Form	990-T	E>	cempt Organization Bu	usine	ss Incom	e Tax Re	turn	OMB No. 154	15-0687		
	rm (and proxy tax under section 60) partment of the Treasury ernal Revenue Service For calendar year 1993 or other tax year beginning, 1993, and See separate instructions.						.,19	1993			
	Check box if address changed		Name of organization		uctions.			er identification			
B Exe	empt under section 501()() or	Please Print or	Number, street, and room or suite no. (If a	a P.O. box	, see page 4 of i	nstructions.)		(Employees' trust, see instructions for Block D)			
	408(e) ok value of all assets	Туре	City or town, state, and ZIP code		E Unrelated business activity codes (see instructions for Block E) : :						
at	end of year	F Grou	up exemption number (see instruc	tions fo	r Block F) 🕨			1			
G	Check type of or					Section 401	a) trust	Section 408	(a) trust		
			s primary unrelated business activ						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	f "Yes," enter the r	name and	corporation a subsidiary in an affiliated identifying number of the parent corport	d group o oration. (or a parent-sub see instruction	sidiary controlle s for Block I) ▶	d group? .	.► □ Yes	□No		
Pa			e or Business Income		(A) Incom	e (B) E	Expenses	(C) Net	t		
1a											
b			s c Balance 🕨								
2	0		edule A, line 7)								
3	•		e 2 from line 1c)								
4a			ttach Schedule D)								
b c			/, Part II, line 20) (attach Form 4797) or trusts	,					_		
5			erships (attach statement)								
6		•	C)								
7			income (Schedule E)								
8	Interest, annuit	ies, roya	Ities, and rents from controlled F)								
9	Investment inco	ome of a	section 501(c)(7), (9), (17), or (20))							
10			y income (Schedule I)								
11	Advertising inco	me (Sch	edule J)								
12			tions for line 12-attach schedule)								
13	TOTAL (add line		<u> </u>				<u> </u>				
Pa			Taken Elsewhere (See instruct ibutions, deductions must be di				ed busines	1			
14			s, directors, and trustees (Schedu								
15											
16			e								
17			· · · · · · · · · · · · ·				· · -		+		
18)				· · -				
19 20			(see instructions for limitation rule				· · ⊢				
20							· · –		_		
22	Less depreciation	on claime	m 4562)	 on returi	 1 22a		22b				
23	Depletion						23				
24			compensation plans				24				
25			ms				25		_		
26	Excess exempt	expense	s (Schedule I)				26				
27	Excess readers	hip costs	(Schedule J)				27				
28			schedule)								
29			dd lines 14 through 28)						<u> </u>		
30			e income before net operating loss								
31			ction				· · -		+		
32 33			ole income before specific deduct				· · –		+		
33 34	Unrelated husin	ess tavak	ble income (subtract line 33 from li	 n⊖ 32\ ∣	 If line 33 is an	eater than line	· · –				
	enter the smalle	er of zero	or line 32				34				

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 9	90-T (19	93)										Р	age 2
Part	: 111	Tax Computation											
35	Amour	it from line 34 (unrelated bu	isiness taxable inco	ome).						35			
36	Organizations Taxable as Corporations (see instructions for tax computation) Controlled group members (sections 1561 and 1563)—Check here \Box and:											1	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) (2) (3) (3) (4)											I	
	Enter organization's share of: (1) additional 5% tax (not more than \$11,750)												1
	(2) additional 3% tax (not more than \$100,000)												1
С	Income tax on the amount on line 35 and any other tax									36C			
		Taxable at Trust Rates (se											1
		e 35 from: 🗌 Tax rate	schedule or	Schedu	lle	D (Form	1041	l) an	d any other				1
	tax ►	Tax and Daymonta								37			
Par		Tax and Payments	F 1110			444()	38a				-		
	•	tax credit (corporations attach					38b			-			1
				• •	•		300						1
		al business credit—Check if m 3800 or □ Form (speci					38c						1
		for prior year minimum tax					38d			-			1
		add lines 38a through 38d)					· · · · · · · · · · · · · · · · · · ·		1	39			
		ct line 39 from line 36c or li								40			
		ture taxes. Check if from:								41			
	•	tive minimum tax								42c			
43	Total t	ax (add lines 40, 41, 42c)								43			
		ents: a 1992 overpayment					44a						1
b	1993 e	stimated tax payments .					44b						1
		posited with Form 7004 or					44c			_			1
	•	organizations—Tax paid or wi				• • •	44d			_			1
		credits and payments (see i					44e			45			1
		redits and payments (add li	-							45 46			
		ted tax penalty (see the ins e—If line 45 is less than th								40			
47 48		ayment—If line 45 is less than the approximation of the second se								48			
		e amount of line 48 you want:						//cipe	Refunded ►	49			
Par		Statements Regarding					ormat	ion (See instruction	ns on p	age 9.)		
1	At any	time during the 1993 calend	lar year, did the org	anizatio	n h	nave an int	terest	in or a	a signature or	other au	uthority	Yes	No
		financial account in a foreign											
		" the organization may hav		F 90-2	2.1	. If "Yes,"	enter	the r	name of the fo	oreign c	ountry		
2	Was th	e organization the grantor	of, or transferor to	o, a for	eig	n trust th	at exi	sted	during the cur	rrent tax	x year,		
		er or not the organization ha											
		" the organization may hav he amount of tax-exempt ir					toy yo	or 🕨	¢				
		E A—COST OF GOODS					lax ye		Φ				
		ventory valuation (specify)		CIIOIIS		page 7.j							
		bry at beginning of year	1		6	Inventory	at en	d of y	year	6			
		ses.	2			•		-	Subtract line 6				
		flabor	3		'				here and on				1
4a						•			7				
	(attach	schedule)	4a		8				ction 263A (wi			Yes	No
		costs (attach schedule)	4b						or acquired for				
5 TOTAL—Add lines 1 through 4b 5 to the organization?								<u></u>					
ine b	ooks ar	e in care of ►	that I have examined this	return in	clud	Telephon				nd to the	hest of my	knowled	de and
Plea	se	Se Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare								parer has	any knowle	dge.	ge anu
Sigr								k					
Here	e	Signature of officer or fiduciary	/			Date		- 🕨	Title				
D -11		Preparer's	· · · · · · · · · · · · · · · · · · ·			Date		,	Check if	Prepare	er's social s	security r	number
Paid		signature							self- employed ►]			
	arer's	Firm's name (or yours, if self-employed)	E.I. No. ►										
036	Only if self-employed) and address								ZIP code 🕨				_

SCHEDULE C-RENT INCOME (FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY) (See instructions on page 9.)

1 Description of property

(1)		
(2)		
(3)		
(4)		

Т

	2 Rent rec	r accrued								
for personal property is more than 10% but not of rent fo				personal property (if the percent nal property exceeds 50% or based on profit or income)	entage if the	3 Deductions directly connected with the income in columns 2a and 2b (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		Tota	al							
Total Income (Add totals o and on line 6, column (A),			here and (B), Part	Total deductions. Enter here and on line 6, column (B), Part I, page 1 ►						
SCHEDULE E—UNR	ELATED DEBT-	FINA	NCED IN	ICOME (See instruction						
1 Description	of debt-financed prop	erty		2 Gross income from or allocable to debt-financed	3 Deduction (a) Straight line (attach sc		debt-finance	nected with or allocal ed property (b) Other deduc		
				property				(attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (attach schedule)			to operty			Gross income reportable (column 2 × column 6)		8 Allocable dedu (column 6 × total o 3(a) and 3(b	f columns	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals Total dividends-received d	eductions included	 in colu	 ımn 8		colur	r here and o mn (A), Part	I, page 1.	Enter here and or column (B), Part I		
SCHEDULE F—INTE									15	
	instructions on pa			LS, AND RENTSTR		CONTRO			.5	
(000		igo it	.,			4	- xempt cont	rolled organizations		
1 Name and address of controlled organization(s)			oss income controlled inization(s)			(a) Unrelated isiness taxable income		able 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)									%	
5 Nonexemp	t controlled organization	ons		6 Gross income rep	ortable		. 7 /	llowable deductions		
(a) Excess taxable income amount in column (a whichever is larger		(a),	(c) Column (a) divided by Column (b)	(column 2 × column 4 column 5(c))				mn 3 \times column 4(c) o column 5(c))	r	
(1)			%							
(2)			%							
(3)			%							
(4)			%							
	Enter here and on column (A), Part I,									

Totals. ►

SCHEDULE G-INVESTMENT INCOME OF A SECTION 501(c)(7), (9), (17), OR (20) ORGANIZATION (See instructions on page 10.) 3 Deductions 5 Total deductions 4 Set-asides 1 Description of income 2 Amount of income directly connected and set-asides (col. 3 (attach schedule) (attach schedule) plus col. 4) (1) (2) (3) (4) Enter here and on line 9, Enter here and on line 9, column (A), Part I, page 1. column (B), Part I, page 1. Totals SCHEDULE I-EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME (See instructions on page 11.) 4 Net income 3 Expenses (loss) from 7 Excess exempt 2 Gross directly unrelated trade 5 Gross income expenses 6 Expenses unrelated from activity that connected with or business (column 6 minus 1 Description of exploited activity business income attributable to production of (column 2 minus column 5, but not is not unrelated from trade or column 5 column 3). If a unrelated business income more than business business income gain, compute column 4). cols. 5 through 7. (1) (2) (3) (4) Enter here and Enter here and on Enter here and on line 10, col. (A), line 10, col. (B), on line 26, Part II, Part I, page 1. Part I, page 1. page 1. Column totals SCHEDULE J—ADVERTISING INCOME (See instructions on page 11.) Income From Periodicals Reported on a Consolidated Basis Part I 7 Excess 4 Advertising readership costs 2 Gross gain or (loss) (col. 6 Readership 3 Direct 5 Circulation (column 6 minus 1 Name of periodical advertising 2 minus col. 3). If advertising costs income costs column 5, but not income a gain, compute more than cols. 5 through 7 column 4). (1) (2) (3) (4) Column totals (carry to Part II, line (5)) ► Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, be sure Part II to fill in columns 2 through 7 on a line-by-line basis.) (1) (2) (3) (4) Totals from Part I (5) Enter here and on Enter here and on Enter here and line 11, col. (A), line 11, col. (B), on line 27, Part II, Part I, page 1. Part I, page 1. page 1. Column totals, Part II SCHEDULE K—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES (See instructions on page 11.) 3 Percent of 4 Compensation attributable to time devoted to 2 Title 1 Name unrelated business business % % % %

Total (enter here and on line 14, Part II, page 1)

►