Form	990-1	[)	kempi Organiza	11 11	OMB No. 15	15-0687								
1 01111	770.		(and prox	y tax und	er se	ection 60	33(e))		ଏଠା	7			
	tment of the Treasury al Revenue Service	For cale	ndar year 1997 or other tax	year beginning See separa	te inst	, 1997, an	d ending	/	19	199	1			
<u>а</u> 🗌	Check box if address changed								D Employer identification number (Employees' trust, see instructions for Block D					
ВЕхе	empt under section	Please								irust, see instruction	S TOT BLOCK D			
	501()()	Print or	Number, street, and room or	suite no. (If a F	P.O. box	k, see page 5 o	f instruction	ons.)						
	408(e) 220(e)	Туре								ed business activ	•			
C Bo	City or town, state, and ZIP code								(See instit	(See instructions for Block E on page 6.)				
	end of year	F 0		!	- -	. Dl. al. E au		· \ \		<u> </u>				
	Charle type of ore		up exemption number (s						100(a) tru	ot 🗆 220	(d) truct			
	Check type of org		n. ► □ 501(c) corpor s primary unrelated bus		501(c)	trust 🗀	401(a) t	rust 🗀 -	408(a) tru	St 220	(d) trust			
							بام دامانه ما	a a m t m a ll a ol a		—				
			corporation a subsidiary in identifying number of the				ibsidiai y	controlled (Jioup?.	. ► ∐ Yes	∐ No			
	The books are in		, ,	parciii corpor	ation.		Telenho	ne numbe	r > (1				
Pa			e or Business Incom	16		(A) Inco	•	(B) Exp	•	(C) Ne	t			
			or Business moon	10		(1)		(5) 2.1.5		(0) .10				
b	Gross receipts o	allowanco	sc	Palanco N	1c									
2			edule A, line 7) . . .		2									
3	-		e 2 from line 1c)		3									
4a	•		ittach Schedule D)		4a									
b	. •		, Part II, line 18) (attach		4b									
C			or trusts		4c									
5			erships (attach stateme		5									
6		•	C)		6									
7	Unrelated debt-	financed	income (Schedule E).		7									
8			Ities, and rents from 7 of instructions)		8									
9	_		a section 501(c)(7), (9								+			
9	organization (Sc				9									
10	_		income (Schedule I).		10									
11			edule J)		11									
12	Other income (se	e page 7	of the instructions—attac	h schedule)	12									
13	TOTAL (combin	e lines 3	through 12)	<u> </u>	13									
Pai			Taken Elsewhere (Se											
			ibutions, deductions n			onnected w	vith the	unrelated		s income.)				
14			s, directors, and trustee						. 14					
15														
16			9											
17											+			
18)											
19 20			(see page 9 of the instr											
20 21			n 4562)											
21 22	Less denreciation	nacii ruii nn claime	ed on Schedule A and e	 Isewhere or	· ·	<u></u> n 22a			22b					
23	Depletion	on claime	· · · · · · · · · · · · ·	iscwinere of	retur	''			23					
24	Contributions to	deferred	d compensation plans						24					
25			ms						I					
26			s (Schedule I)											
27			(Schedule J)						. 27					
28			schedule)						. 28					
29	Total deduction	ns (add li	nes 14 through 28) .						. 29					
30			e income before net ope											
31			ction											
32			ole income before spec											
33														
34	32, enter the sn	ness taxa naller of z	able income (subtract zero or line 32	ine 33 from	iine 3.	∠). If line 33 	is great	er than lin	e . 34					

Par	t III	Tax Computation									
35	Organ	izations Taxable as Corp	orations (see instru	uctions	for tax	computation	on page 10).				
		lled group members (section									
а	Enter y	our share of the \$50,000, \$	s (in that order):								
	(1) \[\\$ \										
b	Enter of	organization's share of: (1)	additional 5% tax (no	t more	than \$11,	750) \[\$					
	(2) additional 3% tax (not more than \$100,000)										
С	Income	e tax on the amount on line	e 34					35c			
36	Trusts	Taxable at Trust Rates (s	ee instructions for ta	x com	nputation of	on page 11)	Income tax on				
	the am	36									
37	Proxy tax (see page 11 of the instructions)										
38			6, whichever applies	<u>s) .</u>				38			
Par	t IV	Tax and Payments									
39a	Foreign	tax credit (corporations attach	n Form 1118; trusts att	ach Foi	m 1116)						
b		credits. (see page 12 of the				39b					
С		al business credit—Check i									
	☐ Fori	m 3800 or 🛮 Form (spec	:ify) ▶			39c					
d	Credit	for prior year minimum tax	(attach Form 8801 d	or 882	7)	39d					
е	Total o	redits (add lines 39a throu	ıgh 39d)					39e			
40		ct line 39e from line 38 .						40			
41		ture taxes. Check if from:						41			
42		tive minimum tax						42			
43		ax (add lines 40, 41, and 4						43			
44		ents: a 1996 overpaymen						-			
b		stimated tax payments .						-			
С		posited with Form 7004 or				1 1		-			
d	_	n organizations—Tax paid o						-			
е	Backu	o withholding (see instruction	ons)			44e		-			
f 	Other of	credits and payments (see	instructions)			441		4			
45	Total payments (add lines 44a through 44f)										
46								46			
47		e—If line 45 is less than th						47			
48 49		a yment— If line 45 is larger t ne amount of line 48 you want				amount over	Paid ► Refunded ►	49			
	t V	Statements Regarding				nformation			ano 13)		
							•	•	<u> </u>	Yes	No
1		time during the 1997 calend								103	140
		financial account in a foreigr	•								
		," the organization may ha									
2		the tax year, did the organ									
2	foreign							ansierc	и ю, а		
		" see page 13 of the instru		ns the	organizati	on may hay	e to file				
3		he amount of tax-exempt i									
SCH		E A—COST OF GOODS									
_		nventory valuation (specify)			<u> </u>	•					
1	Invento	ory at beginning of year	1		6 Invento	orv at end o	f year	6			
2		ses	2			•	d . Subtract line				
3	7 Cos										
	Cost of labor							7			
ти		schedule)	4a				ection 263A (wit	h resp	ect to	Yes	No
b		costs (attach schedule)	4b				I or acquired for				
5		-Add lines 1 through 4b	5				ı? [']				
Dia	200	Under penalties of perjury, I declare belief, it is true, correct, and comple	e that I have examined this r	eturn, in	cluding accon	npanying schedu	les and statements, an	d to the	best of my	knowled	lge and
Plea		belier, it is true, correct, and comple	ete. Deciaration of preparer (other tha	ııı taxpayer) is	s wased on all inf	omiation of which prep	iaiei nas	arry KriOWie	uge.	
Sig		\					\				
Her	ਦ 	Signature of officer or fiduciar	у		Date		Title				
Paid	,	Preparer's			Date		Check if self-	Prepar	er's social s	ecurity r	numbe
		signature					employed ►				
	oarer's	Firm's name (or yours, if self-employed)					EIN ►				
Use Only if self-employed)							7IP code				

(See in	INCOME (FROM structions on pag			RTY AND PERSONAL I	יטאי	PERTY LEAS	ED WI	TH REAL PROP	ERIY)	
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent rec	eived o	or accrued							
for personal property is more than 10% but not percentag				al and personal property (if the cent for personal property exce cent is based on profit or inco	eeds	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		To	tal				_			
Total income (Add totals here and on line 6, column	(A), Part I, page 1.) .	. •			here and on (B), Part I, p	line 6,	column		
SCHEDULE E—UNR	ELATED DEBT	-FIN	anced in	NCOME (See instruction						
1 Description	of debt-financed prop	erty		2 Gross income from or allocable to debt-financed			bt-financ	nected with or allocable to ced property (b) Other deductions		
				property	` ,	(attach schedule)		(attach schedule)		
(1)										
(2)			_							
(3)										
(4)										
4 Amount of average adjacquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjact or allocable to debt-finance debt-finance (attach schedule)			e to property	6 Column 4 divided by column 5		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 Total dividends-received						r here and on I mn (A), Part I, p		Enter here and or column (B), Part I		
SCHEDULE F—INTE				FS AND DENTS FR	OM	CONTROLL			15	
	instructions on pa			LS, AND KENTS IK	Civi	CONTROLL	LDC	MOANIZATION	13	
(000			0.,			4 Exer	npt cont	rolled organizations		
Name and address of controlled organization(s)		fron	ross income n controlled anization(s)	Deductions of controlling organization directly connected with column 2 income (attach schedule)		(a) Unrelated business taxable income		table income computed ugh not exempt under 11(a), or the amount in a), whichever is larger	(c) column (a) divided by column (b)	
(1)									%	
(2)									%	
(3)									%	
(4)									%	
	t controlled organization	ons		6 Cross income ron	ortable		7.0	llowable deductions		
(a) Excess taxable income amount in column (a whichever is larger		(a),	(c) Column (a) divided by column (b)	6 Gross income reportable (column 2 × column 4(c) column 5(c))				Allowable deductions Imn 3 × column 4(c) or column 5(c))		
(1)			%							
(2)			%							
(3)			%							
(4)			%							
Totals				Enter here and inc line 8, column (A), page 1.				here and include of column (B), Part 1.		

Form 990-T (1997) Page **4**

SCHEDULE G—INVESTME (See instruct	NT INCOME OF ions on page 16.)	A SE	CTION !	501(c)(7), (9), (OR (17) ORGAI	NIZAT	ION	
1 Description of income	2 Amount of inco	ome	dire	Deductions ctly connected ach schedule)	4 Set-asides (attach schedu		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			(2.11					, , , , , , , , , , , , , , , , , , ,
(2)								
(2)								
(4)								
<u>()</u>	Enter here and on column (A), Part I,							re and on line 9, B), Part I, page 1.
Totals ▶ SCHEDULE I—EXPLOITED		VITY II	NCOME	, OTHER THA	N ADVERTISI	NG IN	COME	
(See instruction	ons on page 16.)	1		· ·				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unr	penses rectly cted with action 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.	5 Gross income from activity that is not unrelated business income	activity that ot unrelated		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	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.
Column totals	>							
SCHEDULE J—ADVERTISI								
Part I Income From Pe	riodicals Repor	ted or	a Con	solidated Basi	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	6 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 line (5))	II,							
Part II Income From Percolumns 2 through				arate Basis (Fo	or each periodi	cal lis	ited in Pa	art II, fill in
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I								
Ochony tatala 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—COMPENS		CERS	DIRFC	TORS, AND T	RUSTEFS (See	instru	ictions or	n page 17)
1 Name			DIREC	3 Percent of time devoted to	4	Compensat	ion attributable to	
					business	,		
		-			9/			
					9/			
					9/			
					9			
Total—Enter here and on line 14, F	Part II, page 1				🕨	-		