(and proxy tax under section 6033(e)) For calendar year 2014 or other tax year beginning OCT 1, 2014 and ending SEP 30, 2015 Department of the Treasury Internal Revenue Service Internal Revenue Service A Check box if address changed particles and changed address changed address changed address changed address changed address chan	35429 ass activity code of trust
Content of the Treasury For calendar year 2014 or other tax year beginning OCT 1, 2014 and ending SEP 30, 2015 Department of the Treasury Information about Form 990-T and its instructions is available at worw irs gov/form990t Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Department of the Treasury Information about Form 990-T and its instructions is available at worw irs gov/form990t Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Department of the Treasury Information about Form 990-T and its instructions of the solution of the part of organization (rganizations On ication number st see 35429 ess activity code of trust No 4040
Department of the Treasury Department of Tre	rganizations On ication number st see 35429 ess activity code of trust No 4040
Department of the Treasury Department of Tre	rganizations On ication number st see 35429 ess activity code of trust No 4040
See instructions Print COUNCIL OF GREEN BAY, INC. See instructions Eurorelated business See instructions See inst	rganizations On ication number st see 35429 ess activity code of trust No 4040
X 501(C)(3) ON Number, street, and room or suite no if a P 0 box, see instructions Eurorelated busines 1529 LEO FRIGO WAY	ication number st see 35429 ass activity code 1 No 4040
See	35429 ess activity code of trust No
B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 531120 City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 Foreign State of Part I William State or province, country, and ZIP or foreign postal code GREEN BAY, WI 54302 Foreign State of Part I William State or province, country, and ZIP or foreign	r trust No
Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule A, line 7) Solic Cost of goods sold (Schedule D) Solic Cost of goods so	r trust No
408(e) 220(e) 1529 LEO FRIGO WAY City or town, state or province, country, and ZIP or foreign postal code 529(a) GREEN BAY, WI 54302 531120 C Book value of all assers at end of year 947,653. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Othe H Describe the organization's primary unrelated business activity ▶ RENTAL INCOME I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ X If 'Yes,' enter the name and identifying number of the parent corporation ▶ J The books are in gare of ▶ SOCIETY OF ST. VINCENT DE PAUL GRETelephone number ▶ 920.435. Part I Unrelated Trade or Business income (A) Income (B) Expenses 1a Gross receipts or sales C Balance 1c C Society of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D)	n trust No 4040
30(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) GREEN BAY, WI 54302 531120	No 4040
GREEN BAY, WI 54302 C Book value of all assets at end of year 947, 653. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust 0the H Describe the organization's primary unrelated business activity ▶ RENTAL INCOME I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X If "Yes," enter the name and identifying number of the parent corporation ▶ J The books are in care of ▶ SOCIETY OF ST. VINCENT DE PAUL GRETelephone number ▶ 920.435. Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances	No 4040
F Group exemption number (See instructions) 947,653. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust 0the Describe the organization's primary unrelated business activity ▶ RENTAL INCOME I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X If 'Yes,' enter the name and identifying number of the parent corporation ▶ J The books are in care of ▶ SOCIETY OF ST. VINCENT DE PAUL GRETelephone number ▶ 920.435. Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances	No 4040
947, 653. G Check organization type ► X 501(c) corporation	No 4040
H Describe the organization's primary unrelated business activity	No 4040
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes, enter the name and identifying number of the parent corporation	4040
If 'Yes,' enter the name and identifying number of the parent corporation J The books are in care of ► SOCIETY OF ST. VINCENT DE PAUL GRETelephone number ► 920.435. Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D)	4040
The books are in care of	
Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) (A) Income (B) Expenses 1c 2 4a	
1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a	(C) Net
b Less returns and allowances c Balance c Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D)	
2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4 a Capital gain net income (attach Schedule D)	
3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a	
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction for trusts 4c	
5 Income (loss) from partnerships and S corporations (attach statement) 5	
6 Rent income (Schedule C) 6	
	53,150
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I) 10	
11 Advertising income (Schedule J) 11	
12 Other income (See instructions, attach schedule) 12	
	53,150
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	<u> </u>
(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14 Compensation of officers, directors, and Irustees (Schedule K) 15 Salaries and wages 16 FECEIVED 17 Salaries and wages	
15 Salaries and wages FFCEIVED 15	
15 Said its allu wayes	
16 Repairs and maintenance 17 Bad debts FEB 2 1 2019 18 PECEIVED FEB 2 1 2019	
17 Bad debts RECEIVED FEB 21 2013 17 18 Interest (attach schedule)	
18 Interest (attach schedule) 19 Taxes and licenses 20 Charitable contributions (See instructions for Interest (attach schedule) 18 TPR BRANCM 19 OGDEN 20	
TPR BRANC. 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation fulls) 1 9 2019 21 Depreciation (attach Form 4562) 19 OGDEN 20 21 38,755.	
20 Charitable contributions (See instructions for lighting fulls 1 9 2019	-
21 Depreciation (attach Form 4562)	_
22 Less depreciation claimed on Schedule A and disewhere consumers. UT	
23 Depletion 23	
24 Contributions to deferred compensation plans	
25 Employee benefit programs 25	
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J) 27	
28 Other deductions (attach schedule)	
29 Total deductions Add lines 14 through 28	(
	53,150
31 Net operating loss deduction (limited to the amount on line 30) 31	
	53,150
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is preater than line 32, enter the smaller of zero or	
34 Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	52,150

423711 01 13 15

2360 DUCK

Firm's address **SEEEN BAY**

920.336.9850

Phone no

CREEK PARKWAY

WI 54303-3300

Schedule C - Rent Inc	ome (Fr	om Real Prope	rty and	Personal	Property	Lease	d With Real Prop	perty)(see instructions)	
1 Description of property									
(1)			<u> </u>		-				
(2)									
(3)									
(4)									
	2	Rent received or accru	ied		_	_			
rent for personal propert	y is more tha	tage of (b)	of rent for pr	nd personal propert ersonal property ex is based on profit	(ceeds 50% or i	tage if	3(a) Deductions directly columns 2(a) and	connected with the income in d 2(b) (attach schedule)	
(1)									
(2)			<u></u>						
(3)								<u> </u>	
(4)									
Total		0 . Total				0.			
• •						_	(b) Total deductions Enter here and on page 1	_	
						0.	Part I line 6 column (B)	<u> </u>	
Schedule E - Unrelated	a Debt-	Financed Incor	ne (see i	nstructions)			<u> </u>		
				2 Gross inc	come from		3 Deductions directly conn to debt finance		
1 Description of	of debt-finance	ed property		or allocable financed (e to debi	(a) :	Straight line depreciation	(b) Other deductions	
1) 2) 3) 4) (a) From personal property (if the rent for personal property is in 10% but not more than 5 1) 2) 3) 4) otal 2) 7 Total income Add totals of columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on page 1, Part I, line 6, columnere and on allocable to debt financed property (attach schedule) STATEMENT 5 1) 798, 013 2) 3) 4) fotals fotal dividends-received deductions (chedule F - Interest, Aniinterest) 1 Name of controlled organization 1 Name of controlled Organization 1) 2) 3) 4) Onexempt Controlled Organization 1) 2) 3) 4)					p.opo.t,	45	(attach schedule)	(attach schedule)	
··· COMMEDCIAL DO	TTDTN			1.5	0.70		ATEMENT 3	STATEMENT 4	
	TTDTE	<u>NG</u>		12	<u> 9,870</u>	-	38,755.	51,773.	
(2)								 	
(3)									
(4)	$\overline{}$				<u> </u>	+		 	
debt on or allocable to debt finance property (attach schedule)	n ced	5 Average adjusted to of or allocable to debt-financed proper fattach schedule STATEMENT	ı e rty	6 Column - by colu	4 divided Irnn 5		7 Gross income reportable (column 2 x column 8)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
	112	1,041		 	6.65%	 	100 E40	60 200	
	113.	1,041	<u>, usr.</u>			 -	122,540	69,390.	
					<u>%</u>	-		-	
		 -			<u>%</u> %	+			
				l	76	 		 	
							terhere and on page 1 art I line 7 column (A)	Enter here and on page 1, Part I line 7 column (B)	
Totals						.[122,540	. 69,390.	
Total dividends-received deduc	tions includ	ded in column 8					<u> </u>	0.	
Schedule F - Interest,	Annuiti	es, Royalties, a	nd Ren	ts From C	ontrolled	Organ	nizations (see instr	uctions)	
				t Controlled O					
1 Name of controlled organiza	tian	2 Employer identification number		3 related income see instructions)	Total of paymen	specified its made	5 Part of column 4 that included in the controllin organization s gross inco	ng connected with income	
(1)		_	+		_			-	
(2)		 					 		
(3)	_		 		<u> </u>				
(4)		 							
	zations								
7 Taxable Income		unrelated income (loss) (see instructions)	9 Tot	tal of specified pay made	ments 10	in the cent	olumn 9 that is included folling organization s oss income	Deductions directly connected with income in column 10	
<u></u>									
(2)	1		 						
(3)			 						
(4)									
						Enter here		Add columns 6 and 11 Enter here and on page 1 Part 1	
						II11 0	8 column (A)	line B. column (B).	
Totals					<u> </u>		0.1	0.	

Form 990-T (2014) COUNCIL OF GREEN BAY, INC.

Sched	dule G - Investme (see instr		Section 56	01(c)(7	'), (9), or (17) Or 	ganıza 	ition			
	'¶ Descr	iption of income	_	Ì	2 Amount of income	directly	ductions connected schedule)		Set asides ach schedule)	5 Total deductions and set asides (col 3 plus col 4)
(1)						,				(an a p as see .,
(2)										
(3)							<u>_</u>		-	
(4)				_						
············			_		Enter here and on page 1 Part (line 9 column (A).	_				Enter here and on page 1 Part I line 9 column (B)
Totals				▶	0.					0.
	dule I - Exploited (see instru	-	Income,	Other		ng Inc	ome			
	<u></u>	_	3 Expens		4 Net income (loss)	_				7 Excess exempt
	1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly conni- with product of unrelate business inc	ected tron ed	from unrelated trade or business (column 2 minus column 3). If a gain compute cols 5 through 7	from ac	ss income ctivity that unrelated ss income	att	Expenses ributable to column 5	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)	Enter here an page 1 Par line 10 col	rt I		_		1		Enter here and on page 1 Part II, line 25
Totals		0.		0.						0.
Sche	dule J - Advertisi									
Part	Income From I	Periodicals Rep	orted on a	Cons	solidated Basis					
	1 Name of periodical	2 Gross advertising income		Pirect ng costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain comput cols. 5 through 7		Circulation ncome	6 F	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))	>	0.	0	•					0.
Part	II Income From I	Periodicals Repo 7 on a line by line ba		a Sepa	rate Basis (For e	each peri	iodical liste	d in Pai	rt II, fill in	
			<u> </u>		4 Advertises and	Т		1		7 Excess readership
	1 Name of periodical	2 Gross advertising income		rect ng costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain comput cols. 5 through 7		Circulation ncome		teadership costs	costs (column 6 minus column 5 but not more than column 4)
(1)				_		1		_		
(2)										
(3)						_[.				
(4)										
Totals fr	rom Part I	>	0.	0	•	•				0.
	···	Enter here and o page 1 Part I line 11, col (A)	n Enter her page 1 line 11							Enter here and on page 1, Part II line 27
Totals, I	Part II (lines 1 5)		0.[0	<u>, </u>		-			0.
Sche	dule K - Compens	sation of Ufficer	s, Directo	ors, ar	id I rustees (see	instructi				
	1 N	lame			2 Tul'e		3 Perce time devo busine	ted to		ensation attributable elated business
_(1)								%		
(2)								%		
(3)			-					%		
(4)								%		
Total E	nter here and on page 1, P	art II, line 14						<u> </u>		0 .

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return

Information about Form 4626 and its separate instructions is at www irs gov/form4626

2014

lame	ST VINCENT DE PAUL SOCIETY DISTRICT							1		tification nui	
	COUNCIL OF GREEN BAY, INC.]	<u> 39-10</u>	<u> 3542</u>	9
	Note See the instructions to find out if the corporation is a small corporation exempt										
	from the alternative minimum tax (AMT) under section 55(e)										
						1					
1	Taxable income or (loss) before net operating loss deduction						1	<u> </u>		<u>52,1</u>	<u>50.</u>
2	Adjustments and preferences										
8	Depreciation of post-1986 property						2a_	1			
b	Amortization of certified pollution control facilities						2b	\perp			
C	Amortization of mining exploration and development costs						2c	\perp			
d	Amortization of circulation expenditures (personal holding companies only)						2d	上			
е	Adjusted gain or loss						2e	L			
f	Long-term contracts						2f	1			
g	Merchant marine capital construction funds					ļ	2g	\perp			
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)						2h	\perp			
1	Tax shelter farm activities (personal service corporations only)						21	1_			
J	Passive activities (closely held corporations and personal service corporations only)						_2 _J _	丄			
k	Loss limitations						2k	ᆚ			
- 1	Depletion						21				
m	Tax-exempt interest income from specified private activity bonds						2m	┸			
п	Intangible drilling costs						2n	┶			
0	Other adjustments and preferences					ļ	20				
3	Pre adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20						3	上		52,1	<u>50.</u>
4	Adjusted current earnings (ACE) adjustment		,								
a	ACE from line 10 of the ACE worksheet in the instructions	4a		 	<u>2,1</u>	50.					
b	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a										
	negative amount (see instructions)	4b	┖	 		0.					
C	Multiply line 4b by 75% (75) Enter the result as a positive amount	4c	L								
đ	Enter the excess, if any, of the corporation's total increases in AMTI from prior										
	year ACE adjustments over its total reductions in AMTI from prior year ACE										
	adjustments (see instructions) Note You must enter an amount on line 4d										
	(even if line 4b is positive)	4d		 							
е	ACE adjustment										
	 If line 4b is zero or more, enter the amount from line 4c 	Ì									
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	•					4e	┸			<u>0.</u>
5	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT)					5	L		52,1	<u>50.</u>
6	Alternative tax net operating loss deduction (see instructions)						6	L			
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residu	ıal								
	interest in a REMIC, see instructions						7	\perp		52,1	<u>50.</u>
8	Exemption phase out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0 on l	ine 8c))								
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled							1			
	group, see instructions) If zero or less, enter 0-	8a	L	 		0.					
þ	Multiply line 8a by 25% (25)	Вb	⊥.	 		0.					
C	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a control	lled									
	group, see instructions). If zero or less, enter 0-						8c	↓_		40,0	
9	Subtract line 8c from line 7 If zero or less, enter -0-						9	_		<u>12,1</u>	
0	Multiply line 9 by 20% (20)						10	丄		2,4	<u>30.</u>
1	Alternative minimum tax foreign tax credit (AMTFFC) (see instructions)						11	\perp			
2	Tentative minimum tax. Subtract line 11 from line 10						12	\perp		2,4	
13	Regular tax liability before applying all credits except the foreign tax credit						13	\perp		8,0	<u> 38.</u>
4	Alternative minimum tax Subtract line 13 from line 12 If zero or less, enter -0- Enter here		on								_
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation s income tax return	<u> </u>					14	上			<u>0.</u>
M/A	For Panerwork Reduction Act Notice See senarate instructions								F	orm 4626	(2014)

		See ACE Worksheet Ins	tructions			
1	Pre-adjustment AMTI Enter the amount from line 3 of	Form 4626			1	<u>52,150.</u>
2	ACE depreciation adjustment		1 - 1	20 855		
	AMT depreciation		2a	38,755.		
b	ACE depreciation	20.75	_			
	(1) Post 1993 property	2b(1) 38,75	15.			
	(2) Post 1989, pre 1994 property	2b(2)				
	(3) Pre-1990 MACRS property	2b(3)				
	(4) Pre-1990 original ACRS property	2b(4)				
	(5) Property described in sections					
	168(I)(1) through (4)	2b(5)				
	(6) Other property	2b(6)				
	(7) Total ACE depreciation Add lines 2b(1) through	2b(6)	2b(7)	<u>38,755.</u>	}	
C	: ACE depreciation adjustment Subtract line 2b(7) from	line 2a			2c	
3	Inclusion in ACE of items included in earnings and pro	fits (E&P)				
a	Tax exempt interest income		3a	· · · · · · · · · · · · · · · · · · ·		
t	Death benefits from life insurance contracts		3b			
c	: All other distributions from life insurance contracts (in	cluding surrenders)	3c			
(I Inside buildup of undistributed income in life insurance	contracts	3d_			
•	Other items (see Regulations sections 1 56(g)-1(c)(6)	iii) through (ix)				
	for a partial list)		3e			
f	Total increase to ACE from inclusion in ACE of items in	cluded in E&P Add lines 3a thr	ough 3e	<u> </u>	_3f	
4	Disallowance of items not deductible from E&P					_
á	Certain dividends received		4a			
ł	Dividends paid on certain preferred stock of public util	ties that are deductible			ļ ļ	
	under section 247		4b			
	Dividends paid to an ESOP that are deductible under s	ection 404(k)	4c			
	I Nonpatronage dividends that are paid and deductible t		<u> </u>		1	
•	1382(c)		4d			
	e Other items (see Regulations sections 1 56(g) 1(d)(3)	(i) and (ii) for a	1,0			
•	partial list)	(1) 4.10 (1) 101 4	4e		Į Į	
,	Total increase to ACE because of disallowance of items	and deductible from E&P Add			4f	
5	Other adjustments based on rules for figuring E&P	, , , , , , , , , , , , , , , , , , ,	inioo ia anoog io			
	a Intangible drilling costs		5a			
	Circulation expenditures		5b			
	Organizational expenditures		5c			
	I LIFO inventory adjustments		5d		f	
	I Lift O lifternory adjustments					
	Total other E&P adjustments. Combine lines 5a through	h 5a			E4	
	Disallowance of loss on exchange of debt pools	11 00			5f 6	
6	Acquisition expenses of life insurance companies for q	ualified foreign contracts			7	
7	•	aamisu lursiyii CulliidulS				 ·
8	Depletion	a or evahanae of are 1004	north.		8	
9	Basis adjustments in determining gain or loss from sa	. An ai	9			
10	Adjusted current earnings Combine lines 1, 2c, 3f, 4f	, and of infoughty Enter the res	suit nere and on line	: 4a 01	1	E2 1E4
	Form 4626				10	<u>52,150.</u>

FORM 990-T	OTHER CREDITS AND PAYMENTS	,	STATEMENT	 2
FORM 990-T	OTHER CREDITS AND PAIMENTS		STATEMENT -	<u></u>
DESCRIPTION			AMOUNT	
AMOUNT PAID WITH ORIGINAL	LLY FILED TAX RETURN	•	2,21	0.
TOTAL INCLUDED ON FORM 99	90-T, PAGE 2, PART IV, LINE	44G	2,21	0.
FORM 990-T SCHEDU	JLE E - DEPRECIATION DEDUCT	ION	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL - 1	38,755.	38,75	5.
TOTAL OF FORM 990-T, SCH	EDULE E, COLUMN 3(A)		38,75	5. =
FORM 990-T SCH	HEDULE E - OTHER DEDUCTIONS		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTGAGE INTEREST INSURANCE WAGES REPAIR & MAINTENANCE WI 4T TAX DEDUCTION		36,586. 2,450. 500. 1,120. 11,117.		
	- SUBTOTAL - 1		51,77	3. —
TOTAL OF FORM 990-T, SCH	EDULE E, COLUMN 3(B)		51,77	3.

FORM 990-T	AVERAGE ACQUIST ALLOCABLE TO DEBT			STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE PRINCIPAL DURING THE TAX	AL DEBT OUTSTANDING YEAR - SUBTOI	'AL - 1	798,013	798,0	13.
TOTAL OF FORM 99	90-T, SCHEDULE E, COL	JUMN 4		798,0	13.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F:		STATEMENT	6	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS IN PROPERTY - SUBTOTAL -	- 1	1,041,051.	1,041,05	1.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		1,041,05	1.