000 T	Exem	npt Organization Bu	ısine	ess Incon	ne T	ax Ret	urn	ON	MB No 1545-0687		
Form 990-T	(and proxy tax under section 6033(e))							2011			
Department of the Treasury Internal Revenue Service	ue Service ending . ▶ See separate instructions.								Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed	Name of organization ( Check box if name changed and see instructions )								entification number st, see instructions)		
B Exempt under section	Print	NRA SPECIAL CONTRIBUTION				<del></del>					
X 501 ( C )(3 )	or	Number, street, and room or suite no If	faPO b	ox, see instructions				23-7367534			
408(e) 220(e)	Туре	PO BOX 700						ated bu struction	siness activity code		
408A 530(a)		City or town, state, and ZIP code					(		-,		
529(a)		RATON	NM		8774	10	4532	20			
C Book value of all assets at		exemption number (See instruc		<u> </u>							
end of year 16,970,765	G Check	organization type ►X 501(	c) corp	oration 5	01(c)	trust	401(a) t	rust	Other trust		
H Describe the organiza	ation's prim	ary unrelated business activity.	<b>•</b>	RETAIL SALE	S IN G	IFT SHOP					
I During the tax year, wa	s the corpor	ation a subsidiary in an affiliated gre	oup or a	parent-subsidia	ry cont	rolled group	)?	$\blacktriangleright$	Yes X N		
If "Yes," enter the name	and identify	ring number of the parent corporati	on. 🕨								
J The books are in care	e of ▶ N	IRA SPECIAL CONTRIBUTION	FUND	Tele	phone	number	<b>►</b> 575-	44 <u>5-3</u>	615		
Part I Unrelated Tr	rade or Bi	usiness Income		(A) Incom	•	(B) E	rpenses		(C) Net		
1 a Gross receipts or sa	ales	92,127									
<b>b</b> Less returns and allow	_	c Balance ▶	1c	92,12	7						
2 Cost of goods sold	_		2	62,22							
3 Gross profit Subtra			3	29,90	6				29,906		
4 a Capital gain net inc	ome (attacl	n Schedule D)	4a								
b Net gain (loss) (Form	4797, Part I	I, line 17) (attach Form 4797)	4b								
c Capital loss deducti	ion for trust	s	4c								
5 Income (loss) from partr	nerships and S	S corporations (attach statement) .	5								
6 Rent income (Schei	dule C) .		6								
		ie (Schedule E)	7		ļ						
		nd rents from controlled				}					
organizations (Sche			. 8								
		n 501(c)(7), (9), or (17)									
organization (Sched			9						<u>-</u> _		
10 Exploited exempt a			10		+-						
11 Advertising income	•	•	11		+						
12 Other income (See		· ·	12	29,90	6		0	+	29,906		
13 Total. Combine line	S 3 through	n 12				tions \ /E					
<u> </u>		n Elsewhere (See instruction				tions ) (E	xcept foi	cont	ributions,		
		ectly connected with the unre		business inco	me.)			•			
		ctors, and trustees (Schedule K	)		• •	• •		4 5	0.049		
15 Salaries and wages		· · PECENIA		•	•			6	9,048		
<ul><li>16 Repairs and mainte</li><li>17 Bad debts</li></ul>	mance	· / jorVEIVE		7			<del> </del>				
18 Interest (attach sch	edule)	88	<u> </u>	1				8			
19 Taxes and licenses		台  NOV I 5 2012	၂၀	1				9			
		nstructions for-limitation rules)	SOS		•		. 2	_			
21 Depreciation (attacl			[Ĕ]	.   21		7,532	. —				
		Schedule A and elsewhere on re	eturn	22a				2b	7,532		
23 Depletion							. 2	3	,		
24 Contributions to def	erred com	pensation plans					. 2	4			
25 Employee benefit p	rograms						2	5			
26 Excess exempt exp							2				
27 Excess readership	•						2	${oldsymbol{ ilde{}}}$			
28 Other deductions (a		•					_	8	14,851		
29 Total deductions.								9	31,431		
		come before net operating loss of						0	-1,525		
		limited to the amount on line 30						1			
		come before specific deduction					<u> </u>	2	-1,525		
•	•	\$1,000, but see line 33 instruction		-			· · ·  3	3			
		ncome. Subtract line 33 from hi	ne 32	Time 33 is gre	ater th	an iine		4	-1.525		
32, enter the smalle	a przero o	: noe 37		_			1 3	4-1	- 1.5251		

For Paperwork Reduction Act Notice, see instructions. (HTA)

Form **990-T** (2011)

Part	III T	ax Computation					····					
35	Organiz	ations Taxable as Corpora	ations. See	instructions	s for tax comput	ation Co	ntrolled group					
	members (sections 1561 and 1563) check here See instructions and:											
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):									i		
	(1) \$ (2) \$ (3) \$											
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)											
•	(2) Additional 3% tax (not more than \$100,000)								35c			
36	Income tax on the amount on line 34  Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the								330			_
	amount on line 34 from Tax rate schedule or Schedule D (Form 1041) .											
37	Proxy tax. See instructions											
38												
39			oc or 36, wh	nichever app	olies	-		<u>.                                     </u>	39		0	
Part		Tax and Payments tax credit (corporations attact	oh Form 11	10 truete el	tach Form 1116	6) <b>40</b> a						
40 a	•	edits (see instructions) .	CHEOMILI	io, irusis a	uach Folin 1116	40b		-				
C		business credit Attach Fori	m 3800 (se	e instruction	 ıs)	40c						
d		or prior year minimum tax (at	•		•	40d			1			
е	Total cr	edits. Add lines 40a through	h 40d						40e		0	
41		l line 40e from line 39			<u>.</u>				41		0	
42		es. Check if from Form 4255 x. Add lines 41 and 42 .	Form 86	511 Form	8697 Form 8	866	Other (attach sche	eaule)	42 43		0	
43 44 a		ts A 2010 overpayment cre	 dited to 201	11	•	44a	· ·	ŀ	_43			
b	•	timated tax payments				44b						
С	Tax dep	osited with Form 8868				44c						
d	Foreign organizations Tax paid or withheld at source (see instructions)  44d											
e	Backup withholding (see instructions)  Credit for small employer health insurance premiums (Attach Form 8941)  44e  44f											
f g		edits and payments.	Form 243			441		-				
9		n 4136	Other		 Total ▶	44g	0					
						9						
45	Total pa	avments. Add lines 44a thro	ugh 44g		<del></del>				45		0	
45 46		ayments. Add lines 44a thro ed tax penalty (see instruction					<b>•</b>		45 46		0	
	Estimate Tax due	ed tax penalty (see instructions. If line 45 is less than the to	ons). Check otal of lines	if Form 222 43 and 46,	20 is attached enter amount o	wed .	<b>.</b>	<b>□</b>	46 47		0	
46 47 48	Estimate Tax due Overpay	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that	ons). Check otal of lines an the total	if Form 222 43 and 46, of lines 43	20 is attached enter amount o and 46, enter ar	wed .			46 47 48		0	
46 47 48 49	Estimate Tax due Overpay Enter the	ed tax penalty (see instructions. If line 45 is less than the to syment. If line 45 is larger that amount of line 48 you want. Cr	ons). Check otal of lines an the total redited to 20	if Form 222 43 and 46, of lines 43 a 12 estimated	20 is attached enter amount or and 46, enter ar at tax ▶	wed . nount ove	Refunded	 	46 47		0	
46 47 48	Estimate Tax due Overpay Enter the V St	ed tax penalty (see instructions). If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want Createments Regarding Ce	ons). Check otal of lines an the total redited to 20 ortain Activ	if Form 222 43 and 46, of lines 43 a 012 estimated vities and	20 is attached enter amount o and 46, enter and tax  Other Inform	wed . nount ove ation (se	Refunded ee instructions)	<b>→</b>	46 47 48		0 0	
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46 47 48 49	Estimate Tax due Overpay Enter the V St At any ti or other	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Createments Regarding Ceme during the 2011 calendar authority over a financial acceptance.	ons). Check otal of lines an the total redited to 20 rtain Activar year, did account (banl	tif Form 222 43 and 46, of lines 43 a 112 estimated vities and the organiza k, securities	20 is attached enter amount of and 46, enter and tax  Other Information have an in , or other) in a f	wed nount ove ation (se terest in coreign co	Refunded ee instructions) or a signature ountry?	<b>&gt;</b>	46 47 48		0 0	
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46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Cratements Regarding Center and the organization may have to all Accounts. If YES, enter the letax year, did the organization see instructions for other force amount of tax-exempt interest and the organizations of years. It is a section 263A costs schedule) osts (attach schedule) did lines 1 through 4b or penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year penalties of gang 1, 1 degars the I have the year the	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 112 estimated vities and the organization k, securities TD F 90-22 the foreign of anization made or accrue od of invention 61,489 30,802	20 is attached enter amount or and 46, enter ar attax   Other Information have an in, or other) in a fill, Report of Forward to the gray have to file ad during the tax tory valuation  6 Inverse of I	ation (set terest in coreign coreign Barrantor of, expear better the rules perty probly to the condition and statements of the	Refunded ee instructions) or a signature ountry? ok and or transferor to, a  s end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? onts, and to the best of onts.	act e [A (with	46 47 48 49 9n trust 6 7 n responsesal	6 ect to e)	0,070  2,221  Yes  X  Jue, correct	No X X
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Cratements Regarding Center and the organization may have to all Accounts. If YES, enter the letax year, did the organization see instructions for other force amount of tax-exempt interest and the organizations of year less. It is a section 263A costs schedule) to the cost of Goods Sold. Entered the cost of Goods Sold.	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 112 estimated vities and the organization k, securities TD F 90-22 the foreign of anization made or accrue od of invention 61,489 30,802	20 is attached enter amount or and 46, enter are attax  Other Information have an in, or other) in a from the following the tax are attax in the gray have to file and during the tax tory valuation  6 Inverse of Inverse o	ation (set terest in coreign coreign Barrantor of, expear better the rules perty probly to the condition and statements of the	Refunded ee instructions) or a signature ountry? nk and or transferor to, a  s end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? nts, and to the best of rowledge	act e [A (with	46 47 48 49  In trust  6  7 In respirate resal  ledge and  May the the prejugation of the	6 ect to e)	0,070  Yes  0,070  2,221  Yes  X  Jue, correct  this return  ellow (see	No X X X
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Cratements Regarding Center and the organization may have to all Accounts. If YES, enter the letax year, did the organization see instructions for other force amount of tax-exempt interest and the organizations of year less. It is a section 263A costs schedule) to the cost of Goods Sold. Entered the cost of Goods Sold.	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 12 estimated vities and the organization the foreign of elistribution fro anization maded or accrue od of invent 61,489 30,802  92,291 eturn, including an based on all infor Date	20 is attached enter amount or and 46, enter ar and 46, enter ar at tax   Other Information have an in, or other) in a fill, Report of Forward to the second	ation (setterest in coreign coreign Barrantor of, expear entory at st of good 6 from lift in Part I the rules perty property prop	Refunded ee instructions) or a signature ountry? nk and or transferor to, a  s end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? nts, and to the best of rowledge	act e [A (with	46 47 48 49  In trust  6  7 responses and the degree and the degre	6 ect to e)	0 0 0 1 Yes 0,070 2,221 Yes X	No X X X
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5 Sign Here	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A  Unde	ed tax penalty (see instructions. If line 45 is less than the toy ment. If line 45 is larger that amount of line 48 you want. Createments Regarding Ceme during the 2011 calendar authority over a financial action of the organization may have to all Accounts. If YES, enter the etax year, did the organization see instructions for other force amount of tax-exempt interese instructions of year sees. It is a beginning of year sees. It is a beginnin	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 12 estimated vities and the organization k, securities TD F 90-22 the foreign of anization made or accrue od of invention 61,489 30,802	20 is attached enter amount or and 46, enter ar and 46, enter ar at tax   Other Information have an in, or other) in a fill, Report of Forward to the second	ation (setterest in coreign coreign Barrantor of, expear entory at st of good 6 from lift in Part I the rules perty property prop	Refunded ee instructions) or a signature ountry? nk and or transferor to, a  end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? nts, and to the best of rowledge R	act e	46 47 48 49  In trust 6 7 7 responses and the preparation of the prepa	ect to e) delef, it is true siRS discuss to parer shown be parer s	0,070  Yes  0,070  2,221  Yes  X  Jue, correct  this return  ellow (see	No X X X
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5 Sign Here	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A  Unde end c Sig	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Createments Regarding Ceme during the 2011 calendar authority over a financial action organization may have to all Accounts. If YES, enter the letax year, did the organizations is enstructions for other forms amount of tax-exempt interest and beginning of year less labor. It is a beginning of year labor. It is a begi	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a destruction as the organizes of the receive and the receive a	tif Form 222 43 and 46, of lines 43 a 12 estimated vities and the organization the foreign of elistribution fro anization maded or accrue od of invent 61,489 30,802  92,291 eturn, including an based on all infor Date	20 is attached enter amount or and 46, enter ar and 46, enter ar at tax   Other Information have an in, or other) in a fill, Report of Forward to the second	ation (setterest in coreign coreign Barrantor of, expear entory at st of good 6 from lift in Part I the rules perty property prop	Refunded ee instructions) or a signature ountry? nk and or transferor to, a  \$ end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? ints, and to the best of rowledge R	act e	46 47 48 49  In trust  6  7 responses and the preginstruction of the	d belief, it is true a IRS discuss to parer shown be loons)? X v	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No X X No No
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5 Sign Here	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A  Under end co Sig	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Cratements Regarding Ceme during the 2011 calendar authority over a financial action organization may have to all Accounts. If YES, enter the etax year, did the organization see instructions for other force amount of tax-exempt interese instructions of years. It is a section 263A costs schedule) osts (attach schedule) osts (attach schedule) of the entered of officer.  Print/Type preparer's name  JAMES P. SWEENEY  Firm's name. MCGLADE	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 12 estimated vities and the organization k, securities TD F 90-22 the foreign of anization made or accrue od of invention 61,489 30,802  92,291 eturn, including an based on all infor	20 is attached enter amount or and 46, enter ar attax  Other Information have an in, or other) in a fill, Report of Forountry here may not was it the gray have to file ad during the tax tory valuation  6 Inverse and a proper approximation of which prepare to 12  Title  Signature	ation (seterest in coreign coreign Barrantor of, expear bentory at st of good 6 from lid in Part I the rules perty prophy to the sand statemeer has any knot EASURE	Refunded ee instructions) or a signature ountry? ok and or transferor to, a  s end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? organization? nts, and to the best of rowledge  R  Date  11/7/2012	act e[ A (with red for my knowled) Check self-e Firm's	46 47 48 49  In trust  6  7 responses and the preginstruct  k manual man	d belief, it is true  B IRS discuss to barer shown be lons)?  If PTIN d P012444444444444444444444444444444444444	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No No No No
46 47 48 49 Part 1 2 3 Sche 1 2 3 4 a b 5 Sign Here	Estimate Tax due Overpay Enter the V St At any ti or other If YES, t Financia During th If YES, s Enter the dule A— Inventor Purchas Cost of I Addition (attach s Other co Total. A  Unde end c Sig	ed tax penalty (see instructions. If line 45 is less than the toyment. If line 45 is larger that amount of line 48 you want. Cratements Regarding Ceme during the 2011 calendar authority over a financial action organization may have to all Accounts. If YES, enter the etax year, did the organization see instructions for other force amount of tax-exempt interese instructions of years. It is a section 263A costs schedule) osts (attach schedule) osts (attach schedule) of the entered of officer.  Print/Type preparer's name  JAMES P. SWEENEY  Firm's name. MCGLADE	ons). Check otal of lines an the total redited to 20 ortain Activar year, did account (bank of file Form e name of the receive a doms the organist receive and the receive and	tif Form 222 43 and 46, of lines 43 a 12 estimated vities and the organization k, securities TD F 90-22 the foreign of anization made or accrue od of invention 61,489 30,802  92,291 eturn, including an based on all infor	20 is attached enter amount or and 46, enter ar and 46, enter ar at tax   Other Information have an in, or other) in a fill, Report of Forward to the second	ation (seterest in coreign coreign Barrantor of, expear bentory at st of good 6 from lid in Part I the rules perty prophy to the sand statemeer has any knot EASURE	Refunded ee instructions) or a signature ountry? ok and or transferor to, a  s end of year ods sold. Subtra ne 5 Enter here, line 2 of section 263/ duced or acquir organization? organization? nts, and to the best of rowledge  R  Date  11/7/2012	act e	46 47 48 49  In trust  6  7 responses and the preginstruct  k manual man	d belief, it is true a IRS discuss to parer shown be loons)? X v	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No No No No

Schedule C—Rent Income	(From Real Pr	operty a	nd Personal P	roper	ty Leased	With Real Pro	perty	)	
(see instructions)  1. Description of property				<u>-</u>					
	<del></del>					••			
(1)									
(2)									
(3)								<del>.</del>	
(4)									
	2 Rent received	or accrued	<del></del>						
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and personal ge of rent for persona f the rent is based on	propert	y exceeds			onnected with the income (b) (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0 7	otal			0			•	
(c) Total income. Add totals of collihere and on page 1, Part I, line 6, c		Enter			0	(b) Total deduction  Enter here and of Part I, line 6, co	on page		
Schedule E-Unrelated De	bt-Financed Ir	ncome (se	ee instructions)						
		,-			3. [	Deductions directly co	nnected	with or allocable	
1. Description of debt-	financed property		2. Gross income f allocable to debt-fi property		, , ,	to debt-finan		(b) Other deductions	
(1)					(attac	h schedule)		(attach schedule)	
(1)									
(2)		<del></del>							
(3)									
(4)				-					
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	uisition debt on or of or allocable to debt-financed debt-financed property		6. Column 4 divided by column 5	livided 7. Gross (colum		ncome reportable n 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%		0		0	
(2)				%		0		0	
(3)				%		0		0	
(4)				%		0		0	
(1)			1						
Totals				•		and on page 1, 7, column (A) 0	Par	er here and on page 1, t I, line 7, column (B) 0	
Total dividends-received deducti	ons included in co	lumn 8		•		•			
Schedule F—Interest, Ann			ents From Co	ntrol	led Organi	zations (see in	structu	nne)	
Schedule I —Interest, Aim	uities, Royalti	<del></del>	npt Controlled C			Zations (see in	Structiv	JII3)	
Name of controlled organization	2. Employer identification nui	mber 3. Ne	et unrelated income ) (see instructions)	4. Tot	tal of specified ments made	5. Part of column 4 included in the con organization's gross	trolling	Deductions directly connected with income in column 5	
(1)				<del>                                     </del>					
(2)	<del> </del>			<del>                                     </del>					
(3)	-			<del>                                     </del>					
(4)									
								1	
Nonexempt Controlled Organiz	aliuris		<u> </u>			Γ		1	
7. Taxable Income  8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10		
(1)									
(2)									
(3)									
(4)									
	. 1					Add columns 5 ar Enter here and on p Part I, line 8, colun	page 1,	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals					<b>&gt;</b>		C	o	
		····				<u> </u>		Form <b>990-T</b> (2011)	

Schedule G—Investment Incor	ne of a Section !	501(c)	(7), (9),	or (17) Organiza	atic	n (see instru	ctions	s)	
1. Description of income	2. Amount of income		Deductions     directly connected     (attach schedule)			4 Set-asides (attach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)			\alpha.	taon schedule)	$\top$			<del>                                     </del>	0
(2)				_	十				0
(3)					十			<del>                                     </del>	0
(4)					十			1	0
(1)	Enter here and on p	age 1						Enter her	e and on page 1,
	Part I, line 9, column								e 9, column (B)
Totals		. v.,							0
Schedule I—Exploited Exempt	Activity Income	<u>-</u>	<del> </del>	Advertising Inc.	٥m	A (see instruc	tions	<del></del>	
Schedule I—Exploited Exempt	Activity income	, Othic	i iliali /		<del>                                      </del>	e (see iiisiiuc	lions	<u>/</u>	
Description of exploited activity	2. Gross unrelated business income from trade or business	conn- proc un	expenses lirectly ected with duction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	ſ	5. Gross income from activity that is not unrelated ousiness income	attr	Expenses ibutable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				(	0				0
(2)					0				0
(3)				(	ol				0
(4)					ol				0
	Enter here and on page 1, Part I, line 10, col (A)	page	here and on e 1, Part I, 0, col (B)		-				Enter here and on page 1, Part II, line 26
Totals	· 0		0						0
Schedule J—Advertising Incom	e (see instructions	)							
Part I Income From Period	licals Reported	on a C	Consolid	ated Basis				-	
Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income	6. F	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					+				
(2)	1								'
(3)					$\vdash$				
(4)					$\vdash$				,
(1)					+				
Totals (carry to Part II, line (5))	• l o		0	) ا	ol	o		0	n
Part II Income From Period	_				_		d in		
columns 2 through 7			opulate	Daoio (i oi caci	, b.	criodical listo	<b>u</b> III	i dit ii, iiii	
1. Name of periodical	2. Gross advertising	3.	Direct	4. Advertising gain or (loss) (col 2 minus col 3) If		5. Circulation	6. F	Readership	7. Excess readership costs (column 6 minus column 5,
	income	adven	tising costs	a gain, compute cols 5 through 7		income		costs	but not more than column 4)
(1)					0				0
(2)				(	0				0
(3)					0				0
(4)				(	0				0
(5) Totals from Part I	0		0						0
	Enter here and on page 1, Part I, line 11, col (A)	page line 1	nere and on e 1, Part I, 1, col (B)						Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0		0						0
Schedule K—Compensation of	Officers, Direct	ors, a	na Irus	tees (see instruct	ion		. 1		
1. Name				2. Title		business		Compensation attributable to unrelated business	
(1)		$\bot$					%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II,	line 14 .						ightharpoonup		0

LII	le 20 (990-1) -	Charitable Contributions							
	Check ("X") box	X Corporations Cash							
	` ,	Trusts 50% Non Cas	th under \$5000						
		Trusts (combined) Non Cas	sh over \$5000		<del></del>				
				Deduction	Adjustment				
1	Contributions for cu	rrent year		Allowed in	under Section	New			
	Enter the contribution	ons by type.	Amount	Current Year	170(d)(2)(B)	Carryover			
	Corporations	10% limitation	0	0		0			
	Trusts	170(b)(1)(A) 50% limitation	_	0		0			
		30% limitation		0		0			
	Carryover from:				ì				
а	5th preceding perio					•			
	Corporations	10% limitation	0	0		0			
	Trusts	170(b)(1)(A) 50% limitation 30% limitation	0	0		0			
h	4th preceding perior		<u>-</u>	U		<u> </u>			
D	Corporations	d	o	0		0			
	Trusts	170(b)(1)(A) 50% limitation	0	0					
	110303	30% limitation	0	0		0			
С	3rd preceding perio								
	Corporations	10% limitation	o	0		0			
	Trusts	170(b)(1)(A) 50% limitation	0	0		0			
		30% limitation	0	0		0			
d	2nd preceding period								
	Corporations	10% limitation	0	0		0			
	Trusts	170(b)(1)(A) 50% limitation	0	0		0			
_	4-4	30% limitation	0	0		0			
е	1st preceding period	d	ام	0		0			
	Corporations Trusts	170(b)(1)(A) 50% limitation	0			0			
	Tiusis	30% limitation	0			0			
3	Totals .		0		0	0			
		next year due to 5 year limitation	= 1		4	0			
		arryover to next year			5	0			
		•			-				
	C	Computation of Section 179 Deduction	on for Estimate	ed Charitable	Contribution				
_									
		mputed without contribution deduction or S				6,007			
		ion for purposes of contribution limitation.			7 .	0			
		s Section 179 deduction. Subtract line 7 fi on limitation. Enter 10 percent of line 8				6,007 601			
		tion considering Section 179 limitation. Sn							
	Continuation deduct	tion considering occition 173 infiliation. On	idilei oi iiile o, o		· · · · · · · · · · · · · · · · · · ·				
		Computation of Actua	l Charitable C	ontribution					
		·							
	Actual Section 179	deduction			11	0			
		s actual Section 179 deduction Subtract I			-				
13	Net operating loss of					6,007			
14	Taxable income for	purposes of contribution deduction. Subtr	act line 13 from	line 12	14.	0			
15	Actual contribution	on limitation. Enter 10 percent of line 14 deduction Smaller of line 3, col A, or line	 15		15 . . 16	0			
10	Actual Contribution	deduction Smaller of line 3, cor A, of line	10	•	. 10	U			
	00 (000 =)	04 B. L. 4							
<u>LII</u>									
1	Credit and collection	n costs				6,610			
						1,776			
	Supplies				3 -	2,177			
<b>4</b> 5	Utilities	ogy			5	751 3,537			
	Total other deduction	ons				<u>3,537</u> 14,851			
		ss expenses for offsetting credits				14,851			
		The state of the s		<del></del>		.,			