TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING DECEMBER 31, 2013

PREPARED FOR:

DRUPALCON, INC. THE DRUPAL ASSOCIATION 209 SW OAK ST., #100 PORTLAND, OR 97204

PREPARED BY:

MCDONALD JACOBS, P.C. 520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204

AMOUNT DUE OR REFUND:

OVERPAYMENT OF \$2,077. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2014

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

Form 990-T	Exempt Organization Business Income Tax Return							
	(and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning, and ending							
		—·	ZU 13					
Department of the Treasury Internal Revenue Service	▶ [. 50	pen to Public Inspection for 1(c)(3) Organizations Only er identification number					
A X Check box if address changed		(Employ instruct	yees' trust, see ions.)					
B Exempt under section		DRUPALCON, INC. THE DRUPAL ASSOCIATION		-1138640				
X 501(c)(3)		Number, street, and room or suite no. If a P.O. box	, see ins	tructions.			ed business activity codes structions.)	
408(e) 220(e		209 SW OAK ST., #100						
408A 530(a		City or town, state or province, country, and ZIP or	foreign	postal code				
529(a) C Book value of all assets	529(a) PORTLAND, OR 97204 5							
at end of year		exemption number (See instructions.)		501(c) trust	401(a) trust		Other trust	
1,988,926.	G Check	organization type X 501(c) corporation y unrelated business activity. ADVERTI	STNG	REVENUES F			Other tract	
H Describe the organizati	on's primar	y unrelated business activity. ADVERTE	t ouboid	iory controlled group?	▶	Yes	X No	
		ration a subsidiary in an affiliated group or a paren	t-subsid	iary controlled group?		103	[22] 110	
If "Yes," enter the name	and identif	ying number of the parent corporation. RIS KLINKHAMMER		Talanhor	ne number 🕨 ((503)	405-1159	
Dart I I I I I I I I I I I I I I I I I I I	d Trade	e or Business Income	T	(A) Income	(B) Expense		(C) Net	
		e of Busiliess meetine		(r) meeme		En T		
1a Gross receipts or sa	Section 1.	c Balance▶	1c					
b Less returns and all			2					
		A, line 7) m line 1c	3					
		Form 8949 and Schedule D)	4a					
		rt II, line 17) (attach Form 4797)	4b					
			4c					
		S and S corporations (attach statement)	5			2270		
	modific (1000) if one particle of the particle							
	Neilt illcome (Schedule 6)							
	Officialed debt-inflation flooring (octoodis 2)							
	Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9							
			10					
	Exploited excernit activity income (consistent)						276,432.	
	Advertising mounts (consider of							
12 0116 Income (occ instruction, data)							276,432.	
Part II Deducti	ons Not	Taken Elsewhere (See instructions for						
(Except fo	r contribut	tions, deductions must be directly connected	with th	e unrelated business i	ncome.)			
		ectors, and trustees (Schedule K)				14		
		sotors, and a discoss (contoducts)				15	25,385.	
						16		
						17		
						18		
						19	25,039.	
20 Charitable contribu	and the state of t							
		62)						
22 Less depreciation	claimed on	Schedule A and elsewhere on return		22a		22b		
23 Depletion	oldii i i o o o i i					23		
						24		
27 Excess readership costs (Schedule J)								
		es 14 through 28				29	50,424.	
		come before net operating loss deduction. Subtrac				30	226,008.	
	1 00							
		come before specific deduction. Subtract line 31 fr				32	226,008.	
		\$1,000, but see instructions for exceptions.)					1,000.	
34 Unrelated busines	ss taxable i	income. Subtract line 33 from line 32. If line 33 is	greater t	than line 32, enter the sm	aller of zero or			
						34	225,008.	
		Reduction Act Notice, see instructions.					Form 990-T (2013)	

Form 990-T (2013)

THE DRUPAL ASSOCIATION

Part II	Tax Computation		
	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
U	(2) Additional 3% tax (not more than \$100,000)		
	Income tax on the amount on line 34	▶ 35c	71,003.
C	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	THE SERVICE	
36	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
		37	
	Proxy tax. See instructions		
	Alternative minimum tax		71,003.
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	35	7270000
	V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	-	
	Other credits (see instructions)	_	
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 40a through 40d		71 002
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	41	71,003.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	dule) 42	T4 000
43	Total tax. Add lines 41 and 42	43	71,003.
	Payments: A 2012 overpayment credited to 2013 44a 18,55	4.	
	2013 estimated tax payments 44b 54 , 48	16.	
	Tax deposited with Form 8868 44c		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (Attach Form 8941)		
9	Other credits and payments: Form 2439 Other Total ► 44g		
4E	Total payments. Add lines 44a through 44g	45	73,080.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
46	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		
47	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		2,077.
48	Enter the amount of line 48 you want: Credited to 2014 estimated tax 2,077. Refunded	49	0.
Part \	Enter the amount of the Toy of Walter Country of the Country of th		
Part	any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a finance	al account (bank. Yes No
1 At a	urities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank ar	d Financial	
		d i marrorar	X
2 Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file.		X
2 If YE	S, see instructions for other forms the organization may have to file.		
3 Ente	er the amount of tax-exempt interest received or accrued during the tax year Sule A - Cost of Goods Sold. Enter method of inventory valuation N/A		
-	100 No. 100 No	6	
1 Inve	entory at beginning of year 1 6 Inventory at end of year		
	chases 2 7 Cost of goods sold. Subtract line 6	7	
3 Cos	st of labor grown line 5. Enter here and in Part I, line 2		Van Na
4a Add	itional section 263A costs (att. schedule) 4a B Do the rules of section 263A (with respect to		Yes No
b Oth	property produced or acquired for resale) apply t	0	
5 Tot	al. Add lines 1 through 4b 5 the organization?		I halief it is true
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my locorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	mowledge and	Dellei, it is true,
Sign			RS discuss this return with
Here	TREASURER	_	rer shown below (see
	Signature of officer Date Title	-	ns)? X Yes No
	Print/Type preparer's pame Preparer's signature Date Check	- 32 E	TIN
Paid	7/2// self- emp	loyed	
Prepa	SANG AHN		00540880
Use (Firm's name MCDONALD JACOBS, E.C. Firm's E	N > .	93-0900579
056 (520 SW YAMHILL ST., STE 500	AND CONTRACTOR OF STREET	
	Firm's aduless PORTLAND, OR 97204 Phone n	o. (503	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
			Form 990-T (2013)

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Form 990-T (2013) THE DRUPAL ASSOCIATION

Schedule C - Rent Incor	me (Fror	n Real I	Property	y and	Personal P	roperty	Leased	With	Real Prop	perty	(see instructions)
1. Description of property											
(1)											
(2)											
(3)											
(4)											
ASSETTING THE RESIDENCE OF THE PROPERTY OF THE	2.		ed or accrued		nd personal property	(if the percer	otage	3(a) 🗅	eductions direct	ly conn	ected with the income in
(a) From personal property (if t rent for personal property i 10% but not more than	is more than	от	(D) Fr	rent for pe	ersonal property is based on profit o	eeds 50% or	if	304.550	columns 2(a)	and 2(b) (attach schedule)
(1)											
(2)											
(3)											
(4)		0	T				0.				
Total		0.	Total				0.	(b) Tota	I deductions.		
(c) Total income. Add totals of col							0.	Enter here	e and on page 1, e 6, column (B)	-	0.
here and on page 1, Part I, line 6, c Schedule E - Unrelated	Dobt Fi	nancad	Income	loop i	inetructions)		0.	rarti, iiie	o, column (b)		
Schedule E - Unrelated	Dept-Fil	nanceu	IIICOIIIE	(see i	T T T T T T T T T T T T T T T T T T T			3 Dedu	ctions directly co	nnecte	d with or allocable
					2. Gross inc				to debt-fina	nced pr	roperty
1. Description of	debt-financed	property			or allocable financed p		(a)		e depreciation schedule)		(b) Other deductions (attach schedule)
/4)											
(1)											
(2)											
(3)											
(4)		5 Average	adjusted bas	sis	6. Column 4	4 divided			s income		8. Allocable deductions
debt on or allocable to debt-financed of or property (attach schedule) debt-fin		allocable to inced property h schedule)		by column 5				rtable (column x column 6)		(column 6 x total of columns 3(a) and 3(b))	
(1)		11				%	0				
(2)						%	ó			_	
(3)						9/	0			_	
(4)						%	6			_	
									nd on page 1, 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals										0.	0
											0
Total dividends-received deducti Schedule F - Interest, A	nnuities	, Royal	ties, and					ization	ns (see in	struc	tions)
				Exemp	ot Controlled O	rganizatio T	Protection				
1. Name of controlled organizati	on	Employer id num	lentification		3. nrelated income (see instructions)		4. of specified ents made	incl	Part of column 4 uded in the contr nization's gross i	olling	Deductions directly connected with income in column 5
(1)											
(2)											
(3)								_			
(4)											
Nonexempt Controlled Organiz	zations									2020	
7. Taxable Income 8. Net unrelated income (loss) (see instructions)			Total of specified payments made 10. Part of in the column.		in the cor	of column 9 that is included controlling organization's gross income		11.	Deductions directly connected with income in column 10		
(1)				_							
(2)											
(3)											
(4)											
							Enter here	columns 5 e and on pa e 8, colum	age 1, Part I,	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
							241				0
Totals						>			0.		
323721 12-12-13											Form 990-T (201

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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

1. Descri		2. Amount of income	3. Deduction directly connect (attach schedu	cted 4.	Set-asides ch schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)					(attach concor	uio)		
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
			ľ	att, me o, ociami (y				
Totals				0.	11.0			0.
Schedule I - Exploited I	Exempt Activ	ty Income	e, Other	Than Advertisin	g Income			
(see instru	ctions)							
1. Description of exploited activity	2. Gross unrelated business income from trade or business	elated business with pro		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	Gross inco from activity to is not unrelate business inco	hat attr	Expenses ibutable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)				1				
(2)								
(3)								
(4)								Enter here and
	Enter here and on page 1, Part I, line 10, col. (A).	page 10	re and on 1, Part I, , col. (B).					on page 1, Part II, line 26.
Totals			0.					0.
Schedule J - Advertisin	ng Income (s	e instruction	ns)	olidated Basis				
Part I Income From I	Periodicais N	eported o	n a Cons	olidated basis	- 41			
1. Name of periodical	2. Gro advertis incom	ing adv	3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulat income		leadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) WEBSITE								
(2) ADVERTISING								
(3) REVENUE	276,4	32.	0			0.	0.	
(4)								
Totals (carry to Part II, line (5))	▶ 276,4	32.	0	276,432				0.
Part II Income From I	Periodicals R	eported o	n a Sepa	rate Basis (For	each periodica	al listed in Par	t II, fill in	
columns 2 through	7 on a line-by-line	basis.)						
1. Name of periodical	2. Gro advertis incon	ing adv	3. Direct vertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circula income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)							_	
(4)								0
Totals from Part I	276, Enter here page 1, F	and on Ent art I, p	er here and on age 1, Part I, le 11, col. (B).					Enter here and on page 1, Part II, line 27.
	line 11, c	122	0					0.
Totals, Part II (lines 1-5)	▶ 276,	±34.			instructions)			
Totals, Part II (lines 1-5)	▶ 276,	ers, Dire	ctors, an	d Trustees (see		3. Percent of		ensation attributable
Schedule K - Compens	▶ 276,	ers, Dire	ctors, an	2. Title		me devoted to business		ensation attributable related business
Schedule K - Compens	≥ 276, sation of Office	cers, Dire	ctors, an	Water Water		me devoted to business %		
1. (1)	≥ 276, sation of Office	cers, Dire	ctors, an	Water Water		me devoted to business %		
Schedule K - Compens	≥ 276, sation of Office	cers, Direc	ctors, an	Water Water		me devoted to business %		
1. r	≥ 276, sation of Office	cers, Dire	ctors, an	Water Water		me devoted to business %		

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

OMB No. 1545-0175

Department of Internal Revenue Service

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

	DRIDAT CON TNC					Employer identification number
vame	DRUPALCON, INC. THE DRUPAL ASSOCIATION					27-1138640
_	Note: See the instructions to find out if the corporation is a small corporation exempt					
	from the alternative minimum tax (AMT) under section 55(e).					
	from the alternative minimum tax (xmm) and election es(s).					
1	Taxable income or (loss) before net operating loss deduction				1	225,008.
2	Adjustments and preferences:			3000-00000		
	Depreciation of post-1986 property				2a	
b	Amortization of certified pollution control facilities				2b	
C	Amortization of mining exploration and development costs				2c	
d	Amortization of circulation expenditures (personal holding companies only)				2d	
e	Adjusted gain or loss				2e	
f	Long-term contracts				2f	
α.	Merchant marine capital construction funds				2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)				2h	
i	Tax shelter farm activities (personal service corporations only)				2i	
	Passive activities (closely held corporations and personal service corporations only)				2j	
k	Loss limitations				2k	
î	Depletion				21	
m	Tax-exempt interest income from specified private activity bonds				2m	
n	Intangible drilling costs				2n	
0	Other adjustments and preferences				20	005 000
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	225,008.
4	Adjusted current earnings (ACE) adjustment:					
	ACE from line 10 of the ACE worksheet in the instructions	4a		225,008.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a					
	negative amount (see instructions)	4b		0.		
С	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c				
	Enter the excess, if any, of the corporation's total increases in AMTI from prior					
	year ACE adjustments over its total reductions in AMTI from prior year ACE					
	adjustments (see instructions). Note: You must enter an amount on line 4d					
	(even if line 4b is positive)	4d				
е	ACE adjustment.	,				
	 If line 4b is zero or more, enter the amount from line 4c 					0
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount				4e	225,008.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT				5	225,000.
6	Alternative tax net operating loss deduction (see instructions)				6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residua	al		-	225 008
	interest in a REMIC, see instructions				7	225,008.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	ine 8c):				
а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	1 . 1		75 000		
	group, see instructions). If zero or less, enter -0-	8a		75,008. 18,752.	-	
b	Multiply line 8a by 25% (.25)	8b		18,752.	-	
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	lled			0-	21,248.
	group, see instructions). If zero or less, enter -0-				8c	203,760.
9	Subtract line 8c from line 7. If zero or less, enter -0-				9	40 750
10	Multiply line 9 by 20% (.20)				10	
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)				11	40 000
12	Tentative minimum tax. Subtract line 11 from line 10				12	E1 000
13	Regular tax liability before applying all credits except the foreign tax credit				13	71,005.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and or	п		14	0.
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	n			1 14	Form 4626 (2013)
JWA	For Paperwork Reduction Act Notice, see separate instructions.					1 01111 4020 (2010)

317001 11-26-13

Adjusted Current Earnings (ACE) Worksheet

	➤ See ACE Worksheet In	structions.		
				225,008.
1 Pre-adjustment AMTI. Enter the amount from line	3 of Form 4626		1	225,000.
2 ACE depreciation adjustment:		2a		
a AMT depreciation				
b ACE depreciation:				
(1) Post-1993 property				
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1) three				
c ACE depreciation adjustment. Subtract line 2b(7) to	rom line 2a		2c	
3 Inclusion in ACE of items included in earnings and		1 1		
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts				
c All other distributions from life insurance contract				
d Inside buildup of undistributed income in life insu	rance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(d	0100			
for a partial list)				
f Total increase to ACE from inclusion in ACE of ite	3f			
4 Disallowance of items not deductible from E&P:				
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of publi				
under section 247				
c Dividends paid to an ESOP that are deductible un				
d Nonpatronage dividends that are paid and deduct				
1382(c)	4d			
e Other items (see Regulations sections 1.56(g)-1(
partial list)	-//-///	4e		
f Total increase to ACE because of disallowance of	items not deductible from E&P. Ad	ld lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&		500 March 1990 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		
		5a		
(T) (1980 - 1981 -		F		
d LIFO inventory adjustments		5d	0.0	
e Installment sales				
f Total other E&P adjustments. Combine lines 5a tl	arough 5e		5f	
	noogn oo		6	
	for qualified foreign contracts		7	
7 Acquisition expenses of life insurance companies	ioi qualifica foroigii contracto		8	
and the second s	m sale or exchange of pre-1994 pr	operty	9	
	3f 4f and 5f through 9. Enter the	result here and on line 4a of		3 55 Fatigues
Form 4626	on in an or an oagh of 2		10	225,008.