					-	-	
			at describes the type o		-					
	a Typ				e III - Fund	-	-		- لــــا	/pe III - Other
e			ertify that the organiz							
			tion managers and oth	er than on	e or more	publicly:	supported	d organiz	ations de	scribed in section
_		r section 509(a)(• •				.		~	,.
f	_		d a written determina	tion from 1	ine IRS tha	at it is a	Type I,	iype II, o	r type iii	supporting
	•	n, check this box								
g	_		the organization acce	epted any g	int or contri	ibution fro	om any o	rtne		
	following pe			ام ممطنم		-46	h ======		had 15 (11)	Yes No
		-	or indirectly controls		_	eniei wii	ii persor	is descri	bea iii (ii)	11g(i) X
		_	erning body of the sup person described in (i) a		111124110111	• • • • •				- 11g(ii) X
			of a person described		2hove2	• • • • •	• • • • •			- 11g(iii) X
h	• •	•	ror a person described ration about the suppo		•					· [tighin] A
	of supported	(ii) EIN				(v) Did v	ou notify	(vi)	Is the	(vii) Amount of
	nization	(11) (11)	(iii) Type of organization (described on lines 1-9	in col (i) lis	sted in your		nization in	organiza	tion in col	support
			above or IRC section (see instructions))	governing	document?	col. (i)	of your port?	(i) organi	ized in the Sっ	
			(SEE INSUBDIONS))	Yes	No	Yes	No	Yes	No	
									<u> </u>	
					l					
								ĺ	1 1	
						 				
			}			}	}			
				<u></u>		-			t - 1	
			<u> </u>						<u> </u>	
									-	
Total										

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you chec				b)(1)(A)(iv) a	nd 170(b)(1)(A	l)(vi)			
Sec	tion A. Public Support									
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	3/4/20/20 PRODUCTION OF		TANKOS ATRICA SOCIO		Addition of the last of the la				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4					是新华				
	tion B. Total Support	43,0005	42,0000	(-) 2007	(1) 2000	(-) 2000	48 Total			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4		-							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10	经定位的地	化工作的	建筑设施	的機構就從202	2000年				
12	Gross receipts from related activities, etc. (12				
13	First five years. If the Form 990 is organization, check this box and stop here	·								
Sec	tion C. Computation of Public Sup					г г	- 			
14	Public support percentage for 2009 (
15	Public support percentage from 2008									
16a	331/3% support test - 2009. If the									
	this box and stop here. The organizat			_						
D	331/3% support test - 2008. If the check this box and stop here. The org						1 1			
17a	10%-facts-and-circumstances test - 2	2009. If the orga	anization did not	t check a box on	line 13, 16a oi	r 16b, and line 1	4 is 10%			
		or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part IV how the organization meets	the "facts-and-c	circumstances" t	est The organi	zation qualifies	as a publicly st	upported			
	organization						▶ 🔲			
b	10%-facts-and-circumstances test -									
	15 is 10% or more, and if the org						-			
	Explain in Part IV how the organization				-	•	publicly			
18	supported organization						▶ and see			
	instructions						[]			
			-			chedule A (Form 9				

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

Sec	Section A. Public Support								
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and					ĺ			
	membership fees received (Do not include				1	1			
	any "unusual grants.")	35,159.	12,179	26,630.	49,480	25,225.	148,673.		
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities	-							
	furnished in any activity that is related to the								
	organization's tax-exempt purpose	220,650.	209,985	240,103.	241,811.	230,190	1,142,739.		
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the organization's			1					
	benefit and either paid to or expended on								
	its behalf	i							
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5	255,809	222,164	266,733.	291,291.	255,415.	1,291,412.		
	Amounts included on lines 1, 2, and 3								
	received from disqualified persons	26,891.	2,151	10,000	27,240	16,460	82,742.		
b	Amounts included on lines 2 and 3 received from other than disqualified								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year	_							
С	Add lines 7a and 7b	26,891	2,151.	10,000.	27,240.	16,460.	82,742.		
8	Public support (Subtract line 7c from	,				'			
	line 6)					1	1,208,670.		
Sec	tion B. Total Support								
C	alendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9		255,809.	222,164	266,733.	291,291.	255,415.	1,291,412.		
10a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from similar								
	sources	7,673.	12,325.	8,446.	7,453.	7,473.	43,370.		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
C	Add lines 10a and 10b	7,673	12,325	8,446.	7,453.	7,473	43,370.		
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly								
	carried on								
12	Other income Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)	263,482	234,489	275,179.	298,744.	262,888	1,334,782.		
14	First five years. If the Form 990 is for	=					_		
	organization, check this box and stop here.								
	tion C. Computation of Public Sup			(f)		45	90.55%		
15	Public support percentage for 2009 (line 8,					16	83.72%		
16	Public support percentage from 2008 Sche			· · · · · · · · · · · · · · · · · · ·		10	0011270		
	tion D. Computation of Investmen			3 ookump (fl)		17	3.25%		
17	Investment income percentage for 2009 (Iii						7.75%		
18	Investment income percentage from 2008 S					18 a than 331/3% a			
туа	33 1/3% support tests - 2009. If the or								
	17 is not more than 33 1/3%, check th 33 1/3% support tests - 2008. If the orga								
D	line 18 is not more than 331/3%, check								
20									
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐								

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Publ	_
Open to Publ	U
Inspection	
mapecuon	ų

	e of the organization		Employer identification number
_	TERNATIONAL TRUMPET GUILD		54-1030357
Pa	organizations Maintaining Donor Add the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or orm 990, Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in do	nor advised
	funds are the organization's property, subject to t	-	1 1 1
6	Did the organization inform all grantees, donors,		
	used only for charitable purposes and not for the	benefit of the donor or donor advisor, or for	any other
	purpose conferring impermissible private benefit?		Yes No
Pa	purpose conferring impermissible private benefit? rt II Conservation Easements. Complete	if the organization answered "Yes" to Fo	orm 990, Part IV, line 7
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., reci	reation or pleasure) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
C	Number of conservation easements on a certified	I historic structure included in (a)	2c
d	Number of conservation easements included in (2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ited by the organization during
	the tax year ▶		
4	Number of states where property subject to cons		
5	Does the organization have a written policy regard	ding the periodic monitoring, inspection, hai	ndling of
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemen	ts during the year
	> \$		
8	Does each conservation easement reported on lin	• • • • • • • • • • • • • • • • • • • •	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?		
9	In Part XIV, describe how the organization reports		
	balance sheet, and include, if applicable, the text	-	al statements that describes
	the organization's accounting for conservation eas		Si-di- At-
E	Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical Treasures, or Other d "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under sart, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	SFAS 116, not to report in its revenue sta eld for public exhibition, education, or rese financial statements that describes these itel	atement and balance sheet works o arch in furtherance of public service ms.
b	If the organization elected, as permitted under shistorical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or resea ems:	rch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line	1	▶\$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of a		
	following amounts required to be reported under S	SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1 .		▶\$
h	Assets included in Form 990, Part X		⊳ \$

Pai	t III Organizations Maintain	ng Collections o	of Art, Histori	cal Treasure	s, or Otl	her Similar A	ssets (d	continued)	
_	Using the organization's acquisition		thar ragards	chack any of t	ha fallow	ing that are a	cianifican	at use of its	
3			other records,	Check any or t	ine lollow	ing that are a :	sigriincar	il use oi ils	
	collection items (check all that app	iy):	. —	1 000 05 0	vohonoe -				
а	Public exhibition		d	Loan or ex	xcnange p	orograms			
b	Scholarly research		е	Other					
С	Preservation for future ge							_	
4	Provide a description of the organi	zation's collections	and explain h	ow they furthe	r the orga	anization's exe	mpt pur	pose in	
	Part XIV								
5	During the year, did the organization								_
	assets to be sold to raise funds rat								No
Par	Escrow and Custodial A IV, line 9, or reported ar	rrangements. Con amount on Form	omplete if the n 990, Part X	e organizatio (, line 21.	n answe	red "Yes" to f	Form 99	90, Part	
			:	for contribut	tiona ar a	thar accets no			
1 a	Is the organization an agent, truste								¬
	included on Form 990, Part X?						٠٠٠ ل	Yes	No
b	If "Yes," explain the arrangement in	n Part XIV and com	plete the folio	wing table					
					<u> </u>	Ai	mount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year						-		
f	Ending balance						r	<u>-</u> -	
2a	Did the organization include an am), Part X, line 2	17			[Yes	No
	If "Yes," explain the arrangement in								
Par	tV Endowment Funds. Cor		ation answer					,	
		(a) Current Year	(b) Prior year	r (c) Two y	rears back	(d) Three years back (e) Four year		rs back	
1 a	Beginning of year balance	187,906.	167,3	36.					
b	Contributions	20,705.	44,7	20.		<u> </u>			
C	Net investment earnings, gains,						_		
	and losses	4,113.	3,9	75					
d	Grants or scholarships		15,4	00.					ļ
е	Other expenditures for facilities .				-	1			-
	and programs	34,585	12,7	25					
f	Administrative expenses					-			
g	End of year balance	178,139.	187,9	06.		"			
2	Provide the estimated percentage								
a	Board designated or quasi-endowr	-	%						
h	Permanent endowment ▶								
c	Term endowment ▶	%							
	Are there endowment funds not in		the organizati	on that are he	eld and ac	sministered for	the		
	organization by	the possession of	the organizati	ion that are no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	 x
h	If "Yes" to 3a(II), are the related org							3b	+
4	Describe in Part XIV the intended in							<u> </u>	
4					art V line	10			
Par									
	Description of investment		or other basis restment)	(b) Cost or other basis (other)		Accumulated depreciation	((d) Book value	
1a	Land								
b	Buildings								
C	Leasehold improvements								
đ	Equipment	<u> </u>		8,2	214	4,462		3,	752.
_е	Other						_		
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990, Part X	, column (B), li	ne 10(c))	<u> ▶ </u>		3,	752.

Part VII	Investments - Other Securities. Se	ee Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
Financial d	lerivatives			
Closely-he	ld equity interests			
Other				
	n (b) must equal Form 990, Part X, col. (B) line 12)	>		
Part VIII			13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
				118-1
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part	▶		<u> </u>
		(a) Description		(b) Book value
	RECEIVABLES			9,849
PREPAI	D EXPENSES			593
 				
		<u> </u>		
				10 116
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	10,442
Part X	Other Liabilities. See Form 990, P.			
<u>1. </u>	(a) Description of liability	(b) Amount		ì
Federal inc		101 000	•	
PREPAID	_	101,890.		
	PAYROLL TAXES	1,980.	,	
FKEPAID	ADVERTISING REVENUE	700.	•	
				•
				•
····				
				. •
		104 570		
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)	▶ 104,570.		

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

	le D (Form 990) 2009	54-1030357		Page 4
Part	XI Reconciliation of Change in Net Assets from F	orm 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statemen		10	
	XII Reconciliation of Revenue per Audited Financi			
1	Total revenue, gains, and other support per audited financia			
2	Amounts included on line 1 but not on Form 990, Part VIII,			
a	Net unrealized gains on investments	1 1		
b	Donated services and use of facilities			
c	Recoveries of prior year grants		_	
d	Other (Describe in Part XIV.)	2d	-	
e			2e	
3	Add lines 2a through 2d Subtract line 2e from line 1		3	· · · · · ·
4	Amounts included on Form 990, Part VIII, line 12, but not o	1 1		
	Investment expenses not included on Form 990, Part VIII, In	l l		
a			-	
b	Other (Describe in Part XIV)		\dashv	
С 5	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 99)	20 Bort I line 12)	. 4c	
	XIII Reconciliation of Expenses per Audited Finance			
1	Total expenses and losses per audited financial statements	iai Statements with Expenses per in	1	
2	Amounts included on line 1 but not on Form 990, Part IX, III		•	-
	Donated convece and use of facilities	ا مما		
a	Drier voor educatmente	26		
b	Prior year adjustments			
C	Other (December a Part VIV.)	2c 2d		
d	Other (Describe in Part XIV)		<u> </u>	
e				
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on	1 ,		
a	Investment expenses not included on Form 990, Part VIII, III			
b	Other (Describe in Part XIV)	4b	-	
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 9)		. 4c	
5		190, Part I, line 18)	. 5	
	XIV Supplemental Information			
	ete this part to provide the descriptions required for Part II, I			
	, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2	?d and 4b; and Part XIII, lines 2d and 4b. Als	so complete	
tnis pa	rt to provide any additional information			
D 3 (C) D	0 DADE W LINE 4			
PAGE	2, PART V, LINE 4			
mur.		TOOUT DO AND OWNED COMPERTED	0.17	
THE	RESTRICTED FUNDS ARE UTILIZED FOR SCHOL	ARSHIPS AND OTHER COMPETITION	ON 	
			_	
AWAR	DS AND EXPENSES. THE COMPETITION AWARD:	S INCLUDE THE CARMINE CARUS	0 -	
INTE	RNATIONAL JAZZ TRUMPET COMPETITION AND	THE ELLSWORTH SMITH		
INTE	RNATIONAL TRUMPET SOLO COMPETITION.			
				,-

Rart XIV Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2009 No 1545-0047

Open to Public

Schedule 1 (Form 990) 2009 ž (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use × Employer Identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 54-1030357 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance Part IV and Schedule I-1 (Form 990) if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance (b) EIN Enter total number of other organizations INTERNATIONAL TRUMPET GUILD (a) Name and address of organization or government Name of the organization Part II

9F1288

V 09-9.2

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1,609. 581 10,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance CONFERENCE SCHOLARSHIP AWARDS CARMINE CARUSO COMPETITION HONORARY & MERIT AWARDS Part IV

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL TRUMPET GUILD

Employer identification number 54-1030357

ATTACHMENT 1

PAGE 2

PART III, LINE 4D

ANNUAL CONFERENCE

GRANTS: \$581; EXPENSES: \$1,398

CHAPTER GRANTS ARE MADE TO VARIOUS COLLEGES TO SUPPORT THE TRUMPET.

GRANTS: \$500; EXPENSES: \$500

COMMISSIONS ARE PAID FOR ORIGINAL COMPOSITIONS TO BE COMPOSED ON BEHALF OF THE INTERNATIONAL TRUMPET GUILD.

EXPENSES: \$8,000

SPONSOR A TRUMPETER DONATIONS PAY MEMBERSHIPS FOR THOSE THAT CANNOT AFFORD THEM.

REVENUE: \$2,820

HONORARY & MERIT AWARDS

GRANTS: \$1,608; EXPENSE: \$1,608

PAGE 6

PART IV, SECTION A, 6

ANY PERSON MAY BECOME A MEMBER OF THE GUILD UPON PAYMENT OF THE

PRESCRIBED ANNUAL DUES. REGULAR MEMBERS WHOSE DUES ARE PAID SHALL HAVE

THE PRIVELEDGES OF PARTICIPATING IN THE ACTIVITIES OF THE GUILD,

Page 2

Schedule O (Form 990) 2009

Name of the organization

INTERNATIONAL TRUMPET GUILD

Employer identification number 54-1030357

ATTACHMENT 1 (CONT'D)

INCLUDING THE RIGHTS OF VOTING, HOLDING OFFICE, AND ADMISSION TO GENERAL MEETING.

PAGE 6

PART VI, SECTION A, LINE 7

LINE 7A:

MEMBERS HAVE THE PRIVILEDGE OF PARTICIPATING IN ACTIVITIES OF THE GUILD, INCLUDING THE RIGHT OF VOTING AND HOLDING A POSITION OF OFFICE.

LINE 7B:

AMENDMENTS TO THE CONSTITUTION MAY BE MADE BY A TWO-THIRDS VOTE OF A QUORUM OF THE MEMBERSHIP.

PAGE 6

PART VI, SECTION A, LINE 8B

COMMITTES MOSTLY ACT AS ADVISERS TO THE BOARD AND SUBMIT REPORTS THAT ARE RECORDED WITH THE MINUTES OF THE BOARD AND OFFICERS' MEETING. THE SCHOLARSHIP COMMITTEE DOES AWARD SCHOLARSHIPS AS DIRECTED BY THE RULES.

NUMBER OF SCHOLARSHIPS AWARDED IS REPORTED TO THE BOARD.

PAGE 6

PART VI, SECTION A, LINE 10B

ITG AFFILIATE CHAPTERS HAVE NOT BEEN MONITORED IN PAST YEARS. LAST YEAR,

A NEW AFFILIATE CHAPTER COORDINATOR HAS BEEN APPOINTED TO START MONITORING

CHAPTER / AFFILIATE ACTIBITIES TO ENSURE A CONSISTENCY WITHIN THE

ORGANIZATION.

Page 2

Schedule O (Form 990) 2009

Name of the organization
INTERNATIONAL TRUMPET GUILD

Employer identification number 54-1030357

ATTACHMENT 1 (CONT'D)

PAGE 6

PART VI, SECTION B, LINE 11A

A COPY OF THE 990 WILL BE REVIEWED BY THE TREASURER AND THE PRESIDENT BEFORE IT IS SIGNED AND FILED.

PAGE 6

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE A

CONFLICT OF INTEREST POLICY.

ATTACHMENT 2

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

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

FORM 990, PART III, LINE 4D - OTHER	ATTACH	MENT 3	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
CONFERENCE	581.	1,398.	1,200.
CHAPTER GRANTS	500.	500.	0.
COMMISSIONS	0.	8,000.	0.
SPONSOR DONATIONS	0.	0.	2,820.

Name of the organization INTERNATIONAL TRUMPET GUILD Employer identification number

54-1030357

ATTACHMENT 3 (CONT'D)

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

HONORARY & MERIT AWARDS

1,609

1,609.

TOTALS

2,690.

11,507.

4,020.

FORM 990, PART VIII - INVESTMENT INCOME

(A)

(B)

(C)

ATTACHMENT 4

(D)

DESCRIPTION

TOTAL REVENUE

RELATED OR EXEMPT REVENUE

UNRELATED BUSINESS REV. EXCLUDED REVENUE

INTEREST INCOME

7,473.

7,473.

TOTALS

7<u>,473.</u>

7,473.

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

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

	TOTAL	PRGM SERVICES	MGMT/ GENL	FUND- RAISING
BAD DEBT EXPENSE	460	460	-	-
BANK FEES	564	406	158	-
CREDIT CARD FEES	1,678	1,661	17	-
JOURNAL PRODUCTION	3,540	3,540	-	-
MISCELLANEOUS	48	-	48	-
PAYPAL FEES	3,157	3,062	95	-
STORAGE - JOURNALS & OTHER	4,080	-	4,080	-
TAXES	5,000	-	5,000	-
TRADEMARKS, DOMAIN RIGHTS	1,889	945	944	-
WEBSITE MAINTENANCE	1,965	1,965	-	
	22,381	12,039	10,342	

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S		► File a separate application for each return.	1					
 If you are f 	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are f	ilıng for ar <i>te Part II u</i>	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pagenless you have already been granted an automatic 3-month extension on a prev	e 2 of this form). riously filed Form 8868.					
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).						
		o file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete					
Part I only								
All other corporatime to file inco		including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 turns.	004 to request an extension of					
one of the ref electronically i returns, or a co	turns note f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autometed below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the submit the fully completed and the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the submit the fully completed and the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the submit the fully completed and the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant of the electronic filing	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form					
Type or		Exempt Organization	Employer Identification number					
print	INT	ERNATIONAL TRUMPET GUILD	54-1030357					
File by the		street, and room or suite no. If a P O. box, see instructions.						
due date for filing your		D. BOX 2688						
return. See instructions		n or post office, state, and ZIP code. For a foreign address, see instructions. VENPORT, IA 52809-2688						
		b be filed (file a separate application for each return):						
X Form 990		· · · · · · · · · · · · · · · · · ·	n 4720					
Form 990-		├	n 5227					
Form 990-	-EZ	Form 990-T (trust other than above)	n 6069					
Form 990-	PF	Form 1041-A Form	n 8870					
If the organIf this is for for the whole g	ization do a Group F roup, che	res not have an office or place of business in the United States, check this box . Return, enter the organization's four digit Group Exemption Number (GEN) ck this box . ► . If it is for part of the group, check this box . ► and embers the extension will cover.						
1 I reques	t an au	tomatic 3-month (6 months for a corporation required to file Form $02/15$, 2011 , to file the exempt organization return for the organization 's return for:	n 990-T) extension of time named above. The extension is					
		year or peginning 07/01, 2009 , and ending	06/30, 2010 .					
2 If this tax	year is fo	r less than 12 months, check reason: Initial return Final return	Change in accounting period					
, ,		s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, letter the sections of the sections of the sections of the sections of the sections of the sections of the sections of the sections of the sections of the sections of the section of the s	1 1.					
		its. See instructions s for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	3a \$					
• •		prior year overpayment allowed as a credit.	3b \$ 0.					
		ract line 3b from line 3a. Include your payment with this form, or, if required,						
		or, if required, by using EFTPS (Electronic Federal Tax Payment System						
instruction	ns		3c \$					
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO					
or payment ins								
For Privacy Act	t and Pap	erwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)					

Form,8	868 (Re	v 1-2011)					Page 2
 If y 	ou are	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and check	this box.		▶ X
Note.	Only c	omplete Part II if you have already been gra	nted an au	tomatic 3-month extension on a previoi	usly filed i	Form 886	8.
• If y	ou are	filing for an Automatic 3-Month Extension,	complete c	nly Part I (on page 1)			
Part		Additional (Not Automatic) 3-Month Ex			pies nee	eded).	
Туре		Name of exempt organization	<u> </u>			dentificatio	n number
print		INTERNATIONAL TRUMPET GUILD 54-			54-	103035	7
File by		Number, street, and room or suite no If a P.O. bo	x, see instruc	ctions			
extende due da		P.O. BOX 2688					
filing yo		City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions.			
return :		DAVENPORT, IA 52809-2688	J	·			
moude	uor _{is}						
Enter	the Re	turn code for the return that this application	is for (file a	separate application for each return)			. 01
Applie	cation		Return	Application			Return
ls For			Code	Is For			Code
Form			01	Service of the service of	1 .	- I	2,-
	990-BI		02	Form 1041-A		:`	08
	990-EZ		03	Form 4720		~	09
	990-PF		04	Form 5227			10
		(sec. 401(a) or 408(a) trust)	05	Form 6069			11
		(trust other than above)	06	Form 8870			12
		of complete Part II if you were not already			reviously	filed For	
		s are in the care of DIXIE BURRESS	3				
		No. ► 563 676-2435		AX No. ►		_	
		inization does not have an office or place of	_			_	
		or a Group Return, enter the organization's for					
						and at	
		e group, check this box		it of the group, check this box		and at	lacii a
		names and EINs of all members the extension		05/15,20	11		
		st an additional 3-month extension of time ur		07/01 , 20 09 , and ending		06/30	00.10
		endar year, or other tax year beginni	•			06/30,	20_10_
6		x year entered in line 5 is for less than 12 m	ontns, cnec	k reason Initial return F	inal retu	'n	
	ان لیا	hange in accounting period	דעונטדו ש	TMP TO MERDED TO ALLOW TH	ME EOI		
7		detail why you need the extension ADDIT	TONAL T	IME IS NEEDED TO ALLOW II	ME FOI	THE	
-	OFF	ICER REVIEW AND SIGNING.					
-							
							
		application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax, le	ess any]	_
_	_	indable credits. See instructions.				8a \$	0.
ЬΙ	If this	application is for Form 990-PF, 990-T, ed tax payments made. Include any pri	4720, or	6069, enter any refundable credi	ts and	€	
•	estimat	ed tax payments made. Include any pri	or year o	verpayment allowed as a credit ar	nd any		
3	amount	paid previously with Form 8868				8b \$	0.
c l	Balance	Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if required, by using	EFTPS		
((Electro	nic Federal Tax Payment System). See ınstru	ctions.			8c \$	0.
		Sian	ature an	d Verification	1		
		of penjury, I declare that I have examined this form, and complete, and that I am authorized to prepare this for	including acco		ne best of	my knowled	ige and belief,
	•	OV		_			,
Signatu	re 🕨	Land Hamon		Title ▶ CPA	Date ►	2-10	//
		RIPPEN, REID & BOWEN, L.L.C.					(Rev 1-2011)
		528 - 47TH AVENUE			,		
		OLINE, IL 61265					
		•					

J5A

9F8055 4 000