Form 990-T		E>	empt Organization B (and proxy tax u	ırn	OMB No. 154	No. 1545-0687				
Department of the Treasury Internal Revenue Service		For cale	ndar year 1994 or other tax year beginn ▶ See sepa	19	199	4				
Check box if			Name of organization	D Employ	D Employer identification number					
A ☐ address changed B Exempt under section		Please		(Employee	es' trust, see instruction	s for Block D.				
501()() or 408(e)		Print or	Number, street, and room or suite no. (If							
		Туре						4	ed business activ	ity codes
C Boo	ok value of all assets	∤	City or town, state, and ZIP code					(see instr	ructions for Block E)	
at e	end of year	F Grou	un exemption number (see instru	ctions for	· Plack E	1 .			1 1	
<u>-</u>	Shock type of ord		up exemption number (see instru	501(c)			n 401(a) tru:	~+	Section 408(a	a) truct
	31	<u> </u>						st 🗀	36011011 4000	a) iiusi
п	bescribe the orga	mizations	s primary unrelated business acti	vity. (See	mstructio	OHS TOLE	SIOCK H.)			
	Ouring the tax year.	was the c	corporation a subsidiary in an affiliate	ed aroup a	r a parent	t-subsidiar	v controlled o	ıroup?	▶ ☐ Yes	П
	f "Yes," enter the r	name and	identifying number of the parent corp	ooration. (See instru	ctions for	Block I.) ►	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	103	
Pa	rt I Unrelat	ed Trade	e or Business Income		(A) In	ncome	(В) Ехр	enses	(C) Net	t
1a	Gross receipts o	r sales								
b	Less returns and	allowance	sc Balance J	▶ 1c						
2	Cost of goods s	sold (Sch	edule A, line 7)							
3	Gross profit (su	btract line	e 2 from line 1c)							
4a			ttach Schedule D)							
b			, Part II, line 20) (attach Form 479)						-	
_C			or trusts							
5			erships (attach statement)							
6			C)							
7			income (Schedule E)	·						
8	organizations (S	Schedule	Ities, and rents from controlle F)	. 8						
9			a section 501(c)(7), (9), or (17 6)							
10	-		, income (Schedule I)							
11	Advertising inco	ome (Sche	edule J)							
12		Other income (see instructions—attach schedule) 12								
13			through 12)		limaltation		duations)			
Pal			ibutions, deductions must be d					husines	s income)	
11	· · · · · · · · · · · · · · · · · · ·									
14 15			s, directors, and trustees (Schedu							
16										
17										
18)							
19										
20	Charitable conti	ributions	(see instructions for limitation rul	es)				. 20		
21	Depreciation (at	tach Forr	n 4562)		2	21				
22	Less depreciation	on claime	ed on Schedule A and elsewhere	on return	1 . 2	2a		22b		
23	Depletion							. 23		
24	Contributions to	deferred	d compensation plans					. 24		
25	Employee bene	fit progra	ms					. 25		+
26			s (Schedule I)							+
27			(Schedule J)							+
28	Other deduction	ns (attach	schedule)							+
29 20			dd lines 14 through 28)							+
30 31			e income before net operating loss					,·		
31 32			ole income before specific deduc							1
33										
34			ole income (subtract line 33 from							
	enter the smalle	er of zero	or line 32					. 34		

Par	t III	Tax Computation														
35		zations Taxable as Corpo)							
	Controlled group members (sections 1561 and 1563)—check here ☐ and:															
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \[\bigs\] \[\bigs\] \[\bigs\] \[\bigs\]															
b																
	(2) additional 3% tax (not more than \$100,000)												l			
С	Income tax on the amount on line 34										35c					
36	Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount															
37	on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)															
	t IV	Tax and Payments	<u> </u>	<u> </u>				<u> </u>	•			37				
			Form 11	18: trusts at	tach F	orm	1116)	38a								
	Toroign tax create (corporations attach form 1110, trasts attach form 1110)															
		al business credit—Check i														
	☐ For	m 3800 or 🔲 Form (spec	ify) ▶					38c								
d		for prior year minimum tax						38d				-				
39		add lines 38a through 38d)										39 40				
40 41		ct line 39 from the total of cure taxes. Check if from:						36 and	37			41				
42a		tive minimum tax \(\bigs\)	FOITII	4255 <u> </u>	Fnvi	r∩nn	ıı nental tax	 . \$	•			42c				
43		ax (add lines 40, 41, 42c)										43				
44		ents: a 1993 overpayment						44a								
b	1994 e	stimated tax payments .						44b				_				
С		posited with Form 7004 or						44c				-				
d	_	n organizations—Tax paid o						44d 44e				-				
e 45		credits and payments (see ayments (add lines 44a thr										45				
46		ted tax penalty (see the ins									 1	46				
47		e—If line 45 is less than th									•	47				
48	Overpa	yment—If line 45 is larger th	nan the to	tal of lines	43 an	d 46	, enter an				. ▶	48				
49		e amount of line 48 you want						- 	- (C	Refunde		49	11 \			
Par		Statements Regarding													NI-	
1		time during the 1994 calend financial account in a foreigr												Yes	No	
		" the organization may ha								ame of t	he for	eign (country			
2		e organization the grantor								uring th	e curr	ent ta	ıx year,			
	whethe	er or not the organization ha	ad any be	eneficial in	terest	in it	?									
2		" the organization may have						4		•						
3		he amount of tax-exempt in E A—COST OF GOODS							ar ► :	>						
		ventory valuation (specify)		See manu	CHOITS	OII	page 11.)								
1		ory at beginning of year	1			6	Inventory	, at end	d of ve	ear		6				
2		ses	2				Cost of c		-							
3		flabor	3			•	from line									
4a		nal section 263A costs					line 2, Pa					7				
	•	schedule)	4a			8		Do the rules of section 263A (wit						Yes	No	
								oroperty produced or acquired for resale) apply the organization?								
		e in care of ▶	<u> </u>				Telephor	ne numb	oer ▶	(<u></u>)	· ·			1	
Plea	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and										d to the	best of my	knowled	dge and		
Sign		Decirci, it is tide, correct, and complete. Decialation of preparer (other than taxpayer) is based on all information of which preparer.								urer fids	any KHOWIE	.uye.				
Her	re \															
	Signature of officer or fiduciary							ate Title Check if				Dropo	rer's social s	Socurity	number	
Paid		Preparer's signature					Date			self- employed	▶□	Trepa	3 300Ial 3	;	nambel	
	arer's	Firm's name (or yours,					1			E.I. No.		1	<u> </u>	<u> i </u>		
Use	Only if self-employed) and address							ZIP code ▶								

SCHEDULE C—RENT (See in		ME (FROM tions on pag			RTY AND PERSONAL I	PRO	PERTY LEAS	ED WI	TH REAL PROP	PERTY)	
1 Description of property											
(1)											
(-)											
(4)		2 Rent rec	eived i	or accrued							
(a) From personal property for personal property is more than	nore tha	ercentage of rei in 10% but not	l p	ercentage of r	al and personal property (if the ent for personal property exceeds ent is based on profit or income) 3 Deductions directly connected with the incommunity columns 2(a) and 2(b) (attach schedule columns 2(a) attach schedule columns 2(a) atta						
(1)											
(2)											
(3)											
(4)											
Total			То	tal							
Total Income (Add totals here and on line 6, colum	of col	umns 2(a) and	d 2(b)	. Enter			Total dedu here and on (B), Part I, p	line 6,	column		
					NCOME (See instruction	ns o		age 1.			
SCHEDOLL L—GIVI	\LLA	ILD DEBI	-1 IIV.	AINCED II	COME (See Instruction			ectly con	nected with or alloca	ble to	
1 Description	n of deb	ot-financed prop	erty		2 Gross income from or allocable to debt-financed property		de Straight line depre (attach schedul	bt-finance	(b) Other deductions (attach schedule)		
(1)							(======================================	-,			
(-)											
(2)											
(4)											
4 Amount of average		5 Average a	diuste	nd hasis of	6						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjution or allocable to debt-financed (attach schedule)			ocable	e to property	Column 4 7 0		Gross income reposition $2 \times \text{column}$		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals						colu	er here and on mn (A), Part I,	page 1.	Enter here and or column (B), Part		
					CC AND DENTE ED					10	
		ot, ANNO LL actions on pa			ES, AND RENTS FR	OIVI	CONTROL	LED O	RGANIZATION	N 2	
(366	IIISIIL	ictions on pa	age i	3.)			4 F				
			2 G	ross income	3 Deductions of controlling	, -	4 Exe	-	rolled organizations	Τ	
1 Name and address of controlled organization(s)			fror	n controlled ganization(s)	organization directly connected with column 2 income (attach schedule)		(a) Unrelated business taxable income	as tho sec. 50	able income computed ugh not exempt under of (a), or the amount in of the amount in of the amount in	(c) column (a) divided by column (b)	
(1)						\dashv			. 3	9	
(2)						+				9	
(3)										9	
										9	
(4)	nt contr	ollod organizati								7	
(a) Excess taxable income (b) Taxable income, amount in column (a whichever is larger			, or (a),	(c) Column (a) divided by Column (b)	6 Gross income rep (column 2 × column column 5(c))			Allowable deductions mn 3 × column 4(c) or column 5(c))			
(1)		<u> </u>		%							
(2)				%							
(3)				%							
(4)				%							
5.7	1				Eptor bors and	line C	,	Enta-	horo and an line (
Totalo					Enter here and on column (A), Part I,				here and on line 8 nn (B), Part I, page		

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·	ons on page 13.)			Deductions	4 Set-aside	.s	5 Total deductions		
1 Description of income	2 Amount of income		directly connected (attach schedule)		(attach sched			et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
	Enter here and on column (A), Part I,							re and on line 9, (B), Part I, page 1.	
Totals									
SCHEDULE I—EXPLOITED (See instructio	ns on page 14.)	VITY IN	ICOME	, OTHER THA	N ADVERTISI	NG IN	COME		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ unre	penses ectly sted with ction of elated s 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	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Column totals	Enter here and on line 10, col. (A), Part I, page 1.	line 10,	re and on , col. (B), page 1.					Enter here and on line 26, Part II, page 1.	
SCHEDULE J—ADVERTISIN		e instru	ctions o	n page 14.)					
Part I Income From Pe	riodicals Repor	ted on	a Cons	solidated Basi	S				
1 Name of periodical	2 Gross advertising income		Direct ing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4) Column totals (carry to Part I line (5))									
Part II Income From Pe		ted on	a Sepa	⊥ arate Basis (Fo	r each period	ical list	ted in Pa	⊥ art II. be sure	
to fill in columns 2					or odori poriod	ioui iio		art ii, 20 3 a ro	
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Column totals, Part II	Enter here and on line 11, col. (A), Part I, page 1.	line 11,	ere and on , col. (B), page 1.					Enter here and on line 27, Part II, page 1.	
SCHEDULE K—COMPENSA		CERS.	DIREC	TORS, AND T	RUSTEES (See	e instru	ctions or	n page 14.)	
1 Name				2 Title	3 Percent of time devoted business	4.0	Compensati	ion attributable to ed business	
						%			
						%			
					-	%			
					C	%			
Total—Enter here and on line 14 Pa	art II. pago 1								