



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



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

For calendar year 2008 or other tax year beginning 01/01, 2008, and ending 12/31, 2008 See separate instructions

A  Check box if address changed

Name of organization (  Check box if name changed and see instructions )

D **Employer identification number**  
(Employees' trust, see instructions for Block D on page 9)

B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type

**INSTITUTE FOR AGRICULTURE AND TRADE POLICY**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions

**36-3501938**

**2105 FIRST AVENUE SOUTH**

City or town, state, and ZIP code

E **Unrelated business activity codes**  
(See instructions for Block E on page 9)

**MINNEAPOLIS, MN 55404**

**531120**

C Book value of all assets at end of year

F Group exemption number (See instructions for Block F on page 9)

**7,842,946.**

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity **RENTAL INCOME**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of **RICKI MCMILLAN** Telephone number **612-870-3451**

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances <span style="float:right">c Balance ▶</span>	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6 66,047.	73,916.	-7,869.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 11 of the instructions, attach schedule)	12		
13 Total Combine lines 3 through 12	13 66,047.	73,916.	-7,869.

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

4 Compensation of officers, directors, and trustees (Schedule K)	14		
5 Salaries and wages	15		
6 Repairs and maintenance	16		
7 Bad debts	17		
8 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	NONE	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b NONE
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		NONE
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-7,869.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32		-7,869.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-7,869.

243  
AUG 2 2009  
10:00 AM

SCANNED SEP 14 2009

12

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions on page 19)

**1 Description of property**

(1) OFFICE RENT

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	
(1)	66,047.	SEE STATEMENT 1
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total 66,047.</b>	<b>(b) Total deductions</b> Enter here and on page 1, Part I, line 6, column (B) . . . ▶ <b>73,916.</b>

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . . ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	

SCHEDULE C - RENT INCOME DEDUCTIONS

OFFICE RENT

RENT EXPENSE

73,916.

TOTAL

73,916.

INSTITUTE FOR AGRICULTURE AND TRADE POLICY  
EIN: 36-3501938

A STATEMENT ATTACHED TO AND MADE PART OF  
EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (990-T)  
FOR THE TAX YEAR ENDED DECEMBER 31, 2008

NOL Generated in Year Ended 12/31/00	9,900
NOL Generated in Year Ended 12/31/01	21,211
NOL Generated in Year Ended 12/31/02	9,552
NOL Generated in Year Ended 12/31/03	6,143
NOL Generated in Year Ended 12/31/04	2,807
NOL Generated in Year Ended 12/31/05	4,832
NOL Generated in Year Ended 12/31/06	21,421
NOL Generated in Year Ended 12/31/07	2,028
	<hr/> <hr/>
	77,894

**INSTITUTE FOR AGRICULTURE AND TRADE POLICY**  
**EIN: 36-3501938**

**ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD**

Taxpayer incurred a net operating loss in the tax year ended 12/31/2008, and is entitled to a two-year carryback of the loss under IRC Sec. 172(b)(1)(A). Pursuant to IRC Sec. 172(b)(3), taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

**ELECTION TO WAIVE NOL CARRYBACK PERIOD**

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1 Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

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	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising 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)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising 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)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals</b> , Part II (lines 1-5) . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
<b>Total</b> , Enter here and on page 1, Part II, line 14 . . . . . ▶			

**Part 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

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) . . . . . \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) . . . . . \_\_\_\_\_

**c** Income tax on the amount on line 34 . . . . . **35c** \_\_\_\_\_

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax on the amount on line 34 from  Tax rate schedule or  Schedule D (Form 1041) . . . . . **36** \_\_\_\_\_

**37 Proxy tax** See page 16 of the instructions . . . . . **37** \_\_\_\_\_

**38 Alternative minimum tax** . . . . . **38** \_\_\_\_\_

**39 Total** Add lines 37 and 38 to line 35c or 36, whichever applies . . . . . **39** \_\_\_\_\_

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . . . . . **40a** \_\_\_\_\_

**b** Other credits (see page 17 of the instructions) . . . . . **40b** \_\_\_\_\_

**c** General business credit Attached Form 3800 . . . . . **40c** \_\_\_\_\_

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . . **40d** \_\_\_\_\_

**e** Total credits. Add lines 40a through 40d . . . . . **40e** \_\_\_\_\_

**41** Subtract line 40e from line 39 . . . . . **41** \_\_\_\_\_

**42** Other taxes Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) . . . . . **42** \_\_\_\_\_

**43** Total tax Add lines 41 and 42 . . . . . **43** \_\_\_\_\_

**44 a** Payments A 2007 overpayment credited to 2008 . . . . . **44a** \_\_\_\_\_

**b** 2008 estimated tax payments . . . . . **44b** \_\_\_\_\_

**c** Tax deposited with Form 8868 . . . . . **44c** \_\_\_\_\_

**d** Foreign organizations Tax paid or withheld at source (see instructions) . . . . . **44d** \_\_\_\_\_

**e** Backup withholding (see instructions) . . . . . **44e** \_\_\_\_\_

**f** Other credits and payments  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **44f** \_\_\_\_\_

**45** Total payments Add lines 44a through 44f . . . . . **45** \_\_\_\_\_

**46** Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached  **46** \_\_\_\_\_

**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . **47** \_\_\_\_\_ **NONE**

**48** Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . **48** \_\_\_\_\_ **NONE**

**49** Enter the amount of line 48 you want **Credited to 2009 estimated tax**  **Refunded**  **49** \_\_\_\_\_ **NONE**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here **AUSTRIA, SWITZERLAND** **Yes**  **No**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . **Yes**  **No**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$** \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year . . . . . <b>1</b> _____	<b>6</b> Inventory at end of year . . . . . <b>6</b> _____
<b>2</b> Purchases . . . . . <b>2</b> _____	<b>7</b> Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2. . . . . <b>7</b> _____
<b>3</b> Cost of labor . . . . . <b>3</b> _____	
<b>4 a</b> Additional section 263A costs (attach schedule) . . . . . <b>4a</b> _____	
<b>b</b> Other costs (attach schedule) . . . . . <b>4b</b> _____	
<b>5</b> Total Add lines 1 through 4b . . . . . <b>5</b> _____	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . . <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>

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

**Sign Here**  *Rini Melo* | 8-14-09 |  Finance Officer

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature **Wendy S. Hansen** Date **8/14/09** Check if self-employed  Preparer's SSN or PTIN **P00956490**

Firm's name (or yours if self-employed), address, and ZIP code **SCHECHTER DOKKEN KANTER CPA'S** EIN **41-1680240**  
**100 WASHINGTON AVE SO #1600** Phone no **612-332-5500**  
**MINNEAPOLIS, MN 55401-2192**