

**U.S. Income Tax Return
 for Certain Political Organizations**

2009

For calendar year 2009 or other tax year beginning _____, 2009, and ending _____, 20

Check the box if this is a section 501(c) organization

Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return	Name of organization _____ Number, street, and room or suite no. (If a P.O. box, see page 5 of instructions.) _____ City or town, state, and ZIP code _____	Employer identification number _____ Candidates for U.S. Congress Only If this is a principal campaign committee, and it is the ONLY political committee, check here <input type="checkbox"/> If this is a principal campaign committee, but is NOT the only political committee, check here and attach a copy of designation (See instructions on page 2.) <input type="checkbox"/>
--	---	--

Income	1	Dividends (attach schedule)	1	
	2	Interest	2	
	3	Gross rents	3	
	4	Gross royalties	4	
	5	Capital gain net income (attach Schedule D (Form 1120))	5	
	6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7	Other income and nonexempt function expenditures (see instructions)	7	
	8	Total income. Add lines 1 through 7	8	
Deductions	9	Salaries and wages	9	
	10	Repairs and maintenance	10	
	11	Rents	11	
	12	Taxes and licenses	12	
	13	Interest	13	
	14	Depreciation (attach Form 4562)	14	
	15	Other deductions (attach schedule)	15	
	16	Total deductions. Add lines 9 through 15	16	
Tax	17	Taxable income before specific deduction of \$100 (see instructions). Section 501(c) organizations show:		
		a Amount of net investment income	▶	
		b Aggregate amount expended for an exempt function (attach schedule)	▶	17c
	18	Specific deduction of \$100 (not allowed for newsletter funds defined under section 527(g))	18	
	19	Taxable income. Subtract line 18 from line 17c. (If line 19 is zero or less, see the instructions.)	19	
	20	Income tax. (see instructions)	20	
	21	Tax credits. (Attach the applicable credit forms.) (see instructions)	21	
	22	Total tax. Subtract line 21 from line 20	22	
		a Tax deposited with Form 7004	23a	
		b Credit for tax paid on undistributed capital gains (attach Form 2439)	23b	
	c Credit for federal tax on fuels (attach Form 4136)	23c		
	d Total payments. Add lines 23a through 23c	23d		
24	Tax due. Subtract line 23d from line 22. See instructions on page 4 for depository method of payment	24		
25	Overpayment. Subtract line 22 from line 23d	25		

Additional Information	1	At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name of the foreign country ▶ _____
	2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520		<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	Enter the amount of tax-exempt interest received or accrued during the tax year	▶	\$ _____
	4	Date organization formed	▶	_____
	5a	The books are in care of	▶	_____
	c The books are located at	▶	_____	
	b Enter name of candidate	▶	_____	
	d Telephone No.	▶	_____	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____	Date _____	Title _____

May the IRS discuss this return with the preparer shown below (see page 3)? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____		EIN _____ Phone no. _____	