

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCARNED
נו נו
•9
ಣ
ソロ4 用

	000 T	Ex				ness Income Ta	ax Return		омв м	lo 1545-0687
Fo	Form 990-T (and proxy tax under section 6033(e)) For calendar year 2013 or other tax year beginning Jul 1 , 2013, and ending Jun 30 , 2							2042		
		For calendar yea				, 2013, and ending <u>.</u> nstructions.	Jun 30 , 2	<u>U14</u>		013
Depart	ment of the Treasury		on about Form 990-	T and its ins	structi	ons is available at ww	•	t.	Open to Pub	olic Inspection for
Interna	Revenue Service	► Do i				y be public if you organiza	tion is a 501(c)(3).	I = =	501(c)(3) O	ganizations Only
Α [Check box if address changed		, i			nanged and see instructions)	_	~ (E	mployees' tru	tification number ist, see
	xempt under section	npt under section Print Charlotte Fire and Rescue Services, Inc.								
ļ	X 501(c)(3)	or Type		2894 Iness activity						
ŀ	- · · -	220(e) 1.0. Box 05								structions)
ŀ	408A 530(a) City or town, state or province, country, and 2IP or foreign postal code Charlotte VT 05445 532420									
CE	look value of all assets at	F Grou	p exemption number	(See instruc	tions)		03443	<u> </u>	332420	
e	nd of year 3 , 421 , 190	O Char	k organization type	<u> </u>			1(c) trust 4	01(a)	trust	Other trust
H D		/• 	unrelated business a		00.(0	, serperanerse	.(0)	· (u)		
I	ncome from t	he renta	l of a porti	on of a	com	munications to	wer.			
		•	-	_		or a parent-subsidiary c	ontrolled group?		▶ 🔲١	∕es X No
			ng number of the par	rent corporat	tion .	►				
	he books are in care		~				Telephone number		, '	25-3111
Par			Business Incom	e		(A) Income	(B) Expense	S		C) Net
	Gross receipts or sa				١.				İ	
	Less returns and allowar			Balance ►	1 c				 	
	=		ne 7)		3		 		 	
3	•		ine 1c		4 a		 			
	. •	•	7) (attach Form 4797).	•	4 a		 			
	•				4 b				+	
	Income (loss) from p				40		+		+	
	(attach statement)		.		5					
6	•	•			6	27,417.	4,8	<u> 79.</u>		22,538.
7		•	Schedule E)		7					
8			m controlled organization		8					
9			(9), or (17) organization							
10		=	(Schedule I)							
11	•	` '			11		ļ			
12	Other income (See i	nstructions, at	ttach schedule)		40					
12	Total Combine line	o 2 through 10	· · · · · · · · · · · · · · · · · · ·		12	07.417			1	00 500
Par						for limitations on o	deductions \ /Ex	79.	for	22,538.
Fai	contributio	ns. deduction	ons must be dire	ctly conne	cted	with the unrelated	business incom	icepi ie.)	. 101	
14	Compensation of off	ficers, director	s, and trustees (Sch	duje k	CE	IVED		14		
15	Salaries and wages							15		
16	Repairs and mainter	nance		a Feb	· 2 A	. 2045 . M		16		
17	Bad debts			<i>L</i>		'. 4915 O		17		
18	Interest (attach sche	edule)		000	of the sales			18		
19	Taxes and licenses			ogr	EN	LUT =		19		
20			uctions for limitation			l l		20		
21									_	
22			edule A and elsewhe					22 t	<u> </u>	
23								23	<u> </u>	
24		•	·-					24		
25	, ,	-						25	<u> </u>	
26		•	•					26	 -	
27 28								27		
29								29		
30						Subtract line 29 from lin		30	T	22,538.
31			•	_				31		
32						ne 31 from line 30		32		22,538.
33						eptions)		33	ļ	1,000.
34					reater t	han line 32, enter the smaller		34		21,538.
BAA	For Paperwork Red	duction Act N	iotice, see instructi	ons.		TEEA0201 12/2	23/13		Forn	n 990-T (2013)

Part III Tax Computation	Form 990-T	311111111111111111111111111111111111111	d Rescue Services, I	Inc.	03-	-0272894	Page	2
Controlled group members (sections 1551 and 1563) check here		·						
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 toxable income brackets (in that order) (1) \$\begin{array}{c}\$ b Enter organizations share of (1) Additional 5% tax (not more than \$117,50). \$\begin{array}{c}\$ \$\$\$ (2) Additional 5% tax (not more than \$100,000). \$\$\$\$ \$\$\$\$ c income tax on the amount on line 34 \$\$\$ (2) Additional 5% tax (not more than \$100,000). \$\$\$ \$\$\$ \$\$\$ c income tax on the amount on line 34 \$\$\$ (1) \$\$\$ for that \$100,000 \$\$\$ \$\$\$ or \$1.750\$. \$\$\$ \$\$\$ \$\$\$ 7.751\$. \$\$\$ 6.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 7.752\$. \$\$\$ 9.	•	-	· 					
1)								
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750). S (2) Additional 3% tax (not more than \$100,000) S c Income tax on the amount on line 34 c Trusts Taxabea et Trust Rates. See instructions for tax computation income tax on the amount on line 34 from				kets (in that order)				
22 Additional 3% tax (not more than \$100,000)								
C Income lax on the amount on line 34 35 3,231		•	The state of the s					
36 Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on ine 34 from	(2) Ad	dditional 3% tax (not more than \$100,000	0)	· · · · · <u>\$</u>				
A continue of the form Tax rate schedule or Schedule O (Form 1041) 58 37 73 74 74 74 74 74 74	c Incom	ne tax on the amount on line 34			▶	35 c	3,231	L.
37 37 38 Allemative immumum tax 38 38 39 3,231.	36 Trust	s Taxable at Trust Rates. See instructi	ons for tax computation. Income t	ax on the amount				
38 Netrative minimum tax 38 38 3, 231.	on lin	e 34 from Tax rate schedule or	Schedule D (Form 1041)	▶	36		
38 Netrative minimum tax 38 38 3, 231.	37 Proxy	y tax. See instructions			▶	37		_
39 3,231.						38		_
Part IV Tax and Payments	39 Total	. Add lines 37 and 38 to line 35c or 36,	whichever applies			39	3,231	<u>.</u>
Do Porce grant as credit (corporations attach Form 1116, fusis attach Form 1116)				•••				_
b Other credits (see instructions) . 40b 40c			118 trusts attach Form 1116) .	40a		- 1		—
d Credit for prior year minimum tax (attach Form 8801 or 8827). ■ Total credits. Add lines 40a through 40d 141 Subtract line 40a from line 39 □ Other taxes Check if from □ Form 4255 □ Form 8811 □ Form 8866 □ Other (attach schedule) □ Other (attach								
d Credit for pror year minimum tax (altach Form 8801 or 8827). 40d 41 Subtract line 40e from line 39. 41 3, 231. 42 Other taxes Check from Form 4255 Form 8611 Form 8697 Form 8868 41 3, 231. 42 Other taxes Check from Form 4255 Form 8611 Form 8697 Form 8868 42 43 3, 231. 44 a Payments A 2012 overpayment credited to 2013 44a Payments A 2012 overpayment credited to 2013 44a Payments A 2012 overpayments 44b 118. 44 118. 44 44b 118. 44 44b 44d		•						
Total credits. Add lines 40a through 40d 14 Subtract line 40e from line 39- 15 Other taxes Check if from		•	•			1		
41 Subtract line 40e from line 39 42 Other taxes Check if from \$691 Form 8697 Form 8686 42 A2 A3 7,231. 42 Other taxes Check if from \$691 Form 8697 Form 8686 42 A3 7,231. 43 Total tax. Add lines 41 and 42. 43 Total tax. Add lines 4 and 42 A4 Payments A 2012 overpayment credited to 2013. 44 Payments A 2012 overpayment set from 8688. 44 Ca 3, 800. 45 Foreign organizations Tax paid or withheld at source (see instructions). 44 Payments Payments Add lines 44 at through 44g. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see instructions). 47 Total payments. Add lines 45 is less than the total of lines 43 and 46, enter amount overpaid. 48 Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 49 you want: Credited to 2014 estimated tax ** 613 Refunded ** 9 Total ** 49 Enter the amount of line 49 you want: Credited to 2014 estimated tax ** 613 Refunded ** 9 Total ** 49 Enter the amount of line 49 you want: Credited to 2014 estimated tax ** 613 Refunded ** 9 Total ** 49 Enter the amount of line 49 you want: Credited to 2014 estimated tax ** 613 Refunded ** 9 Total ** 49 Enter the amount of line 49 you want: Credited to 2014 estimated tax ** 613 Refunded ** 9 Total ** 40 Analytime during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bark, securities, or other) in a foregin country? If YES, the organization may have to file Form 10r Foreign Bank and Financial Accounts if YES, enter the name of the foregin country here ** 1 Inventory at beginning of year 1 I reversely the payment of the foregin country here ** 1 Inventory at beginning of year 2 I reversely the payment of the payment o								
Add State Add Ad								
Other (attach schedule) 42 43 3, 231.	41 Subtr	act line 40e from line 39.	H			41	3,231	<u>L.</u>
43 3, 231. 44 a Payments A 2012 overpayment credited to 2013. 44 a b 2013 estimated tax payments. 44 b 118. c Tax deposited with Form 8868	42 Other	taxes Check if from Form 4255	Form 8611Form 8697	Form 8866				
### A Payments A 2012 overpayment credited to 2013 . ### A #	[]c	Other (attach schedule)				42		
### A Payments A 2012 overpayment credited to 2013. ### B 2013 estimated tax payments. ### C Tax deposited with Form 8868 ### C Tax deposited with Form 8436 ### C Tax deposited by E Ta	43 Total	tax. Add lines 41 and 42				43	3,231	
b 2013 estimated tax payments	44 a Paym	ents A 2012 overpayment credited to 2	013	44 a				_
c Tax deposited with Form 8868					118			
d Foreign organizations Tax paid or withheld at source (see instructions)								
Be Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941)					<u> </u>	1		
f Credit for small employer health insurance premiums (Attach Form 8941)								
g Other credits and payments.								
Form 4136				***				
Total payments. Add lines 44a through 44g				-				
Estimated tax penalty (see instructions) Check if Form 2220 is attached X	_			<u>' </u>		<u> </u>		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48 Enter the amount of line 48 you want: Credited to 2014 estimated tax 613. Refunded 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F9-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here 7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 8 Table the amount of tax-exempt interest received or accrued during the tax year if YES, see instructions for other forms the organization may have to file 9 Total Additional section 263A costs (altach schedule) 1 Inventory at beginning of year 1 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2 1 Inventory at beginning of year 1 At a Additional section 263A costs (altach schedule) 4 A Additional section 263A costs (altach schedule) 4 Dother costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 7 Total complete declaration of prepare (other than taxpeyr) is based on all information of which preparer is shown below (see line) and the preparer is shown below (see line) and t						45	3,918	<u>3.</u>
A8 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48 Enter the amount of line 48 you want: Credited to 2014 estimated tax 613 Refunded 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation \$ 1 Inventory at beginning of year						46	74	1.
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1	47 Tax o	lue. If line 45 is less than the total of line	s 43 and 46, enter amount owed		▶	47		
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1	48 Over	payment. If line 45 is larger than the total	al of lines 43 and 46, enter amour	nt overpaid	▶	48	613	3.
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1						49		
1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year 5 Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year 1 Inventory at beginning of year 2 Purchases 2 Tost of labor 3 Cost of labor 4 a Additional section 263A costs (altach schedule) 4 a Additional section 263A costs (altach schedule) 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 perpury, I decirate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and companie deciration of preparer (other than taxpayyr) is based on all infiguration of which preparer allowing belief, it is true, correct and companies deciration of preparer (other than taxpayyr) is based on all infiguration of which preparer allowing belief (it is true, correct and companies deciration of preparer (other than taxpayyr) is based on all infiguration of which preparer allowing belief (it is true, correct and companies deciration of preparer (other than taxpayyr) is based on all infiguration of which preparer allowing preparer and the preparer signature of office. Pont/Type preparer s name Tapia & Huckabay, CPA Perparer's signature Tapia & Huckabay, P.C. Firm's address Tapia & Huckabay, P.C. Pon Box 38 Vergennes VT 05491 Phone no (802) 870-7086								
financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year 5 Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year 1 Inventory at end of year 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2 4 a Additional section 263A costs (atlach schedule) 4 a Bo the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No 1 Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief; it is true, correct, and compliate declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge 1 Interest Interes	<u></u>	<u>' </u>		· · · · · · · · · · · · · · · · · · ·		vor a	Vos N	_
Report of Foreign Bank and Financial Accounts if YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year 1 Inventory at beginning of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2 4 a Additional section 263A costs (attach schedule) 4 a Additional section 263A costs (attach schedule) 4 a B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Total. Add complete Bectaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instructions)? Yes No Paid Preparer's signature of officer Prim's ame Prim's preparer shame Yes Intervited in Prim's Elin Prim's		•	-				163	_
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If YES, see instructions for other forms the organization may have to file 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year		,	•	•	III 1D F 90-	22 1,		
If YES, see instructions for other forms the organization may have to file 3	•	•			-		·	<u>X</u> _
Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year	2 Durin	g the tax year, did the organization rece	ve a distribution from, or was it th	e grantor of, or transferor	o, a foreign	trust?		<u>X_</u>
Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year	If YES	S, see instructions for other forms the or	ganization may have to file					
Schedule A — Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year	3 Enter	the amount of tax-exempt interest recei	ved or accrued during the tax vea	r > \$			1 1	
1 Inventory at beginning of year							· · ·	_
2 Purchases			<u> </u>		. 1	6		_
Sign Print/Type preparers name Preparer's signature Date Date Print/Type preparer s name Preparer's signature Print/Type preparer s name Print/Type		, , , ,		•	l l	- 		—
A a Additional section 263A costs (attach schedule) b Other costs (att sch) 5 Total. Add lines 1 through 4b Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Pint/Type preparer's name Preparer's signature Pirm's name Firm's name Firm's address Pinn's address Phone no Ray the IRS discuss this return with the preparer shown below (see instructions)? Title Date Pirm's address Phone no (802) 870-7086		†						
A a Additional section 263A costs (attach schedule) b Other costs (att sch)	3 Cost	of labor	3			7		
b Other costs (att sch) Total. Add lines 1 through 4b Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here Pinnt/Type preparer s name Preparer's signature Preparer's si	4 a Additio	onal section 263A costs (attach schedule)			(<u> </u>	Voc N	
Sign Here Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No			4a	Datha milaa af costi	000 A 40 -40		169	
Title Property sourced of acquired for testile and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer s name Preparer's signature Prepa			4 b		•	•		
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer William S. Huckabay, CPA Firm's name Tapia & Huckabay, P.C. Firm's address Proparer Vergennes VT 05491 Phone no (802) 870-7086					•			
Here Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No		- I	· [•			1 1	_
Paid Pre-parer shown below (see Instructions)? It was preparer shown below (see Instructions)? It was not	Cimm	belief, it is true, correct, and complete Declaration	of preparer (other than taxpayer) is based on	all information of which preparer h			_	
Paid Preparer s name Preparer's signature Preparer'		See ours	2/16/15	tresiden	A I			
Paid Pre- parer Use Only Pont/Type preparer s name William S. Huckabay, CPA Preparer's signature Proparer's	пеге	Signature of officer	Date	Title		inetructions/2	· —	do.
Paid Preparer Use Only William S. Huckabay, CPA Z/3/iS self-employed self-employed P00154308 Vergennes VT 05491 Phone no (802) 870-7086			I Danson de la constante de la	In-t-			· <u> </u>	
Pre-parer Use Only William S. Huckabay, CPA Tapia & Huckabay, P.C. Firm's address Firm's address Firm's address Phone no (802) 870-7086	Paid	Print/Type preparer's name	1 2		Check I If	PUN		
Parer Use Only Firm's address Tapia & Huckabay, P.C. Firm's EIN 47-1371818 P.O. Box 38 Vergennes VT 05491 Phone no (802) 870-7086		William S. Huckabay, CPA	CPA, CPA	2/15/15	elf-employed	P001543	28	
Use Only P.O. Box 38 Vergennes VT 05491 Phone no (802) 870-7086		Firm's name Tapia & Huckal	pay, P.C.		ırm's EIN	47-1371818	3	_
Only Vergennes VT 05491 Phone no (802) 870-7086								_
vergennes v1 03491 (002) 070 7000			7.717	05491	Phone no	(802) 970	1_7086	
	BAA	1 Vel delilles		00101				(3)

Schedule C — Rent Incor	ne (From Real P				Leas	ed With Re		perty) (see instructions)	
1 Description of property					•				
(1) Space on a commun	ications towe	er in Cha	rlotte	, Vermont			-		
(2)									
(3)									
(4)									
	2 Rent received o	<u> </u>				3(a) Dodu	ationa di	rectly connected with	
(a) From personal pro (if the percentage of rent fo property is more than 10° more than 50%	or personal % but not	(if the perce property ex	entage of a sceeds 50%	rsonal property rent for personal % or if the rent is or income)			ne in col	lumns 2(a) and 2(b) schedule)	
(1)				27,4	117.			4,879.	
(2)									
(3)									
(4)									
Total	Tota			27,4	<u> 117.</u>	(b) Total deduction	one Enter		
(c) Total income. Add totals of concerned and on page 1, Part I, line 6.				27.4	117.	here and on page I, line 6, column (E	1. Part		
Schedule E — Unrelated	Debt-Financed I	ncome (see	instruction					,	
			2 Gross	income from	3 De			cted with or allocable to d property	
i bescription of der	ot-financed property			able to debt- ed property		(a) Straight line epreciation (attach sch		(b) Other deductions (attach schedule)	
(1)						-			
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjutor or allocable to property (attach schedule)		bt-financed	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		2 x	x (column 6 x total of columns 3(a) and 3(b))	
(1)				બુ					
(2)				90					
(3)				9					
(4)				ૄ					
Totals					Part	here and on pa I, line 7, column	(A)	Enter here and on page 1, Part I, line 7, column (B)	
Schedule F — Interest, A								ruotiono)	
Defieddie i – Interest, A	indices, Royalti	Exempt Cont			ı Org	amzauons (see msu	uctions)	
Name of controlled organization	lame of controlled 2 Employer 3 Net unrela		elated (loss)	4 Total of specified payments made		5 Part of column that is included if the controlling organization's gross income		d in connected with g income in column 5	
(1)						+			
(2)								_	
(3)				_					
(4)									
Nonexempt Controlled Organizati	ions			<u> </u>					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of paymer	nts made included ii		in the	column 9 that is in the controlling on's gross income		11 Deductions directly connected with income in column 10	
(1)									
(2)									
(3)									
(4)						d 10 Enter		columns 6 and 11. Enter	
Totals					page column	1, Part I, line (A)	here a	nd on page 1, Part I, line 8, column (B)	

Schedule G – Investment Inco	ome of a Sectio	n 501(c)(7), (9), or (17) Orga	nization (see ins	struction	ıs)	
1 Description of income	2 Amount of incom		direc	Deductions ctly connected ach schedule)	4 Set-asides (attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)	
(1)						_		
(2)								
(3)				_				
(4)			-				<u> </u>	
Tatala	Enter here and on p Part I, line 9, colun						Enter he Part I, I	ere and on page 1, ine 9, column (B).
Totals		04	 T	A .l	····	 		
Schedule I — Exploited Exemp								
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne prod of ur	ses directly ected with fuction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activity that is not attribu		enses table 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, column (A)	on p Part I	here and page 1, , line 10, mn (B)					Enter here and on page 1, Part II, line 26
Totals		<u> </u>		<u> </u>		-		ı
Schedule J - Advertising Inco								
Part I Income From Periodic	1 .							.,
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 5 through 7	5 Circulation income		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)								_
(2)	. <u>-</u>							_
(3)								_
(4)								
Totals (carry to Part II, line (5)) Part II Income From Periodic 7 on a line-by-line basis.)		n a Se	parate		periodical listed in F	Part II, fi	il ın colun	nns 2 through
1 Name of periodical	2 Gross advertising income	adve	Pirect ertising osts	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 (col 6 minus col 5, but not more than col 4)
(1)				ļ				
(2)								
(3)								
(4)		1		ļ	l			
(5) Totals from Part I	İ							
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p	here and page 1, , line 11, imn (B)					Enter here and on page 1, Part II, line 27
Schedule K - Compensation	of Officers Dire	octore	and Tr	IISTAAS (saa instr	uctions)			
1 Name		,00,0,		2 Title	3 Percent of time devote to busines	d		sation attributable ated business
						90		
						9		
		+				왕		
	_					9		
Total. Enter here and on page 1, Part II,	line 14	_!			<u> </u>	6 ▶		
Temm Enter here and on page 1,1 alt II,					.	· I		

Supporting Statement of:

Form 990-T, p3/Schedule C, Column 3-1

Description	Amount
Depreciation (15 Year / Straight Line):	727.
Accounting fees:	560.
State income taxes:	1,514.
Salaries, benefits & taxes:	1,658.
Bank charges & other fees:	6.
Property & equipment maintenance:	75.
Utilities:	74.
Office expenses:	265.
Total	4,879.