Form	990-T	Ex	kempt Organization B				k Ret	urn	OMB No. 1545-0	0687
Depart	ment of the Treasury	For cale	(and proxy tax un andar year 2001 or other tax year beginn					, 20	. 2001	
	I Revenue Service		► See sepa							
Α	Check box if address changed		Name of organization (check box if	name change	ed and see instr	ructions)			yer identification numb es' trust, see instructions for B	
B Exe	empt under section	Please	Number street and reem or suite po (If	a D O hov	coo pago 7 of i	Instruction	c)	on page		
	501()()	Print or	Number, street, and room or suite no. (If	a P.O. DOX,	see page 7 of 1	Instruction	5.)	E Now U	: nrelated bus. activity co	odos
	408(e) 220(e)	Туре	City or town, state, and ZIP code		ructions for Block E on pag					
	408A 530(a) 529(a)									
	ok value of all assets	F Grou	up exemption number (see instru	ctions for	Block F on	page 7)	•		1	
at e	end of year		ck organization type ► □ 501(01(c) tru		401(a) tri	ust 🗌 Other tr	ust
Η	Describe the orga		s primary unrelated business acti				<u> </u>	()		
			corporation a subsidiary in an affiliate		a parent-sub	sidiary c	ontrolled	group?.	.▶ □ Yes □] No
			identifying number of the parent corp			j		5 .		1110
JJ	he books are in	care of ▶	•		Т	elephon	e numbe	er 🕨 ()	
Pa	rt Unrelat	ed Trade	e or Business Income		(A) Incom	ie	(B) Ex	penses	(C) Net	
1a	Gross receipts o	or sales							XIIIIIXI	
b			s c Balance I	▶ 1c						
2	Cost of goods	sold (Sch	edule A, line 7)	. 2					XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
3	Gross profit (su	btract line	e 2 from line 1c)	. 3						
4a	Capital gain net	income (a	ittach Schedule D)	. 4a						
b	Net gain (loss) (F	orm 4797	, Part II, line 18) (attach Form 479	7) 4b						
С	Capital loss dec	duction fo	pr trusts	4c						
5	Income (loss) from	n partnershi	ips and S corporations (attach statemen					///////////////////////////////////////		
6	Rent income (S	chedule (C)							
7	Unrelated debt-	financed	income (Schedule E)	. 7						
8			lties, and rents from controlle							
	organizations (S	Schedule	F)	. 8						
9			a section 501(c)(7), (9), or (17							
	organization (So									
10	•		y income (Schedule I)							
11			edule J)	· – –						
12 13	Total (combine		of the instructions—attach scheduk rrough 12)	- /						
			Taken Elsewhere (See page 9		structions f	or limita	ations or	n deduct	ions)	
T GI			ibutions, deductions must be c							
14			s, directors, and trustees (Schedu						· · · · · · · · · · · · · · · · · · ·	
15	Salaries and wa			•				•		
16			e					•		
17			· · · · · · · · · · · ·							
18)							
19										
20			(see page 11 of the instructions					20		
21	Depreciation (at	ttach Forr	m 4562)		21					
22	Less depreciati	on claime	ed on Schedule A and elsewhere	on return	. 22a			22b)	
23	Depletion							. 23		
24			d compensation plans					. 24		
25	Employee bene	fit progra	ms					. 25		
26	Excess exempt	expense	s (Schedule I)					. 26		
27			(Schedule J)						<u> </u>	
28			n schedule)						<u> </u>	
29			nes 14 through 28)						+	
30			e income before net operating loss						+	
31			ction						+	
32			ble income before specific deduc	•			•		+	
33			erally \$1,000, but see line 33 inst						+	
34	32, enter the sr	naller of z	able income (subtract line 33 fro		. ii iirie 33 lš	s greate		. 34		

Form	990-T	(2001)
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Par		Tax Computation							
35		zations Taxable as Corp led group members (sectio							
а		our share of the \$50,000, \$	25,000, and \$9,925,	000 taxab					
b	Enter o	rganization's share of: (1)	additional 5% tax (no	t more th	an \$11,750				
с		itional 3% tax (not more the tax on the amount on line						35c	
36		Taxable at Trust Rates (se							
37		ount on line 34 from:						36 37	
38	Alterna	tive minimum tax							
		add lines 37 and 38 to line	35C Or 36, Whicheve	er applies	5)			39	
Par		Tax and Payments			4444	400			
	•	tax credit (corporations attach				40a 40b			
		credits (see page 13 of the				400			
С		I business credit—Check d: □ Form 3800 □ Fo				40c			
d		for prior year minimum tax				40d			
		redits (add lines 40a throu	•	•			I	40e	
41		ct line 40e from line 39 .							
42	Other tax	es. Check if from: \Box Form 425	5	 m. 8697 Г	 Form 886	 5 ∏ Oth	er (attach schedule).	42	
43		ax (add lines 41 and 42)						43	
44		nts: a 2000 overpayment				44a			
b		stimated tax payments				44b			
с	Tax dep	oosited with Form 8868.				44c			
d		organizations—Tax paid or				44d			
е		withholding (see instruction				44e			
f		credits and payments (see				44f			
45		ayments (add lines 44a th						45	
46		ed tax penalty (see page 4						46 47	
47 48		e—If line 45 is less than th yment—If line 45 is larger th						47	
40 49		e amount of line 48 you want:					Refunded ►		
Par		Statements Regarding				rmatio			.)
		time during the 2001 calence							Yes No
•	over a f	inancial account in a foreign	country (such as a b	ank acco	unt, securi	ties acc	ount, or other fina	ancial account)?	
	here 🕨	" the organization may hav							
2		he tax year, did the organizati " see page 15 of the instru						a toreign trust?	
3		ne amount of tax-exempt in							
		Cost of Goods Sold				ian jou	· •		
		ventory valuation (specify)	•		,				
1	Invento	ry at beginning of year	1	6	Inventory	at end	of vear	6	
2	Purcha		2		-		old. Subtract line		
3	Cost of	labor	3	′			nter here and on		
4a		nal section 263A costs	4a	8	line 2, Pa	rt I.) .		7	Yes No
b		schedule)	4b				ed or acquired for	•	
	Total—	Add lines 1 through 4b	5		to the org	ganizatio	on?		
<u> </u>		r penalties of perjury, I declare that I hat ct, and complete. Declaration of prepa						st of my knowledge a	nd belief, it is true,
Sig		-, complete. Declaration of picpa						May the IRS discus	s this return with
Her		ature of officer			Title			the preparer shown	
	Signa	ature of officer	Date		Title Date			Preparer's SSN	
Paid Prena	arer's	Preparer's signature			Dale		Check if self-employed		
Use (Firm's name (or yours if self-employed),					EIN	1	
-30		address, and ZIP code					Phone no.	()	

Form 990-T (2001)

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property) (See instructions on page 16.)

1 Description of property	1	Descri	ption	of	pro	perty	
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(1)		
(2)		
(3)		
(4)		

	2 Rent receive	ed or accrued							
(a) From personal property (if the for personal property is more the more than 50%	nan 10% but not	percentage	real and personal of rent for persona he rent is based or	I property exc			ected with the income in) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total		Total							
Total income (Add totals of contract and on line 6, column (A),	Dumns 2(a) and 2 Part L page 1.)	2(b). Enter				Total deduction: here and on line 6 (B), Part I, page 1	, colu	Imn	
Schedule E—Unrelated			• (See instructi	ons on nac	ne 17		• •	· · · · · · · · · · · · · · · · · · ·	
	Debt Tillanet				-	7 B Deductions directly compared by the second s	onnecte	ed with or allocable to	
1 Description of de	ebt-financed propert	v	2 Gross inco allocable to d			debt-finar	nced p	property	
		,	prop		(a) S	traight line depreciation (attach schedule)	1	(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (attach s		able to ed property	Colur divide	6 Column 4 divided by column 5		7 Gross income reportable (column 2 × column 6)		8 Allocable deductions Jumn 6 × total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)			%						
<u>(</u>)				70			_		
Totals. Total dividends-received ded Schedule F—Interest, A	uctions included	in column 8 Ities, and		Controlle	d Or	nn (A), Part I, page 1 	•	lumn (B), Part I, page 1. ructions on page 18.)	
1 Name of Controlled Organization	2 Employer Identification Num		unrelated income (see instructions)	4 Total of sp payments		nade included in the controlling conne		6 Deductions directly connected with income in column (5)	
(1)									
(2)									
(3)									
(4)	<u> </u>								
Nonexempt Controlled Orga	anizations								
7 Taxable Income 8 Net unrelated (loss) (see instr					ncludec	t of column (9) that is led in the controlling zation's gross income		11 Deductions directly connected with income in column (10)	
(1)									
(2)									
(3)									
(4)				مم م	Loolum	ns 5 and 10. Enter	٨٩٩	columns 6 and 11. Enter	
				here		n line 8, Column (A),	here	and on line 8, Column (B), I, page 1.	
12 Totals				.					

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions on page 18.)

1 Description of income	2 Amount of income		direc	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedu		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)			· ·	·				·	
(2)									
(3)									
(4)									
Totals	Enter here and on column (A), Part I, mpt Activity Incoms on page 18.)	page 1.	other Th	nan Advertisin	ng In	icome			e and on line 9, 3), Part I, page 1.
(000 mon dono									
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	enses ectly ted with ction of lated s 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	cross income n activity that not unrelated iness income	attribu	penses table to mn 5	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,	e and on col. (B), page 1.						Enter here and on line 26, Part II, page 1.
Schedule J—Advertising In	come (See instru	ctions o	n nado	<u>(////////////////////////////////////</u>	<u>X//////</u>		<u> </u>		
Part I Income From Pe					ic				
1 Name of periodical	2 Gross advertising income		irect ng costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	Circulation income		dership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Column totals (carry to Part I line (5))	I,				1				
Part II Income From Pe columns 2 throug				arate Basis (Fo	or ea	ach periodi	cal list	ed in Pa	rt II, fill in
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Column totals, Part II I	Enter here and on line 11, col. (A), Part I, page 1.		e and on col. (B), page 1.						Enter here and on line 27, Part II, page 1.
Schedule K—Compensation	n of Officers, D	irector	s, and ⁻	Trustees (See i	instru		age 19)	
1 Name				2 Title		3 Percent of time devoted t business	o 4 C		on attributable to d business
		_				9	6		
		_				9	6		
		_				9	6		
						9	6		
Total—Enter here and on line 14, P	art II, page 1.						•		