	990-T	E>	kempt Organization Bu	usines	ss Incor	ne Ta	ax Reti	Irn	OMB No. 15	45-0687	
Form			(and proxy tax un	der se	ction 60	33(e)))		400		
	rtment of the Treasury	For cale	endar year 1999 or other tax year beginni			and end	ing		199	9	
	al Revenue Service Check box if		Name of organization	ate instr	uctions.				er identification	number	
A	address changed	-						(Employees	" trust, see instruction		
_	empt under section	Please	Number, street, and room or suite no. (If a	PO hox	see nade 6 of	finstruct	ions)	on page 6.)			
		Print or		11.0.000	see page o oi	motruct	10113.7	F NFW un	: related bus. acti	ivity codes	
F	408(e) 220(e)	Туре	City or town, state, and ZIP code						uctions for Block E		
H	408A 530(a) 529(a)										
C Bo	bok value of all assets	F Grou	⊥ up exemption number (see instruc	tions for	Block F on	n page	6) 🕨				
at	end of year		ck organization type \blacktriangleright \Box 501(c			501(c)		401(a) tru	st 🗌 Oth	er trust	
н	Describe the orga		s primary unrelated business activ								
	•		corporation a subsidiary in an affiliated		r a parent-su	bsidiary	controlled	aroup?			
			identifying number of the parent corp			, soluiai j	oonn onou j	group .	., 🗆 103		
	The books are in o					Teleph	one numbe	r ► ()		
Pa	rt I Unrelate	ed Trade	e or Business Income		(A) Income (B) Exp			enses	(C) Ne	Net	
1a	Gross receipts or	r sales									
b			s c Balance ▶	· 1c							
2			edule A, line 7)								
3			e 2 from line 1c)								
4a	Capital gain net	income (a	attach Schedule D)	4a							
b	Net gain (loss) (F	orm 4797	7, Part II, line 18) (attach Form 4797)	4b							
с			or trusts	4c		_					
5	Income (loss) from	partnershi	ips and S corporations (attach statement)	5		_					
6	Rent income (So	chedule (C)			_					
7	Unrelated debt-	financed	income (Schedule E)	. 7							
8			alties, and rents from controlled								
	-		8 of instructions)								
9			a section 501(c)(7), (9), or (17)								
10	-)								
10			y income (Schedule I).			-					
11 12			edule J) of the instructions—attach schedule	• • • • •							
13			through 12)								
			Taken Elsewhere (See page 9		structions	for lim	itations or	deductio	ons.)		
	(Except f	for contr	ibutions, deductions must be di	rectly co	onnected w	ith the	unrelated	business	s income.)		
14	Compensation of	of officers	s, directors, and trustees (Schedu	le K) .				14			
15	•										
16			e								
17											
18			e)					. 18			
19										_	
20			(see page 10 of the instructions fe					. 20			
21	Depreciation (at	tach Forr	m 4562)		21						
22	Less depreciation	on claime	ed on Schedule A and elsewhere of	on returr	22a			22b			
23											
24			d compensation plans								
25			MS								
26			s (Schedule I)					•			
27 20			(Schedule J)					·			
28 20			n schedule)								
29 20			nes 14 through 28) le income before net operating loss					·			
30 31			ction					· ·			
31 32			ble income before specific deduct					•			
32 33			erally \$1,000, but see line 33 instr					•		1	
34	•		able income (subtract line 33 from		•			•			
-	32, enter the sm					5.20		34			

For Paperwork Reduction Act Notice, see instructions.

Form	990-T (19	7 9)										Page 2
Par	t III	Tax Computation										
35	Organizations Taxable as Corporations (see instructions for tax computation on page 12). Controlled group members (sections 1561 and 1563)—check here \Box . See instructions and: Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
а	Enter y	our snare of the \$50,000, \$,000 ta	axab (3)		brackets	(in that ord	er):			
b		organization's share of: (1) litional 3% tax (not more th										
с	Income	e tax on the amount on line	34							35c		
36		Taxable at Trust Rates (se										
		ount on line 34 from: 🗌 1				•		•		36		
37		tax (see page 12 of the ins								37		
38 Dor		add line 37 to line 35c or 3	6, whichever applie	s) .	•					38		
	t IV	Tax and Payments	F 1110			111/	39a		1			
	-	tax credit (corporations attach					39a 39b			-		
b		credits. (see page 13 of the Il business credit—Check i		• •	•		370			-		
С							39c					
Ь		m 3800 or 🛛 Form (spec for prior year minimum tax					39d					
e e		redits (add lines 39a throu								39e		
40		ct line 39e from line 38							• •	40		
41		ure taxes. Check if from:							•	41		
42		tive minimum tax								42		
43		ax (add lines 40, 41, and 4								43		
44		ents: a 1998 overpayment					44a					
b	1999 e	stimated tax payments .					44b					
С	Tax de	posited with Form 7004 or	Form 2758				44c			-		
d	-	n organizations—Tax paid o					44d			-		
е		o withholding (see instruction					44e			-		
f		credits and payments (see					44f			15		
45		ayments (add lines 44a th							• •	45 46		
46 47		ted tax penalty (see page 3 e—If line 45 is less than th								47		
47 48		iyment—If line 45 is larger the								48		
49		e amount of line 48 you want						Refunded		49		
Par	t V	Statements Regarding	Certain Activitie	es an	d 0	ther Info	rmation	(See instru	ctions	s on pa	age 14.)	
1	,	time during the 1999 calenc financial account in a foreign	J . U					0			<i>,</i>	es No
		" the organization may have		F 90-2	22.1.	If "Yes,"	enter the	name of th	ne for	eign co	ountry	
2	During foreign	the tax year, did the organ trust?					vas it the	-	or tra	nsfero	r to, a	
		" see page 14 of the instru	ctions for other for	ms the	e org	anization						
3		he amount of tax-exempt in				*	tax year 🖡	►\$				
		E A—COST OF GOODS	•	ctions	on	page 15.)						
		ventory valuation (specify)										
1		ory at beginning of year	1 2		6	Inventory	at end of	fyear.	• •	6		
2		Ses	3					d. Subtract				
3		flabor	5					er here and		7		
48		nal section 263A costs schedule)	4a					ection 263A		<u> </u>	ect to Ye	es No
b		costs (attach schedule)	4b					or acquire				
5		Add lines 1 through 4b	5			to the org	, ganization	?				
Plea	ase	Under penalties of perjury, I declare belief, it is true, correct, and comple	that I have examined this te. Declaration of preparer	return, i (other ti	ncludi han ta	ng accompar xpayer) is ba	nying schedu sed on all inf	les and stateme ormation of whic	nts, and ch prepa	d to the b arer has a	est of my knov any knowledge.	vledge and
Sig		•										
Her												
		Preparer's	,			Date	,	Check if		Prepare	r's SSN or PTI	N
Paic		signature						self- employed	►□			
	oarer's Only	Firm's name (or yours, if self-employed)					·					
0.26	only	and address						ZIP code	▶			

SCHEDULE C—RENT INCOME (FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY) (See instructions on page 15.)

1 Description of property

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

	2 Rent rec	eived or accrued								
(a) From personal property (i for personal property is mo more than	ore than 10% but not	percentage of r	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total								
Total income (Add totals here and on line 6, column	of columns 2(a) and (A), Part I, page 1.	d 2(b). Enter) ►			Total dedu here and on (B), Part I, part	line 6,	column			
SCHEDULE E-UNR			ICOME (See instruction	ons or		<u> </u>				
	of debt-financed prop		2 Gross income from or allocable to debt-financed	3	Deductions dire	ot-financ	nected with or allocal ced property			
			property	(a) S	(a) Straight line depreciation (attach schedule) (b) Other (attach					
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-finance property (attach schedule	d debt-fina	idjusted basis of ocable to nced property n schedule)	6 Column 4 divided by column 5		oss income repo blumn 2 $ imes$ colum			f columns		
(1)			%							
(2)			%							
(3)			%							
(4)			%							
Total dividends-received SCHEDULE F—INTE	REST, ANNUIT	ed in column 8 . IES, ROYALTI		colun		age 1.	Enter here and or column (B), Part I PRGANIZATION	, page 1.		
(See	instructions on pa	age 16.)	I							
		a a i	3 Deductions of controlling	a 🛏	4 Exempt controlled organizations					
1 Name and address of controlled organization(s)		2 Gross income from controlled organization(s)	organization directly connected with column 2 income (attach schedule)		(a) Unrelated business taxable income		able income computed ugh not exempt under v1(a), or the amount in a), whichever is larger	(c) column (a) divided by column (b)		
(1)								%		
(2)								%		
(3)								%		
(4)								%		
	t controlled organization	ons	(Cross income ron	ortoblo		7 ^	llowable deductions			
(a) Excess taxable income (b) Taxable income, o amount in column (a) whichever is larger		(a), divided by	6 Gross income reportable (column 2 × column 4(c) o column 5(c))				Ilowable deductions nn 3 × column 4(c) c column 5(c))	r		
(1)		%								
(2)		%								
(3)		%								
(4)		%								
Totals.			Enter here and inc line 8, column (A), page 1.				here and include (, column (B), Part 1.			

(See instructions on page 17.) 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 17.) 4 Net income 3 Expenses (loss) from 7 Excess exempt 2 Gross unrelated trade directly 5 Gross income expenses unrelated 6 Expenses connected with or business from activity that (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 on Enter here and 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 18.) 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 advertising 1 Name of periodical 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, fill in Part II 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 18.) 3 Percent of 4 Compensation attributable to time devoted to 2 Title 1 Name unrelated business business % % % %

SCHEDULE G-INVESTMENT INCOME OF A SECTION 501(c)(7), (9), OR (17) ORGANIZATION

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