Fa	990-l	E)	kempt Organization Bus	urn	OMB No. 1545-0687						
Form	//O I		(and proxy tax und		40 <b>0E</b>						
	tment of the Treasury al Revenue Service	For cale	ndar year 1995 or other tax year beginning ▶ See separa	te inst	, 1995, and ructions.	ending	, 19	199	15		
	Check box if address changed		Name of organization					D Employer identification number (Employees' trust, see instructions for Block D			
	empt under section	v see nage 5 of i	nstructions )	on page 5.)							
	501( )( ) or 408(e)	Print or	Number, street, and room or suite no. (If a I	.0. 50	r, see page 5 or i	nati detions.)	E Unrelat	: related business activity codes			
		Туре	City or town, state, and ZIP code					uctions for Block E			
	ok value of all assets end of year										
		<b>F</b> Grou	up exemption number (see instructi			page 5) ►					
G (	Check type of org	ganizatior	n. 🕨 🗌 501(c) Corporation 🗌	501(c)	Trust 🗌 S	ection 401(a) tr	ust 🗌	Section 408(	(a) trust		
Н [	Describe the orga	nization's	s primary unrelated business activity	y. (See	instructions	for Block H on	page 5.)				
ן ו	Ouring the tax year,	was the c	corporation a subsidiary in an affiliated of identifying number of the parent corpor	group	or a parent-sub	sidiary controlled	d group? .	. ► ∐ Yes	∐ No		
Pa			e or Business Income	ation.	(A) Incom		xpenses	(C) Ne			
	Gross receipts o		l l	Τ	(A) Incom	(B) 2	KPC113C3	(0) 140			
b	•		sc Balance ▶	1c							
2			edule A, line 7)	2							
3	-		e 2 from line 1c)	3					$\top$		
4a			attach Schedule D)	4a							
b			7, Part II, line 20) (attach Form 4797)	4b							
С			or trusts	4c							
5	Income (loss) from	om partn	erships (attach statement)	5							
6	Rent income (So	chedule (	C)	6							
7	Unrelated debt-	financed	income (Schedule E)	7		1					
8			Ilties, and rents from controlled F)	8							
9	•		a section 501(c)(7), (9), or (17)								
	organization (Sc			9							
10			y income (Schedule I)	10							
11	Advertising inco	me (Sch	edule J)	11							
12 13	Other income (se	e page 6 (	of the instructions—attach schedule) through 12)	12							
			Taken Elsewhere (See page 6 o		nstructions f	⊥⊥ or limitations o	n deducti	ons )			
			ibutions, deductions must be dire								
14	-		s, directors, and trustees (Schedule								
15	Salaries and wa						4.5				
16		-	e								
17											
18	Interest (attach	schedule	)				. 18				
19											
20			(see page 7 of the instructions for				. 20				
21	Depreciation (at	tach Forr	m 4562)		21		226				
22			ed on Schedule A and elsewhere or				22b 23				
23			d componentian plans						+		
24 25			d compensation plans						_		
25 26	Employee bener	avnansa	ms								
20 27			(Schedule J)								
28			schedule)								
29			dd lines 14 through 28)								
30			e income before net operating loss d								
31	Net operating Ic	ss dedu	ction				. 31				
32	Unrelated busin	ess taxal	ble income before specific deduction	on (sub	otract line 31	from line 30) .	. 32				
33									$\perp$		
34			ole income (subtract line 33 from lin or line 32								

Par	t III	Tax Computation									
35		izations Taxable as Corp									
	Controlled group members (sections 1561 and 1563)—check here . <b>See instructions</b> and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):										
а	Enter y (1) \$	(in that order):									
b	(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)										
С		e tax on the amount on line		35c							
36		Taxable at Trust Rates (s									
	the am	36									
37 38	Proxy	tax (see page 9 of the inst add line 37 to line 35c or 3	ructions)				•	37			
	t IV	Tax and Payments	o, whichever applies	<u>,,</u>		<u> </u>	<u> </u>	30		1	
		tax credit (corporations attach	Form 1118: trusts atta	ach Form	n 1116)	39a					
	-	•				39b					
		Other credits. (see page 10 of the instructions)									
	☐ For	m 3800 or 🔲 Form (spec	ify) ▶			39c					
d		for prior year minimum tax				39d		20-			
e		add lines 39a through 39d)						39e 40			
40 41		ct line 39e from line 38 . ture taxes. Check if from:						41			
41 42a			FOITH 4255 <b>k</b>					42c			
43		ax (add lines 40, 41, and 4				ux		43			
44		ents: a 1994 overpayment				44a					
b	1995 e	stimated tax payments .				44b					
С		posited with Form 7004 or				44c		_			
d	_	n organizations—Tax paid o				44d		-			
е 45		credits and payments (see				44e		45			
45 46		ayments (add lines 44a thr ted tax penalty (see page 3	•					46			
47		e—If line 45 is less than th						47			
48	Overpa	ayment—If line 45 is larger th	nan the total of lines	13 and 4	6, enter an			48			
49		ne amount of line 48 you want					Refunded ►	49	44.		
Par	t V	Statements Regarding							1	NI-	
1		time during the 1995 calend financial account in a foreign								No	
		," the organization may ha	• .								
		, the organization may na		90-22.	1. 11 165,	enter the	marrie or the for	eigii couiii	ı y		
2	Was th	ne organization the grantor	of, or transferor to,	a forei	gn trust th	nat existed	during the curr	ent tax yea	ar,		
	whether or not the organization had any beneficial interest in it?										
3		" the organization may have he amount of tax-exempt in				tay year	. ¢				
		E A—COST OF GOODS					Ψ				
		nventory valuation (specify)	·		. paga	/					
1	Invento	ory at beginning of year	1	6	Inventor	y at end of	year	6			
2	nivertory at beginning or year				·		Subtract line 6				
3	Cost o	flabor	3		from line 5. (Enter here and on						
4a		nal section 263A costs						7	. 1	<b> </b>	
<b>h</b>	•	schedule)	4a 4b	8			ction 263A (wit or acquired for			No	
b 5		costs (attach schedule) —Add lines 1 through 4b	5								
The I		re in care of ▶	1	·	Telepho	ne number I	<b>)</b>				
Ple	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge										
Sig			(				prop	as any M	5090		
Her		Circumstance 6 60 Circumstance			<u> </u>	<b>&gt;</b>	Till -				
-		Signature of officer or fiduciar	у		Date Date						
Paid		Preparer's signature		Date		self- employed ▶					
	Only if soft amplayed						EIN ►		•		
use	Only	if self-employed) and address				ZIP code ►					

SCHEDULE C—RENT (See in		ME (FROM tions on pag			RTY AND PERSONAL	PRO	PERTY LEAS	ED WI	TH REAL PROP	ERTY)	
1 Description of property											
(1)											
/-·											
/ A)											
(4)		2 Rent rec	eived	or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of ren					al and personal property (if the ent for personal property exc ent is based on profit or inco		connected with the in d 2(b) (attach schedul				
(1)											
<u>(1)</u> (2)											
(0)											
(.)											
Total			То	tal							
							Total dedu				
Total Income (Add totals here and on line 6, column	n (A), F	Part I, page 1.	) .	. •			here and on (B), Part I, p				
SCHEDULE E—UNF	RELA	TED DEBT	·FIN	ANCED IN	NCOME (See instruction						
1 Description	n of deb	ot-financed prop	erty		2 Gross income from or allocable to debt-financed property		bt-financ ciation	nected with or allocable to eed property  (b) Other deductions (attach schedule)			
(1)											
(2)											
(3)											
(4)				_							
4 Amount of average adjustition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted or allocable to debt-financed debt-financed (attach schedule)			ocable nced p	e to property	6 Column 4 divided by column 5	Column 4 7 G divided by (co		7 Gross income reportable (column 2 × column 6)		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals Total dividends-received o	deduct	ions included	in co		<b>.</b>	colu		age 1.	Enter here and or column (B), Part I	, page 1.	
SCHEDULE F—INTE (See		ST, ANNUIT actions on pa			ES, AND RENTS FR	MOS	CONTROLL	ED O	RGANIZATION	IS	
					3 Deductions of controlling	, L	4 Exer	npt cont	rolled organizations		
Name and address of controlled organization(s)			fror	ross income m controlled ganization(s)	organization directly connected with column 2 income (attach schedule)		business taxable		able income computed ugh not exempt under 1(a), or the amount in a), whichever is larger	(c) column (a) divided by column (b)	
(1)								, ·		%	
(2)										%	
(3)										%	
(4)										9/	
	nt contr	olled organization	ns								
(a) Excess taxable income (b) Taxable income, of amount in column (a) whichever is larger			, or (a),	(c) Column (a) divided by Column (b)	6 Gross income reportable (column 2 × column 4(c) or column 5(c))		or (colur		Allowable deductions Imn 3 × column 4(c) or column 5(c))		
(1)				%							
(2)				%							
(3)				%							
(4)				%							
Totalo					Enter here and on column (A), Part I,				here and on line 8 nn (B), Part I, page		

Form 990-T (1995) Page 4

SCHEDULE G—INVESTMEI (See instructi	NT INCOME OF ons on page 13.)	A SEC	CTION !	501(c)(7), (9), (	OR (17) ORGA	NIZAT	ION	
1 Description of income	2 Amount of income		dired	Deductions ctly connected ach schedule)	4 Set-aside: (attach schedi		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			(att	acii concaalo,				p.u.s co,
(2)								
(2)								
(4)								
(4)								
Totals	Enter here and on column (A), Part I,							re and on line 9, B), Part I, page 1.
SCHEDULE I—EXPLOITED	EXEMPT ACTION  ons on page 14.)	VITY I	NCOME	, OTHER THA	N ADVERTISII	NG IN	COME	
(See instruction								
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with iction of elated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<b>5</b> Gross income from activity that is not unrelated business income	<b>6</b> Expenses attributable to column 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	ere and on , col. (B), page 1.					Enter here and on line 26, Part II, page 1.
SCHEDULE J—ADVERTISI	NG INCOME (Se	e instri	ictions o	n page 14)				
Part I Income From Pe					is			
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	<b>6</b> Readership costs		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))	I, •							
Part II Income From Pe columns 2 throug				arate Basis (Fo	or each periodi	cal lis	ted in Pa	art II, fill in
(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	DIRFC	TORS. AND T	RUSTEES (See	instru	ictions on	n page 14.)
1 Name		<u> </u>	J.I.LU	2 Title	3 Percent of time devoted to business	4	Compensati	ion attributable to
					business 9	6		
					9			
					9			
Total—Enter here and on line 14 Pa	art II. nage 1				9	0		