Form	<b>990-T</b> Exempt Organization Business Income Tax Return							OMB No. 1545-068		
Depart	(and proxy tax under section 6033(e))  Department of the Treasury Internal Revenue Service    See separate instructions.								5	
<u>а</u> 🗌	Check box if address changed		ctions.)		r identification n					
<b>B</b> Exe	empt under section	(Employees' trust, see instructions for Block on page 7.)								
	501( )( )	Print or	Number, street, and room or suite no. (If a F							
	408(e) 220(e)	Туре			E New unrelated bus. activity c (See instructions for Block E on particular)					
	408A 530(a)		City or town, state, and ZIP code				(See instruc	, HOUS TO BLOCK E OF	ii page 1.,	
	529(a)				D					
	ok value of all assets end of year		up exemption number (See instruction	1 404/-) +						
ш г	Dagariba tha arag		ck organization type   501(c) c		ation 50	1(c) trust	401(a) trus	t Utne	r trus	
			primary unrelated business activity			-11 11 11 1	0			
			corporation a subsidiary in an affiliated go dentifying number of the parent corpora			diary controlled	group? .	► ∐ Yes	∐ No	
	he books are in			ation. I		ephone numb	er 🕨 (	1		
			e or Business Income		(A) Income		penses	(C) Net		
	Gross receipts				( )	(=) =		(4)		
1a b	Less returns and			1c						
2			edule A, line 7)	2						
3	•	•	e 2 from line 1c	3						
4a	•		(attach Schedule D)	4a						
b			7, Part II, line 17) (attach Form 4797)	4b						
c	• , , ,		or trusts	4c						
5			os and S corporations (attach statement).	5						
6			C)	6						
7			income (Schedule E)	7						
8			alties, and rents from controlled F)	8						
9	Investment inc	ome of	a section 501(c)(7), (9), or (17) G)	9						
10			/ income (Schedule I)	10						
11	Advertising inco	me (Sche	edule J)	11						
12			of the instructions—attach schedule.)	12						
13			hrough 12							
Par	(Except	for contr	<b>Taken Elsewhere</b> (See page 9 of ibutions, deductions must be dire	ctly c	onnected with	the unrelate	d business	ns.) income.)		
14	•		s, directors, and trustees (Schedule	,					+	
15									+-	
16			e						+	
17										
18			)						+	
19 20			See page 11 of the instructions for						+	
21									+	
21	Less denreciation (at	.iaUII FUII on claime	m 4562) .   .   .   .   .	retur	n 22a		22b			
23									1	
24	Contributions to	deferred	d compensation plans						1	
25			ms							
26			s (Schedule I)				. 26			
27			(Schedule J)				27			

29

32

33

32, enter the smaller of zero or line 32.

27

28

29 30

31

32

33

34

Excess readership costs (Schedule J) . . . . . . . . . . . . . . .

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Net operating loss deduction (limited to the amount on line 30) . . . . . . . . . . . . . . . . . .

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. . . .

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . . Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line

Daw		T Ot-ti							
Par		Tax Computation							
35	Organi								
		lled group members (section our share of the \$50,000, \$							
а									
	(1) \$								
b	Enter o	-							
		litional 3% tax (not more the tax on the amount on line		35c					
36	Trusts	36							
27		ount on line 34 from:	37						
37 38		tax. See page 14 of the institute minimum tax	38						
39		Add lines 37 and 38 to line							
	t IV	Tax and Payments					1 00 1		
		tax credit (corporations atta	ch Form 1118: truete attac	h Form 1116)	40a				
	_	redits (See page 14 of the			40b				
		business credit—Check he							
·		n 3800   Form(s) (specify			40c				
d		for prior year minimum tax			40d				
		credits. Add lines 40a throu					40e		
41							41		
42		es. Check if from: Form 425	5 ☐ Form 8611 ☐ Form 8697	□ Form 8866 □	Other (attac	ch schedule)	42		
43		ax. Add lines 41 and 42 .					43		
44a		nts: A 2004 overpayment			44a				
b		stimated tax payments			44b				
С		posited with Form 8868 .			44c				
d		n organizations—Tax paid o			44d				
е		withholding (see instruction			44e				
f	Other o	redits and payments:	☐ Form 2439						
	Forn	n 4136	Other	Total ▶	44f				
45	Total p	payments. Add lines 44a th	rough 44f				45		
46	Estimat	ted tax penalty (See page	of the instructions.) Che	ck 🕨 🗌 if Forn	n 2220 is a	ttached .	46		
47		e. If line 45 is less than the					47		
48		ayment. If line 45 is larger			ount overp		48		-
49		e amount of line 48 you want:			ti (O -	Refunded ►	49		
Par		Statements Regarding			,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1		time during the 2005 calenda						Yes	No
		cial account in a foreign cour	• '				*		
		" the organization may ha			iter the nan	ne of the fo	reign country		
•		L					f1		
2		he tax year, did the organizati " see page 5 of the instruc					toreign trust? .		
3		ne amount of tax-exempt in				· ·			
		—Cost of Goods Sold							
1		ry at beginning of year.	1	6 Inventory at		nr	6		
2		ses	2	7 Cost of god	=				
3		labor	3	6 from line					
_		nal section 263A costs		Part I, line 2			7		
-iu		schedule)	4a	8 Do the rule	s of section	on 263A (w	ith respect to	Yes	No
b	Other costs (attach schedule).  4b property produced or acquired for								
5	Total.	Add lines 1 through 4b.	5	to the orga	nization? .				
٥.		r penalties of perjury, I declare that I hact, and complete. Declaration of prepa					of my knowledge and	belief, it	t is true
Sig	"   k	or, and complete. Declaration of prepa		aomation of which	proparer rias di	iy Milowieuge.	May the IRS discuss	this retur	rn with
Her							the preparer shown b	elow (see	е
	Signa	ature of officer	Date	Title				es DTIN	
Paid		Preparer's signature		Date		neck if	Preparer's SSN	אווא זכ	
Prep	arer's	Firm's name (or			se	elf-employed			
Use		yours if self-employed),			EIN ;				
	-	address, and ZIP code ▼				Phone no.	( )		

Schedule C—Rent Incor (See instructions on page	-	al Pro	operty	and Persor	nal P	rope	rty L	eased With Rea	al Pr	operty)	
1 Description of property											
(1)											
(2)											
(3)											
(4)	2 Rent receive	ed or a	ccrued								
(a) From personal property (if the property of the property is more than 50%)	al and personal property (if the ent for personal property exceeds rent is based on profit or income)			3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)							
		30%	or ii tile i	rent is based on	pront	JI IIICOI	ille)				
(1)											
(2)											
(3)											
(4)											
Total		Total									
<b>Total income.</b> Add totals of cohere and on page 1, Part I, line	olumns 2(a) and 2	2(b). En						Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶			
Schedule E—Unrelated				See instructi	ons o	n pag	je 17.				
			,	2 Gross inco				Deductions directly co		red with or allocable to	
1 Description of del	bt-financed propert	У		allocable to de	allocable to debt-finance property		(a) S	debt-financed		(b) Other deductions	
(4)								(attach schedule)		(attach schedule)	
(1)											
(2)									-		
(3)			_								
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or allocable to debt-financed debt-finance			6 Column 4 divided by column 5				ross income reportable solumn 2 × column 6)		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)	·		,			%					
(2)				%							
(3)				%							
(4)						%			_		
Totals		 in colu	 ımn 8 .			•	Part	here and on page 7, line 7, column (A).	Pa	ter here and on page 1, rt I, line 7, column (B).	
Schedule F—Interest, Ar	nuities, Roya	alties,						ganizations (See	e inst	ructions on page 18.)	
			Exemp	t Controlled (	Organ	izatio	ns				
Name of Controlled Organization	Name of Controlled 2 Employer Organization Identification Number 3 Net unr			related income e instructions)  4 Total of spec payments ma						olling connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations									1	
7 Taxable Income 8 Net unrelated income (loss) (see instructions)				9 Total of specified			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)	1										
(2)									_		
(3)											
(4)											
Totals					_	here		ns 5 and 10. Enter n page 1, Part I, nn (A).	here	d columns 6 and 11. Enter e and on page 1, Part I, 8, column (B).	

Schedule G—Investment In (See instructions on page 19.)		ion 50	)1(c)(7),	(9), or (17) Or	gar	nization					
1 Description of income	2 Amount of inco	ome	direc	Deductions ctly connected ach schedule)		4 Set-asides (attach schedu		and s	otal deductions et-asides (col. 3 olus col. 4)		
(1)			(**	,					,		
(2)											
(3)											
(4)											
	Enter here and on page Part I, line 9, column (A		ge 1, (A).						re and on page 1, e 9, column (B).		
Totals											
Schedule I—Exploited Exer (See instructions on page 19.)		ome, (	Other Ti	han Advertisir	ng I	ncome					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dii conne produ unr	penses rectly cted with uction 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.	fro	Gross income or activity that not unrelated usiness 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)											
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 26.		
Schedule J—Advertising In	come (See instru	ctions	on nage	10 \							
Part I Income From Pe					ie						
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.		<b>5</b> Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5)) .											
Part II Income From Percolumns 2 through				parate Basis	(Fo	r each peri	odical	listed ii	n Part II, fill in		
(1)											
(2)											
(3)											
(4)											
(5) Totals from Part I											
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.		
Schedule K—Compensatio		irecto	rs, and	Trustees (See	ins	ructions on r	page 20	0.)	1		
1 Name			,	2 Title		3 Percent of time devoted to business	4.0	Compensati	on attributable to		
						9/	6				
						9					
						9					
-								%			
Total Enter here and an page 1 D	ort II lino 14					7					