Note: Amended Return

Note: 1023 Application in Process

990-T		Exempt Organization Business Income Tax Return								OMB No. 1545-0687		
Form JJU-		(and proxy tax under section 6033(e))								2006		
Department of the Treasury		For calendar year 2006 or other tax year beginning, 2006, and								Open	to Public Insp	ection
Internal Revenue Service ending , 20 . ▶ See se					See ser	parate	instruct		f		c)(3) Organizati	
A \Box	A U address changed										r identification i trust, see instructions	
	Exempt under section Open Source Matters, Inc.									page 9.)		
✓	501(^C) (³)	Or 4005 D 1 E147/00 I W 11)8
	408(e) 220(e)	Type	1995 Broadway, FL 17/ CO James Vasile			d business active ctions for Block E of	-					
님	408A 530(a) Specific City of town, state, and ZIP code											
C Box	□ 529(a) New York, NY 10023-5882 C Book value of all assets F Group exemption number (See instructions for Block F on page 9.) ▶											
at e	at end of year										t Othe	er trust
нг	# Describe the organization's primary unrelated business activity. ► Advertising Income										ot 🗀 Otile	er trust
			e corporation a subsidiary in an affiliated g					atrolled (aroun')	N □ V	
			d identifying number of the parent corpora			เเ-รนมรเ	diary co	ntrolled (group	· .	✓ L Yes	✓ No
			► Shayne Bartlett	20011.		Te	lephone	numbe	er 🕨	(618	3) 9841 2	2166
Pai			de or Business Income		(A) I	ncome		(B) Exp			(C) Net	
	Gross receipts				,			.,			· · ·	
b			cesc Balance ▶	1c								
2			chedule A, line 7)	2								
3	_	-	line 2 from line 1c	3								
4a	•		e (attach Schedule D)	4a								
b	· -		'97, Part II, line 17) (attach Form 4797)	4b								
C	Capital loss ded			4c								
5	•		hips and S corporations (attach statement)	5								
6	Rent income (Se	-		6								
7	· · · · · · · · · · · · · · · · · · ·		d income (Schedule E)	7								
8			yalties, and rents from controlled									
	organizations (S			8								
9	- :		f a section 501(c)(7), (9), or (17)									
	organization (S			9								
10	Exploited exempt activity income (Schedule I)											
11	Advertising income (Schedule J)								0		53,20	9
12	2 Other income (See page 11 of the instructions; attach schedule.) 12											
	13 Total. Combine lines 3 through 12										53,20	9
Pal			tributions, deductions must be dire									
	•		·								income.)	
14			ers, directors, and trustees (Schedule							14 15		
15										16		
16			nce							17		
17										18		
18 19			le)							19	4,69	9
									· -	20	.,00	
20 21			orm 4562)									
22	Less denreciation	n clain	ned on Schedule A and elsewhere on	retur	n 2	22a				22b		
23	•									23		
24										24		
25										25		
26										26		
27			ts (Schedule J)						· -	27		
28			ch schedule)							28		
29			I lines 14 through 28							29		0
30										30	48,51	0
31	· · · ·									31		0
32			able income before specific deductio						. L	32	48,51	0
33	Specific deduct	ion (Ge	nerally \$1,000, but see line 33 instruc	ctions	for exce	ptions	.)		.	33	1,00	0
34			axable income. Subtract line 33 from									
	32, enter the sn	naller o	f zero or line 32						.	34	47,51	0

Par	t III	Tax Computation								
35	Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									
а	Enter y									
h	(1) \(\bigs\) (2) \(\bigs\) (3) \(\bigs\) Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \(\bigs\)									
b										
С	(2) Additional 3% tax (not more than \$100,000)								7,127	,
36	Trusts									
		ount on line 34 from:						36		
37	Proxy tax. See page 16 of the instructions									
38	Alternative minimum tax									
39		39	7,127	'						
	t IV	Tax and Payments								_
40a	_	tax credit (corporations atta			,,,,, , , , , , , , , , , , , , , , ,	40a		-		
b		credits (see page 17 of the	·			40b		-		
С		business credit. Check he				100				
		n 3800				40c 40d		-		
		for prior year minimum tax	·					40e	0	
e		credits. Add lines 40a through	_					41	7,127	_
41 42		ct line 40e from line 39 \cdot . Kes. Check if from: \Box Form 425					h aabadula\	42		
43		ax. Add lines 41 and 42.				JOHNEI (ALIACI	ii scriedule) .	43	7,127	,
44a					I	44a				
b	446 0.052									
С		posited with Form 8868 .				44c				
d		n organizations: Tax paid or								
е	Backup	withholding (see instruction	ons)			44e				
f	Credit	for federal telephone excis	e tax paid (attach Fo	orm 8913)		44f				
g		credits and payments:	☐ Form 2439							
		m 4136				44g		-		
45		payments. Add lines 44a th						45	0	
46		ted tax penalty (see page 4						46 47	0	+
47 48		ie. If line 45 is less than the ayment. If line 45 is larger					>	48	925	
40 49	•	e amount of line 48 you want:			,		Refunded >	49	0	_
Par		Statements Regarding							ge 18)	
1	•	time during the 2006 calend	dar vear did the ord	anization h	nave an interes	et in or a s	ianature or a	other a	ıthority Yes	No
•		financial account (bank, se								
		D F 90-22.1. If YES, enter								✓
2	During t	he tax year, did the organizati	on receive a distribution	on from, or	was it the grant	tor of, or tra	ansferor to, a	foreign	trust? .	✓
		see page 5 of the instruct								
3		he amount of tax-exempt in			<u> </u>					
		A—Cost of Goods Sold	_							+
1		ory at beginning of year	1	6	Inventory at e	nd of year	r	6		
2	Purchases									
3	o nom line 5. Litter here and in						7			
4a		nal section 263A costs	4a	I	Do the rules				ect to Yes	No No
b		schedule) costs (attach schedule)	4b	I	property prod		•			110
5		Add lines 1 through 4b	5		to the organi					
	Unde	er penalties of perjury, I declare that I ha		luding accomp	anying schedules an	nd statements,	and to the best of			it is true,
Sig	II k	ct, and complete. Declaration of prepa	rer (other than taxpayer) is b	ased on all info	ormation of which p	reparer has an		May the ID	C discuss thist	uro udala
Hei					President		:	the prepare	S discuss this retuer shown below (se	ee
	Sign	ature of officer	Date	7	Γitle		L	instructions		
Paid		Preparer's			Date		eck if	Prepare	er's SSN or PTIN	1
	arer's	signature	S				f-employed 🗸		P00747521	
Use	Only yours if self-employed), Sean M. MIIIS, CPA						Phone no.	(315) 857-038	 8.8
		address, and ZIP code	ncopiechase Lane, Da		, ITI 1002 <i>1</i>		FIIOHE IIO.	(010	, 001-000	J U

Form 990-T (2006) Page **3**

Schedule C—Rent Inco (see instructions on page	-	al Proper	ty and Perso	nal Prope	erty L	eased With Real	l Pr	operty)		
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent receive	ed or accrued	I							
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		Total								
Total income. Add totals of co		?(b). Enter			Total deductions. Enter here and on page 1, Part I, line 6, column (B) . ▶					
Schedule E—Unrelated	Debt-Finance	ed Incom	e (see instruction	ons on pag	e 20)					
1 Description of de	ebt-financed property	у	2 Gross inco			Deductions directly con debt-finance		roperty		
			prop		(a) S	traight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)							+			
(2)										
(3)										
(4)										
A Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	allocable to debt-financed debt-finance		divide	6 Column 4 divided by column 5		ross income reportable blumn 2 × column 6)	8 Allocable deductions (column 6 × total of column 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals				•		here and on page 1, l, line 7, column (A).		ter here and on page 1, rt I, line 7, column (B).		
Total dividends-received ded	uctions included	in column 8								
Schedule F—Interest, A	nnuities, Roya	alties, and	Rents From	Controlle	d Or	ganizations (see i	nstr	uctions on page 21)		
			mpt Controlled							
1 Name of Controlled Organization	2 Employer Identification Num	ber 3 Net	unrelated income (see instructions)	4 Total of specific payments made		5 Part of column 4 that		lling connected with income		
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Orga	anizations	l		1				ı		
7 Taxable Income 8 Net unrelated income (loss) (see instructions)			9 Total of specified payments made			10 Part of column 9 that included in the controll organization's gross included	ling	11 Deductions directly connected with income in column 10		
(1)										
(2)										
(3)										
(4)										
			,			Add columns 5 and 10 Enter here and on page Part I, line 8, column (A	e 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).		
Totals										

Schedule G—Investment In (see instructions on page 22)	come of a Sec	tion 50)1(c)(7),	(9), or (17) Or	ganization				
1 Description of income	2 Amount of income		dire	Deductions ctly connected ach schedule)	4 Set-aside (attach sched		and s	otal deductions set-asides (col. 3 plus col. 4)	
(1)			(411	40 00044.0,				.,	
(2)									
(3)									
(4)									
(7)	Enter here and on Part I, line 9, colun							re and on page 1, le 9, column (B).	
Totals ▶									
Schedule I—Exploited Exer	npt Activity Inc	ome,	Other T	han Advertisir	ng Income				
(see instructions on page 22)									
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	xpenses outable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals	•		. ,						
Schedule J—Advertising In	come (see instru	ctions	on page	23)					
Part I Income From Pe					is				
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) www.joomla.org	53,209		0		0		0		
(2)									
(3)									
(4)									
(1)									
Totals (carry to Part II, line (5)) .									
Part II Income From Percolumns 2 through	riodicals Repo			parate Basis	(For each peri	odical	listed in	n Part II, fill in	
(1)			,						
(2)	1			1					
(3)	+			 					
(4) (5) Totals from Part I									
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)									
Schedule K—Compensation		irecto	rs, and	Trustees (see	instructions on p	page 23	3)		
1 Name			2 Title		3 Percent of time devoted to business	ercent of devoted to 4 C		on attributable to	
					9	6			
						6			
						6			
						6			
Total. Enter here and on page 1, Pa	art II, line 14					>			