## FORM **990-T**

(Date)

## U.S. Treasury Department—Internal Revenue Service EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

(Under Section 511, of the Internal Revenue Code of 1954)

(Address)

|  | R CALENDAR YEAR 1959   | Serial No.   |
|--|--|--|
| or other taxable<br>year beginning   | 1959, and ending   | , 19   |
|  | TYPE OR PRINT PLAINLY  |  |
| NAME   |  |  |
|  |  |  |
| ADDRESS (Number and street)  |  |  |
| (6)  |  |  |
| (City or town, postal zone number, county, State)                              |  |  |
| NAME OF TRUST'S FIDUCIARY  |  |  |
| ADDRESS OF TRUST'S FIDUCIARY   |  |  |
| Nature of unrelated trade or business activity                                 | Date of exemption or determination letter and under which you are exempt   | and code section   |
| TAX COMPUTATION FOR CALEN  | DAR YEAR 1959 AND TAXABLE YEARS EI For Other Taxable Years Attach Form 990-T   |  |
|  |  |  |
| 1 Combined normal tay and austay If  | LE AS CORPORATIONS. (See General Instru  |  |
| (a) Not over \$25.000; enter 30 perce  | ent of line 31, page 2   |  |
| (b) Over \$25,000. Compute 52 per  | rcent of line 31, page 2. Subtract \$5,500. Enter  | r difference   |
| 2. If alternative tax computation is made                                      | in separate statement, enter such tax here   | s  |
| • m. 1 0 1:1   | . 1. 17 \  | l o  |
|  | ver is applicable)   |  |
|  | Toreign country or officed States possession allower   |  |
| non. (Anden Form 1110)   |  |  |
| 5. Balance of income tax (Enter here and                                       | d on line 11)  | s  |
|  |  |  |
| TRUSTS TAX   | KABLE AT INDIVIDUAL RATES. (See Gener  | at Instruction A(2))   |
|  |  |  |
| 6. Tax on line 31, page 2. (See tax tab  | ole, page 4 of the Instructions)   | \$   |
| <b>-</b>   | to the contract when well then have  | e  |
| 7. If alternative tax computation is made                                      | e in separate statement, enter such tax here   | Φ  |
| 8. Total income tax (line 6 or 7, whicheve                                     | er is applicable)  | \$   |
| Total moome tan (mie e er e) miester   |  |  |
| 9. Less: Income taxes paid to a foreign co                                     | ountry or United States possession. (Attach Form   | . 1116)  |
|  |  |  |
| 10. Balance of income tax (Enter here and                                      | d on line 11)  | \$   |
|  | TOTAL INCOME TAX   |  |
| 11 Palance of income tax due (from line)                                       | 5 or 10, whichever is applicable)  | s  |
| 11. balance of income tax due (from line                                       |  | Ι  |
| I declare under the penalties of perjume and to the best of my knowledge and b | SIGNATURE AND VERIFICATION<br>ry that this return (including any accompanying so<br>belief is a true, correct, and complete return.                          | chedules and statements) has been examined b   |
| CORPORATE SEAL   |  |  |
| (Date)   | (Signature of officer)   | (Title)  |
| I declare under the penalties of perjur  | ry that I prepared this return for the person named he best of my knowledge and belief, a true, correct, arted in this return of which I have any knowledge. | erein; and that this return (including any accor<br>and complete return based on all the information |

(Individual or firm signature)

## UNRELATED BUSINESS TAXABLE INCOME COMPUTATION

|     |  |  |                 | 1   |
|-----|--|--|-----------------|-----|
|     | e and UNRELATED TRADE OR BUSINESS GROSS INC  | OME                                      |                 |     |
|     | ruction No. UNREDATED TRADE OR BUSINESS GROSS INC.  Gross sales (where inventories     |  |                 |     |
| •   | are an income-determining Less: Returns factor)and allowances                          |  |                 |     |
|     |  |  |                 |     |
|     | Less: Cost of goods sold (from Schedule A)   | I  |                 |     |
|     | Gross profit from sales  |  |                 |     |
| 4.  | . Gross receipts (where inventories are not an income-determin-                        |  |                 |     |
|     | ing factor)  |  |                 |     |
|     | Less: Cost of operations (from Schedule B)   |  |                 |     |
|     | . Gross profit where inventories are not an income-determining factor                  | 1  |                 |     |
| 7.  | . (a) Net capital gain from cutting timber. (Attach statement)                         |  |                 |     |
|     | (b) Net ordinary loss from cutting timber. (Attach statement)                          |  |                 |     |
| 8.  | . Income (or loss) from partnerships. (Attach statement)                               |  |                 |     |
| 9.  | Business lease rents (from Schedule C)   |  |                 |     |
| 10. | Total unrelated trade or business income on lines 3, and 6 t                           | o 9, inclusive                           |                 |     |
|     | DEDUCTIONS   |  |                 |     |
| (Es | ccept contributions, deductions must be directly connected with the                    | unrelated business)                      |                 | :   |
| •   | Compensation of officers or trustees (from Schedule D)                                 |  |                 | ļ   |
|     |  |  |                 |     |
|     | Salaries and wages (not deducted elsewhere)  |  |                 |     |
|     | Rent.  |  |                 |     |
|     | Repairs (Do not include cost of improvements or capital expenditure                    |  |                 |     |
|     | Bad debts (from Schedule E)  |  |                 |     |
|     | Interest (from Schedule F)   | l l                                      |                 |     |
|     | Taxes (from Schedule G)  |  |                 |     |
|     | Contributions or gifts paid (from Schedule H)  |  |                 |     |
|     | Losses by fire, storm, shipwreck, or other casualty, or theft. (Attac                  |  |                 |     |
|     | Depreciation (from Schedule I)   |  |                 |     |
|     | Amortization (Attach schedule)   | 1  |                 |     |
|     | Depletion of mines, oil and gas wells, timber, etc. (Attach schedu                     |  |                 |     |
| 23  | Advertising  |  |                 |     |
| 24  | <ul> <li>Amount contributed under: (a) A pension, profit-sharing, stock bor</li> </ul> | nus, annuity plan                        |                 |     |
|     |  |  |                 |     |
| 25  | Other deductions authorized by law (from Schedule J)                                   |  |                 |     |
| 26  |  |  |                 | l   |
| 27  | • Unrelated business taxable income before net operating loss deduc                    | ction (line 10 less line 26)             |                 |     |
| 28  | Less: Net operating loss deduction. (Attach statement)                                 |  |                 | ļ   |
| 29  | • Unrelated business taxable income before specific exemption                          |  |                 |     |
| 30  | Less: Specific exemption   |  | 1,000           | 00  |
| 31  | • Unrelated business taxable income  |  |                 |     |
| -   | Schedule A.—COST OF GOODS SOLD. (See Instruction 2)                                    | Schedule B.—COST OF OPER                 | RATIONS         |     |
| _   | (Where inventories are an income-determining factor)                                   | (Where inventories are not an income-d   | etermining fact | or) |
| 1.  | Inventory at beginning of year   | 1. Salaries and wages                    |                 |     |
|     | Merchandise bought for manufacture or sale   | 2. Other costs (to be detailed):         |                 |     |
|     | Salaries and wages   | (a)                                      |                 |     |
|     | Other costs per books. (Attach schedule)   | (b)                                      |                 |     |
| 5.  | Total  | (c)                                      |                 |     |
| 6.  | Less: Inventory at end of year   | (d)                                      |                 |     |
|     |  | (e)                                      |                 |     |
| ¥ . | Cost of goods sold (Enter here and on line 2,  | Total (Enter here and on line 5, page 2) | į.              |     |

| Description of Leased Property                               |                      | 2. Total   | 2. Total Rent Received |                                     | 3. Taxes and Other Expenses   |   | 4. Interest   |                                  | 5. Depreciation<br>(Explain in Schedule I) |                  |  |
|--|----------------------|--|------------------------|-------------------------------------|-------------------------------|---|---|----------------------------------|--|------------------|--|
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        | <br>Contin                          | uation of Sc                  | hedul                                   | e C   | ·                                |  |                  |  |
| 6. Amount of   | Unpaid Indebtedness  | 7. Adjusted Basis of L<br>Property (Attach State | .eased 8.              | Percentage whi<br>Col. 6 Is of Col. | ich 9. Gross R<br>7 (Column 2 | ental Inco<br>x Columr                  | me 10. All<br>(8) Colum                                     | ocable Deducti<br>ns 3, 4, and 5 | ons (Total of<br>x Column 8)               | 11. Net cludible | Rental Income (or loss) In-<br>(Column 9 less Column 10) |
|  |                      |  |                        |                                     | %                             |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     | %                             |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     | %                             |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     | %                             |   |   |                                  |  |                  | <del></del>  |
|  |                      |  |                        |                                     | %                             |   |   |                                  |  |                  |  |
| Total  | <br>(Enter here and  | on line 9, page 2)                               |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  | Sched                  | ule D.—CC                           | MPENSATI                      | ON O                                    | F OFFICE  | RS                               |  |                  |  |
|  | 1. Name and          | Address of Officer                               |                        | 2.                                  | 2. Official Title             |   | 3. Time Devoted to Business                                 |                                  | Percentage of Organization<br>Stock Owned  |                  | . Amount of Compensation                                 |
|  |                      |  |                        |                                     |                               |   |   | 4. Commo                         | n 5. Prefe                                 | rred             |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  | ·  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
| Total  | compensation o       | f officers (Enter he                             | ere and                | on line 11, p                       | page 2)                       |   |   |                                  |  |                  |  |
|  |                      |  | Sched                  | ule E.—B <b>A</b>                   | D DEBTS.                      | (See I                                  | nstruction  | 15)                              |  |                  |  |
| Amount of Notes and Accounts Receivable Outstanding at— Year |                      | nd Accounts Receivable<br>nding at—              | _ 4. Net Income Report |                                     | Reported 5. Sales on Accou    |   | 6. Bad Debts of Or<br>ount tion if No Reserve I<br>on Books |                                  | e Is Carried                               |                  | Carries a Reserve  |
| rcai   | 2. Beginning of Year | r 3. End of Year                                 | ·                      |                                     |                               |   | 00 800  | oks                              | 7. Gross Amount Adde to Reserve            |                  | 8. Amount Charged<br>Against Reserve                     |
| 1956   |                      |  |                        |                                     |                               |   |   |                                  |  |                  | _  |
| 1957<br>1958   |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
| 1959   |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      | Schedule   | F.—IN                  | TEREST C                            | N INDEBT                      | EDNE                                    | SS. (See I  | nstruction                       | n 16)                                      |                  |  |
|  |                      |  |                        | Explana                             | tion                          | *************************************** |   |                                  |  |                  | Amount   |
|  |                      |  |                        |                                     |                               | <b>-</b>                                |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  | -  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  | -  |
|  |                      |  |                        |                                     |                               |   |   |                                  |  |                  | -  |
| Total  | (Enter here and      | l on line 16, page                               | <br>2)                 |                                     |                               |   |   |                                  |  |                  |  |
| -0.01  |                      |  |                        |                                     |                               |   |   |                                  |  |                  |  |

|  | Schedule C        | 3.—TAXES. (       | See Instruction                        | 17)                       |                                | Page                                    |
|--|-------------------|-------------------|--|---------------------------|--------------------------------|---|
|  | Ex                | planation         |  |                           | 1                              | Amount                                  |
|  |                   | •                 |  |                           |                                |   |
|  |                   |                   |  |                           |                                | <b></b>                                 |
| ·····  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
| Total (Enter here and on line 17, page   | 2)                |                   | <u></u>                                |                           |                                |   |
| Schedule 1   | H.—CONTRIBU       | TIONS OR G        | IFTS PAID. (S                          | see Instruction           | ı 18)                          |   |
| Name of organization   |                   |                   | Address of org                         |                           |                                | Amount                                  |
|  |                   |                   |  | 54                        |                                |   |
|  |                   |                   |  |                           |                                | *- <b>*</b>                             |
|  |                   |                   |  |                           |                                | ~~~ . ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
|  |                   |                   |  |                           |                                | *                                       |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
| Total  |                   |                   |  |                           |                                |   |
|  |                   |                   | Instruction A (1                       |                           |                                |   |
| . Contributions carry-over (see Instruction  |                   |                   | -                                      | -                         |                                |   |
| Total contributions (limited to $5\%$ of line  |                   |                   |  |                           | r here and on                  |   |
| line 18, page 2  |                   |                   |  |                           |                                |   |
|  | described under   |                   |  |                           |                                |   |
| 3. Total contributions (not to exceed 20%  |                   |                   |  |                           | i i                            |   |
| without regard to line 18, page 2).  | Enter here and or | ı line 18, page 2 | <u> </u>                               | <u></u>                   |                                |   |
| •  | Schedule I.—D     | EPRECIATION       | I. (See Instruct                       | tion 20 <b>)</b>          |                                |   |
| Kind of property (if buildings, state material of<br>which constructed). Exclude land and other<br>nondepreciable property | 2. Date acquired  | 3. Cost or other  | 4. Depreciation allowed (or allowable) | 5. Method of              | 6. Rate (%)<br>or life (years) | 7. Depreciation                         |
| nondepreciable property  |                   | basis             | in prior years                         | computing<br>depreciation | or life (years)                | for this year                           |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   | -                                      |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  | -                 |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
| Total (Enter here and on line 20, page   | 2)                |                   | 1                                      |                           |                                | *****                                   |
|  |                   |                   | ONS. (See Inst                         | ruction 25)               |                                |   |
|  |                   | planation         | -110. (200 11.0.                       |                           |                                | Amount                                  |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                | •                                       |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
|  |                   |                   |  |                           |                                |   |
| Total (Enter here and on line 25, page   |                   |                   |  |                           |                                |   |