Form	990-1	E)	(and proxy tax under section 6033(e))								-0687	
			• •						410	995		
Depart	tment of the Treasury al Revenue Service	For cale	ndar year 1995 or other tax year beginning ► See separa			5, and e	nding	, 19	U	a J	,	
$\overline{\Box}$	Check box if		Name of organization					D Emplo	D Employer identificat			
	address changed empt under section	Diagon							(Employees' trust, see instructions for Block E on page 5.)			
_	501()() or	Please	Number, street, and room or suite no. (If a	, see page	5 of ins	structions.)		1				
	Print or Type								E Unrelated business activity code			
C Bo	C Book value of all assets City or town, state, and ZIP code							(see ins	(see instructions for Block E on page 5.			
	end of year					_			- !			
	21 1 1		up exemption number (see instructi						10 11	100()		
	Check type of org			501(c)			ction 401(a) tr		Section	408(a)	trust	
H [Describe the orga	nization's	s primary unrelated business activit	y. (See	instruct	ions fo	or Block H on	page 5.)				
	·									· · ·	<u> </u>	
I L	Juring the tax year, f "Yes " enter the r	Was the c	corporation a subsidiary in an affiliated identifying number of the parent corpor	group (or a paren 'See instri	It-SUBSI uctions	diary controlled for Block Lon	group?.	. ▶ □	Yes L	∐ No	
Pa			e or Business Income	ation. (ncome		page 6.7 P		(C) Net		
	Gross receipts o				. ,		, ,					
b	Less returns and	allowance	sc Balance ▶	1c								
2			edule A, line 7)	2								
3	-		e 2 from line 1c)	3								
4a			ttach Schedule D)	4a								
b			, Part II, line 20) (attach Form 4797)	4b								
C			or trusts	4c								
5			erships (attach statement)	5								
6		•	C)	6								
7	Unrelated debt-	financed	income (Schedule E)	7								
8	Interest, annuit											
	organizations (S	8										
9			a section 501(c)(7), (9), or (17)									
	organization (So			9								
10			/ income (Schedule I)	10								
11	Advertising inco	me (Sche	edule J)									
12 13	Other income (se	e page 6 (- lines 3	of the instructions—attach schedule) through 12)	12								
	rt II Deduction	ons Not	Taken Elsewhere (See page 6 c		nstructio	ons foi	limitations o	n deduc	tions)			
T GI	(Except	for contri	ibutions, deductions must be dire	ectly c	onnecte	d with	the unrelate	d busine	ss incon	ne.)		
14			s, directors, and trustees (Schedule					14				
15	•											
16	Repairs and ma	intenance	9					16	,			
17									1			
18)						3			
19			·)			
20			(see page 7 of the instructions for)			
21	Depreciation (at	tach Forr	m 4562)			21						
22	Less depreciation	on claime	d on Schedule A and elsewhere or	n retur	n . 🗳	22a		221				
23	Depletion											
24			I compensation plans									
25			ms									
26			s (Schedule I)									
27			(Schedule J)									
28			schedule)									
29			dd lines 14 through 28)									
30			e income before net operating loss d									
31			ction						_			
32 33								. —				
33 34			ole income (subtract line 33 from lin				1					

enter the smaller of zero or line 32

	770 1 (17	, 5,										ago =
Par	t III	Tax Computation										
35 Organizations Taxable as Corporations (see instructions for tax computation on page 9).												
	Controlled group members (sections 1561 and 1563)—check here . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
а		our share of the \$50,000, \$										
	(1) \$											
b	Enter of											
c	(2) additional 3% tax (not more than \$100,000)											
36		35c										
	the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶											
37	,											
38			6, whichever applies	s)					38			
Par	t IV	Tax and Payments										
39a	-	tax credit (corporations attach				''''	39a		-			
b		credits. (see page 10 of the					39b		-			
С		al business credit—Check i					200					
-1		m 3800 or	•				39c 39d		-			
		for prior year minimum tax add lines 39a through 39d)	-		•	–			39e			
e 40		ct line 39e from line 38.							40			
41		ture taxes. Check if from:							41			
42a						nental tax			42c			
43		ax (add lines 40, 41, and 4							43			
44		ents: a 1994 overpaymen					44a					
b	1995 e	stimated tax payments .					44b					
С		posited with Form 7004 or					44c		_			
d	_	n organizations—Tax paid o				-	44d		-			
е		credits and payments (see				L	44e		1			
45		ayments (add lines 44a thr							45			
46		ted tax penalty (see page 3							46			
47 48		e—If line 45 is less than the light specifies							48			
49		ie amount of line 48 you want					uni over	Refunded ►	49			
Par	rt V	Statements Regarding					mation	(See instruction		age 11.)		
1	At any	time during the 1995 calend	dar vear, did the orga	nizatio	n ha	ve an inte	rest in o	r a signature or o	ther au	ıthority	Yes	No
-		financial account in a foreigr										
	If "Yes	" the organization may ha	ve to file Form TD F	90-2	2.1.	If "Yes," e	enter the	name of the for	eign c	ountry		
	here ▶	· ·										
2		ne organization the grantor										
	whether or not the organization had any beneficial interest in it?											
3	If "Yes," the organization may have to file Forms 3520, 3520-A, or 926. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$											
		E A—COST OF GOODS					in your P	Ψ				
		nventory valuation (specify)	· · · · · · · · · · · · · · · · · · ·		-	9						
1	Invento	ory at beginning of year	1		6	nventory	at end of	fyear	6			
2		ses	2			,		Subtract line 6				
3		flabor	3					here and on				
4a	7											
	•	schedule)	4a					ection 263A (wit			Yes	No
b										apply		
<u>5</u>		—Add lines 1 through 4b	5		t	to the orga	anization	?		<u> </u>		
		re in care of ► Under penalties of periury. I declare	that I have examined this r	eturn in		Telephone			d to the	best of mv l	knowled	lge and
Ple		Under penalties of perjury, I declare belief, it is true, correct, and comple	ete. Declaration of preparer	other th	an tax	payer) is base	ed on all info	ormation of which prep	arer has	any knowle	dge.	ige and
Sig		\		L								
Her	e	Signature of officer or fiduciar	у			Date	— J	Title				
		Preparer's	•			Date	,	Check if	Prepar	er's social s	ecurity i	numbe
Paid		signature						self- employed ▶ □	L			
	oarer's							EIN ►				
026	Only	if self-employed) and address						ZIP code ►				

(See in	Structions on pa			RTY AND PERSONAL I	אכ	PERTY LEAS	ED WI	TH REAL PROP	ERIY)
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent re	ceived	or accrued						
(a) From personal property (i for personal property is mo more than	ore than 10% but not		percentage of r	al and personal property (if the cent for personal property exce cent is based on profit or inco	eds			connected with the in d 2(b) (attach schedu	
(1)									
(2)									
(3)									
(4)									
Total		To	otal						
Total Income (Add totals of here and on line 6, column	(A), Part I, page 1	.) .	. •			Total dedu here and on (B), Part I, p	line 6,	column	
SCHEDULE E—UNR	ELATED DEB	-FIN	ANCED II	NCOME (See instruction					
1 Description	of debt-financed pro	oerty		2 Gross income from or allocable to debt-financed property		de Straight line depre	ans directly connected with or alloca debt-financed property deduction (b) Other deduction		
						(attach schedule	e)	(attach schedule)	
(1)									
(2)			_						
(3)									
(4)	T			_					
4 Amount of average adjustion debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted or allocable to debt-financed (attach schedule)			e to property	6 Column 4 divided by column 5		ross income reportable olumn 2 × column 6)		8 Allocable deductions (column 6 × total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
Totals Total dividends-received d		 in co	Luman O			er here and on I mn (A), Part I, p		Enter here and or column (B), Part I	
SCHEDULE F—INTE				ES AND DENTS ED	OM	CONTROLL			10
	instructions on p			LS, AND KLINIS I K	Oivi	CONTROLL	LD	RGANIZATION	13
	instructions on p	T	10.)			4 Exer	npt cont	rolled organizations	
1 Name and address of controlled organization(s)			Gross income m controlled ganization(s)	Deductions of controlling organization directly connected with column 2 income (attach schedule)		(a) Unrelated ousiness taxable income	(b) Tax as tho sec. 50	table income computed ugh not exempt under 01(a), or the amount in a), whichever is larger	(c) column (a) divided by column (b)
(1)									%
(2)									%
(3)									%
(4)									%
	t controlled organizat	ions		/ 0 !		_	7.0		
(a) Excess taxable income (b) Taxable income, amount in column (a whichever is larger		e, or (a),	(c) Column (a) divided by Column (b)	6 Gross income reportab (column 2 × column 4(c) column 5(c))				Allowable deductions Imn 3 × column 4(c) or column 5(c))	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
Totals				Enter here and on column (A), Part I,				here and on line 8 nn (B), Part I, page	

Form 990-T (1995) Page 4

·	ons on page 13.)			Deductions	4 Set-aside	<u> </u>	5 Total deductions		
1 Description of income	2 Amount of income			ctly connected ach schedule)	(attach sched		and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
(4)									
	Enter here and on column (A), Part I,							re and on line 9, (B), Part I, page 1.	
Totals									
SCHEDULE I—EXPLOITED (See instructio	ns on page 14.)	VITY IN	ICOME	, OTHER THA	N ADVERTISI	NG IN	COME	_	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly sted with ction of elated s 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	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Column totals	Enter here and on line 10, col. (A), Part I, page 1.	line 10	re and on , col. (B), page 1.					Enter here and on line 26, Part II, page 1.	
SCHEDULE J—ADVERTISIN	NG INCOME (Se	e instru	ctions o	n page 14.)					
Part I Income From Pe	riodicals Repor	ted on	a Cons	solidated Basi	s				
1 Name of periodical	2 Gross advertising income		Direct ing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income			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									
Part II Income From Pe		ted on	a Sena	∣ arate Rasis (Fo	r each neriod	 cal_list	ted in P	 art II_fill_in	
columns 2 through	h 7 on a line-by	-line ba	asis.)	nate basis (i	or cach period	icai iisi	ica iii i	art 11, 1111 111	
(1)									
(2)									
(3)									
(4)									
(5) Totals from Part I									
Column totals, Part II	Enter here and on line 11, col. (A), Part I, page 1.	line 11	ere and on , col. (B), page 1.					Enter here and on line 27, Part II, page 1.	
SCHEDULE K—COMPENSA		CERS	DIREC	TORS, AND T	RUSTEFS (See	instru	ctions or	n page 14)	
1 Name			<u> </u>	2 Title	3 Percent of time devoted t	4 (Compensati	ion attributable to ed business	
					business	6			
						6			
						6			
						6			
Total—Enter here and on line 1/1 Pa	ort II. nogo 1								