Form	990-I	E		Organization Business income Tax Retu (and proxy tax under section 6033(e))						_ C	MB No. 15	45-0687	
		For cale	and pi) ndar year 2002 or other	•					20		200	2	
	ment of the Treasury Il Revenue Service	roi cale	nual year 2002 or other	► See separat			ia enaing		. , 20	-	<u> </u>		
а 🗌	Check box if address changed Name of organization (  check box if name changed and see instructions)							D Employer identification number					
	Exempt under section  Please  Number, street, and room or suite no. (If a P.O. box, see pa									(Employees' trust, see instructions for Block D on page 7.)			
	501( )( )	Print or	Number, street, and roo	m or suite no. (If a P	O. box	c, see page 7 of i	instruction	S.)	<u> </u>				
	408(e) 220(e)	) 220(e) Type							E New unrelated bus. activity codes (See instructions for Block E on page 7.)				
H	408A	City or town, state, and ZIP code							;				
C Boo	529(a) ok value of all assets	F Grou	  n_exemption_numb	er (see instruction	ons fo	r Block F on	nage 7)	<b>•</b>			:		
at e	end of year									ıst	☐ Othe	r trust	
H D	The crieck organization type  □ 501(c) corporation □ 501(c) flust □ 401     Describe the organization's primary unrelated business activity. ▶												
			orporation a subsidiar			or a parent-sub	sidiary c	ontrolled o	roup? .	. ▶	☐ Yes	П	
			dentifying number of				,		, , ,				
JT	he books are in					T	elephon	e numbei	r ▶ (	)			
Pai	t I Unrelate	ed Trade	e or Business Inc	ome		(A) Incom	ie	(В) Ехр	enses	ļ.,,,,	(C) Net		
1a	Gross receipts o	r sales		$\perp$								<i>XIIII</i> .	
b	Less returns and	allowance	s	c Balance ►	1c								
2	Cost of goods s	sold (Sch	edule A, line 7)		2								
3	•		e 2 from line 1c) .		3		1			1-		+	
4a	. •		ttach Schedule D) .		4a							+	
b			, Part II, line 18) (atta		4b		1						
С	•		or trusts		4c 5								
5		Income (loss) from partnerships and S corporations (attach statement)  Rent income (Schedule C)								1		+	
6 7			income (Schedule E		7							+	
8			Ities, and rents from										
	organizations (S	chedule	F)		8								
9	Investment incoorganization (Sc		a section 501(c)(7)		9								
10	Exploited exemp	pt activity	income (Schedule	l)	10								
11			edule J)		11								
12			of the instructions—a		12					1			
13 Par	Total (combine		Taken Elsewhere		13	netructions f	or limits	ations on	doducti	one '	1		
rai			ibutions, deduction										
14	•		s, directors, and trus						. 14		•		
15	Salaries and wa								. 4-				
16		-	9										
17	•								. 17				
18			)						. 18				
19													
20			(see page 11 of the						. 20	_		+	
21	Depreciation (at	tach Forr	n 4562)			21							
22	Less depreciation	on claime	d on Schedule A ar	nd elsewhere on	retur	n . [22a]			22b 23			+	
23													
24			l compensation plar									+	
25 26	Employee benef	ovpopso	ms s (Schedule I)										
20 27			(Schedule J)										
28			schedule)										
29			nes 14 through 28)										
30			e income before net										
31			ction						. 31				
32			ole income before s						. 32				
33			erally \$1,000, but se										
34			able income (subtra										
	oz, enter the Sit	nanci Ol Z	zero or line 32	<u> </u>					. 34	1			

Form 990-T (2002) Page **2** 

Par	t III	Tax Computation								
35		zations Taxable as Corp								
	Controlled group members (sections 1561 and 1563)—check here $\square$ . <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	(1) \$									
b	(2) add	rganization's share of: (1) litional 3% tax (not more th								
С		tax on the amount on line	35c							
36		Taxable at Trust Rates (sount on line 34 from: ☐ 7	36							
37	Proxy	tax (see page 13 of the ins	structions)				•	37		
38	Alterna	tive minimum tax						38		
39 Dar	t IV	add lines 37 and 38 to line Tax and Payments	35C OF 36, WHICHEVER	applies	)	<u> </u>		39		
		-	Form 1110, trusts attac	h Form	1114)	40a				
40a b	-	•	Form 1118; trusts attach Form 1116) . instructions)			40b				
		I business credit—Check				.02				
C		ed: Form 3800 Fo			40c					
d		for prior year minimum tax				40d				
e		redits (add lines 40a throu					•	40e		
41		ct line 40e from $line$ 39 .						41		
42	Other tax	tes. Check if from:  Form 425		8697 F	 □ Form 8866	Other	(attach schedule)	42		
43		ax (add lines 41 and 42)						43		
44		nts: a 2001 overpayment			1	44a				
b						44b				
С	2002 estimated tax payments									
d		organizations—Tax paid o			uctions)	44d				
е	Backup	withholding (see instruction	ons)			44e				
f	Other of	credits and payments (see	instructions)		[	44f				
45		ayments (add lines 44a th						45		
46		ted tax penalty (see page 4						46		
47		e—If line 45 is less than th						47		
48		yment—If line 45 is larger the				ount overp		48		
49 Dor		e amount of line 48 you want					Refunded ►	49		
Par		Statements Regarding							1	NI -
1	over a f	time during the 2002 calend inancial account in a foreign	country (such as a ba	nk accoi	unt, securit	ies accou	ınt, or other finan	cial accou	nt)?	<u> </u>
	here ▶								////////	
2		he tax year, did the organizati						foreign tru	ıst?	7////
2		see page 15 of the instructions for other forms the organization may have to file.  e amount of tax-exempt interest received or accrued during the tax year ▶ \$								
3 Sob		A—Cost of Goods Sold				ax year 🕨	•			
		ventory valuation (specify)		page 16	.)					
1		ry at beginning of year	1	6	Inventory	at and of	· voar	6		
2	Purcha		2		•		•			
3		labor	7 Cost of goods soi							
	Cost of labor					7				
-iu	(attach schedule) 4a 8 Do the rules of section 263A						th respect	t to Yes	No	
b	Other costs (attach schedule)  4b property produced or acquired						•	V/////////////////////////////////////		
5	Total—	Add lines 1 through 4b	5		to the org	anization	?			
٠.		r penalties of perjury, I declare that I hect, and complete. Declaration of prepa	ave examined this return, includ	ing accomp	oanying schedu	les and state	ments, and to the best	of my knowled	dge and belief, it is	s true
Sig		ct, and complete. Declaration of prepa	rei (otnei than taxpayer) is base		ormation or wi	ich preparei	nas any knowledge.	May the IPS o	discuss this return	with
Her					7			the preparer s	shown below (see	
-	Sign	ature of officer	Date	•	Title				Yes No	0
Paid		Preparer's			Date		Check if	Preparer's	s SSN or PTIN	
	arer's	signature  Firm's name (or		self-employed						
Use		yours if self-employed), address, and ZIP code					Phone no.	( )		

Form 990-T (2002) Page 3 Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (See instructions on page 16.) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued 3 Deductions directly connected with the income in (a) From personal property (if the percentage of rent (b) From real and personal property (if the columns 2(a) and 2(b) (attach schedule) for personal property is more than 10% but not percentage of rent for personal property exceeds more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3)(4)Total Total Total deductions. Enter Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column here and on line 6, column (A), Part I, page 1.) (B), Part I, page 1. Schedule E—Unrelated Debt-Financed Income (See instructions on page 17.) 3 Deductions directly connected with or allocable to debt-financed property 2 Gross income from or 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3)(4) 4 Amount of average 5 Average adjusted basis of 8 Allocable deductions acquisition debt on or or allocable to Column 4 7 Gross income reportable (column 6 × total of columns allocable to debt-financed debt-financed property divided by (column 2 × column 6) 3(a) and 3(b)) property (attach schedule) (attach schedule) column 5 (1) % (2) % (3)% (4) % Enter here and on line 7, Enter here and on line 7, column (A), Part I, page 1. column (B), Part I, page 1. Total dividends-received deductions included in column 8 Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.) **Exempt Controlled Organizations** 1 Name of Controlled 3 Net unrelated income 4 Total of specified 5 Part of column (4) that is 6 Deductions directly 2 Employer Organization Identification Number (loss) (see instructions) included in the controlling connected with income payments made in column (5) organization's gross income (1) (2)(3)Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated income 9 Total of specified 10 Part of column (9) that is 11 Deductions directly included in the controlling (loss) (see instructions) connected with income in payments made organization's gross income column (10) (1) (2) (3)(4) Add columns 5 and 10. Enter Add columns 6 and 11. Enter here and on line 8, Column (A), here and on line 8, Column (B), Part I, page 1. Part I, page 1.

12 Totals

Form 990-T (2002) Page **4** 

Schedule G—Investment In (See instruct	ions on page 18.)	1011 30			yarıı	Zation			
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)			4 Set-aside (attach sched		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)			(200200)					·	,
(2)									
(3)									
(4)									
	Enter here and on line 9, column (A), Part I, page 1.								e and on line 9, B), Part I, page 1.
Totals ▶ Schedule I—Exploited Exer	mant Antivity Inc		//////////////////////////////////////		<u>//////</u>			1	
	ons on page 18.)	ome, C	uner i	nan Advertisir	ng in	icome			T
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron is r	is not unrelated 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)				\ \'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2000		<i></i>		
Column totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and o line 10, col. (B), Part I, page 1.							Enter here and on line 26, Part II, page 1.
Schedule J—Advertising In	ncome (See instru	ictions o	n page	19.)					
Part I Income From Pe	riodicals Repor	ted on	a Con	solidated Bas	is				
1 Name of periodical	2 Gross advertising income		irect ing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	5 Circulation 6 R income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
<u>(2)</u> (3)									
(3)									
(4)					4				
Column totals (carry to Part line (5))	<b>&gt;</b>								
Part II Income From Percolumns 2 through				arate Basis (Fo	or ea	ach period	ical list	ed 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,	re and on col. (B), page 1.						Enter here and on line 27, Part II, page 1.
Schedule K—Compensatio	n of Officers D	irector	s, and	<u>v////////////////////////////////////</u>	instrı	uctions on r	<i>v////////</i> page 19	<i>!!!!!!!!!!!</i> !! !.)	1
1 Name			2 Title			3 Percent of time devoted to		4 Compensation attributa	
					-+	business	%		
					-+		% %		
							%		
							%		
Total—Enter here and on line 14, F	Part II, page 1						<b>&gt;</b>		