Form	<b>990-T</b>		Exempt Organiz (and pro	ation Busin xy tax under s				rn	ОМ	B No. 1545-06	387
			endar year 2013 or other tax y	See separate in	structio				G C	2013	\$
	ent of the Treasury Revenue Service		ormation about Form 990 not enter SSN numbers on t							Public Inspec B) Organization	
	heck box if ddress changed		Name of organization (	Check box if name ch				D Emp	loyer ide	entification nu	umber
	pt under section	Print						(Emp	loyees' tr	rust, see instrue	ctions.)
	·	or	Number, street, and room or	suite no. If a P.O. box,	see instr	uctions.		<b>F</b> United		-incor optivity	
	.,,	Туре	City or town, state or province	a country and ZID or	foundamen	antal anda			instruction	siness activity ons.)	codes
40	( )		City or town, state or provinc	ce, country, and ZIP or	toreign p	ostal code					
C Book	value of all assets	F Gr	roup exemption number	(See instructions.	.) 🕨						
at end	d of year		neck organization type			ı 🗌 501	(c) trust	401(a)	trust	🗌 Othei	r trust
	-		n's primary unrelated bu								
			e corporation a subsidiary			parent-subsidi	ary controlled	group? .	. ►	∐ Yes ∟	_ No
	Yes," enter the e books are in (		nd identifying number of	the parent corpora	tion. 🕨	То	lephone num	bor <b>b</b>			
Part			e or Business Incon	ne		(A) Income		Expenses		(C) Net	
1a	Gross receipts					()				(-)	
b	Less returns and			c Balance ►	1c						
2	-	•	Schedule A, line 7)		2						
3			t line 2 from line 1c		3						
4a			me (attach Form 8949 a		4a						
b C		-	4797, Part II, line 17) (att n for trusts .....		4b 4c				_		
5	-		erships and S corporations		5						+
6		-	ile C)		6						
7			ced income (Schedule E		7						-
8		•	, and rents from controlled orga	· · /	8						
9			ction 501(c)(7), (9), or (17) orga		9						
10	-	-	ivity income (Schedule		10						
11 12			Schedule J)		11 12						+
13	Total. Combin				13						+
Part			Taken Elsewhere (Se		-	tions on ded	uctions.) (Ex	cept for	contril	butions,	4
	deduction	s must	be directly connected	with the unrelate	ed busi	ness income	e.)				
14			cers, directors, and trus	, ,					14		_
15	Salaries and w	•							15		
16 17			ance						16 17		+
18			dule)						18		
19									19		1
20			ons (See instructions for						20		
21	Depreciation (	attach I	Form 4562)		• •	. 21		-			
22			imed on Schedule A an						2b		
23 24			rred compensation plar						23 24		
25			grams						25		
26			nses (Schedule I)						26		1
27	Excess reader	ship co	osts (Schedule J)						27		
28			ach schedule)						28		<u> </u>
29 20			dd lines 14 through 28						29		+
30 31			xable income before ne eduction (limited to the a						30 31		+
32			axable income before sp						32		+
33			Generally \$1,000, but set						33		+
34	Unrelated bu	siness	taxable income. Subtr	act line 33 from lir	ne 32. li	f line 33 is gr	eater than lin	ie 32, 🗌			1
	enter the smal	ler of z	ero or line 32						34		

Form 99	0-T (2013)												F	Page <b>2</b>
Part	III Ta	ax Computation												
35	Organi	zations Taxable as Corp	orations. S	See instruc	ction	s for	tax computati	on. C	controlled grou	la dr				
	membe	rs (sections 1561 and 1563	3) check he	re 🕨 🔲	See	instru	ictions and:							
а	Enter ye	our share of the \$50,000, \$	25,000, and	d \$9,925,0	00 ta	axable	income brack	kets (i	in that order):					
	(1) \$	(2)	\$			(3)	\$							
b	Enter o	rganization's share of: (1) A	dditional 5	% tax (not	t moi	re tha	n \$11,750)	\$						
	(2) Add	itional 3% tax (not more the	an \$100,00	0)				\$						
С	Income	tax on the amount on line	34								35c			
36		Taxable at Trust Rat								on 🛛				
	the amo	ount on line 34 from: 🗌 Ta	x rate sche	edule or	] Sc	hedul	e D (Form 104	1) .	I	►	36			
37	Proxy t	ax. See instructions							)	►	37			
38		tive minimum tax									38			
39		Add lines 37 and 38 to line	35c or 36, v	whichever	appl	lies .					39			
Part		ax and Payments												
40a	-	tax credit (corporations attac					· · · ·	40a						
b		redits (see instructions) .						40b						
С		I business credit. Attach Fo	•			·	-	40c		_				
d		or prior year minimum tax	-				L	40d		_				
е		redits. Add lines 40a throu	•							Ļ	40e			<u> </u>
41		t line 40e from line 39 .									41			<u> </u>
42		kes. Check if from: Form 42						other (a	ttach schedule) .	F	42			<u> </u>
43		ax. Add lines 41 and 42.					1				43			<u> </u>
44a		nts: A 2012 overpayment c						44a		_				
b		stimated tax payments .					F	44b		_				
C		posited with Form 8868 .						44c		_				
d	-	organizations: Tax paid or					/	44d		_				
e	-	withholding (see instructio						44e 44f		_				
f		or small employer health in redits and payments:					110941).	441		-				
g			Other	2439			 Total ►	44g						
45		ayments. Add lines 44a th								-	45			
45 46	-	ed tax penalty (see instruct								n F	46			<u> </u>
47		e. If line 45 is less than the								► F	47			<u> </u>
48		yment. If line 45 is larger t			,						48			<u> </u>
49	-	amount of line 48 you want:							Refunded	-	49			<u> </u>
Part		atements Regarding C					Information	ı (see		-				<u> </u>
1		time during the 2013							,	or	a sio	nature	Yes	No
•		er authority over a t												
		s, the organization may												
	Financi	al Accounts. If YES, enter t	he name of	f the foreig	n co	ountry	here 🕨							
2	During t	he tax year, did the organization	on receive a	distribution	n from	n, or w	as it the grantor	of, or	transferor to, a	forei	ign tru	st? .		
	If YES,	see instructions for other for	orms the or	ganization	n may	y have	to file.							
3		e amount of tax-exempt in						r 🕨	\$					
Schee		-Cost of Goods Sold.	Enter meth	nod of inv	ento	ory va								
1		ry at beginning of year	1			6	-		fyear		6			
2	Purcha		2			7			sold. Subtra					
3		labor	3						Enter here ar	nd				
4a		nal section 263A costs									7			L
	-	schedule)	4a			8			ection 263A	•			Yes	No
		osts (attach schedule)	4b						d or acquired					
5		Add lines 1 through 4b	5		-11				1?					<u> </u>
Sign		enalties of perjury, I declare that I hav and complete. Declaration of prepare												_
-				1					- 0			e IRS discu e preparer		
Here		ire of officer		Det-		/						tructions)?		
		Print/Type property's name		Date Proparor's s		Iro	Title		Date	L			ΊN	<u> </u>
Paid		Print/Type preparer's name		Preparer's s	iynatu	шe			Date		ck 🗌	if	IIN	
Prepa		Final and a												
Use (	Only	Firm's name									's EIN ▶	•		
		Firm's address ►								Phor	ne no.			

## Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

(	 	 ,	
-			

1. Description of property	
(1)	
(2)	
(3)	
(4)	
2. Rent received or accrued	

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions.
(c) Total income. Add totals of columns 2(a) an here and on page 1, Part I, line 6, column (A)	Enter here and on page 1, Part I, line 6, column (B) ►	

					• •	• •	·	
here and	on page 1,	, Part I,	line 6,	column	(A)			

## Schedule E—Unrelated Debt-Financed Income (see instructions)

	1 Description of de	bt-financed property	2. Gross income from or allocable to debt-financed	3. Deductions directly connected with or allocable to debt-financed property					
	L Description of del	br-inanced property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)									
(2)									
(3)									
(4)									
	<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))				
(1)			%						
(2)			%						
(3)			%						
(4)			%						
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).				

Totals																					. I	▶∟	 	 	 	
Total div	vide	nds	s-re	ecei	ivec	d de	edu	ictic	ons	inc	lud	ed i	n c	olur	mn	8										▼

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

		Excilipt Controlled	organizations		
1. Name of controlled organization	2. Employer identification number	<b>3.</b> Net unrelated income (loss) (see instructions)	navmonts mado	<b>5.</b> Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	<b>9.</b> Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income	<b>11.</b> Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G-Investment Inco	me of a Section	501(c)			zation (see inst	ruction	s)	
1. Description of income	2. Amount of inco		3. direa	Deductions ctly connected ach schedule)	<b>4.</b> Set-aside: (attach schedu	s	<b>5.</b> T	otal deductions set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on Part I, line 9, colur							ere and on page 1, ine 9, column (B).
Totals								
Schedule I-Exploited Exempt	Activity Incom	e, Othe	er Than	Advertising Ir	ncome (see inst	ruction	s)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dir conneo produ unro	penses ectly cted with iction 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	attrib	xpenses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 26.
Totals								
Schedule J-Advertising Incom								
Part I Income From Perio	dicals Reported	on a 🤇	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising costs		<b>4.</b> 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)								-
Totals (carry to Part II, line (5))								
Part II Income From Period 2 through 7 on a line		on a S	Separat	<b>e Basis</b> (For ea	ach periodical I	isted i	n Part II	, fill in columns
1. Name of periodical	2. Gross advertising income		Direct sing costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I								
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, , col. (B).	-				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)			-					
Schedule K—Compensation o	f Officers, Direc	ctors, a	and Tru	stees (see instru				
1. Name			2	2. Title	3. Percent of time devoted to business	o <b>4.</b> (		tion attributable to ed business
(1)						6		
(2)						6		
(3)						6		
(4)						6		
Total. Enter here and on page 1, Part II,	line 14					•		