

Exempt Organization Business Income Tax Return

(Under Section 511 of the Internal Revenue Code)

For calendar year 1981 or fiscal year beginning _____, 1981, and ending _____, 19

1981

Name of organization _____

Address (number and street) _____

City or town, State, and ZIP code _____

A Employer identification number (employees' trust see instruction for Block A) _____

B Enter unrelated business activity codes from page 11 of instructions _____

C Check box if address changed **D** Exempt under section 501 () ()

E Check applicable box Corporation Trust Section 401(a) trust

F Group exemption number (see instructions for Block F)

If the unrelated trade or business gross income is \$10,000 or less, complete only page 1, Part III on page 2, and sign the return. Complete all applicable parts of the form (except lines 1 through 4) if unrelated trade or business gross income is over \$10,000.

Taxable Income	1 Unrelated trade or business gross income. (State sources _____)	1	_____	_____
	2 Deductions (Complete Part II instead of line 2 if you have gross income over \$10,000)	2	_____	_____
	3 Unrelated business taxable income before specific deduction (Subtract line 2 from line 1.)	3	_____	_____
	4 Specific deduction (see instructions for line 4)	4	_____	_____
	5 Unrelated business taxable income (subtract line 4 from line 3 or enter amount from line 33, page 2.)	5	_____	_____
Tax Computation	Organizations Taxable as Corporations (See Instructions for Tax Computation)			
	6 (a) Are you a member of a controlled group? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(b) If Yes, see instructions and enter your share of the \$25,000 in each taxable income bracket: (i) \$ _____ (ii) \$ _____ (iii) \$ _____ (iv) \$ _____			
7 Income tax on amount on line 5, above. Check here <input type="checkbox"/> if alternative tax from Schedule D (Form 1120) is used. (Fiscal year corporations should use the worksheet in the instructions)	7	_____	_____	
Trusts Taxable at Trust Rates (See Instructions for Tax Computation)				
8 Tax: Check applicable block and enter on line 8 whichever is less: (a) <input type="checkbox"/> Tax from tax rate schedule _____ Multiply the tax by .9875 and enter the result on line 8, or (b) <input type="checkbox"/> Tax from attached Schedule D (Form 1041)	8	_____	_____	
Total Income Tax	9 (a) Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	9(a)	_____	_____
	(b) Investment credit (attach Form 3468)	9(b)	_____	_____
	(c) Work incentive (WIN) credit (attach Form 4874)	9(c)	_____	_____
	(d) Other credits (see instructions)	9(d)	_____	_____
	10 Total (add lines 9(a) through (d))	10	_____	_____
	11 Subtract line 10 from line 7 or line 8	11	_____	_____
	12 Tax from recomputing prior year investment credit (attach Form 4255)	12	_____	_____
	13 Minimum tax on tax preference items (see instructions for line 13)	13	_____	_____
	14 Alternative minimum tax (see instructions for line 14)	14	_____	_____
	15 Total tax (add lines 11 through 14)	15	_____	_____
Total Income Tax	16 Credits and payments: (a) Tax deposited with Form 7004	16(a)	_____	_____
	(b) Tax deposited with Form 7005 (attach copy)	16(b)	_____	_____
	(c) Foreign organizations—Tax paid or withheld at the source (see instructions)	16(c)	_____	_____
	(d) Credit from regulated investment companies (attach Form 2439)	16(d)	_____	_____
	(e) Federal tax on special fuels and oils (attach Form 4136 or 4136-T)	16(e)	_____	_____
	(f) Other credits and payments (see instructions)	16(f)	_____	_____
(g) Total credits and payments (add lines 16(a) through 16(f))	16(g)	_____	_____	
17 TAX DUE (Subtract line 16(g) from line 15). See instructions for depository method of payment →	17	_____	_____	
18 OVERPAYMENT (subtract line 15 from line 16(g))	18	_____	_____	

Please 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.

Signature of officer _____ Date _____ Title _____

Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's social security no. _____

Firm's name (or yours, if self-employed) and address _____ E.I. No. _____ ZIP code _____

Part I—Unrelated Trade or Business Income

Table with 13 rows for Part I. Columns include description, Balance, and sub-headers 1(c), 2, 3, 4(a), 4(b), 4(c), 5, 6, 7, 8, 9, 10, 11, 12, 13.

Part II—Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 19 rows for Part II. Columns include description, Balance, and sub-headers 14, 15(c), 16, 17, 18, 19, 20, 21, 22, 23, 24(a), 24(b), 25, 26, 27, 28, 29, 30, 31, 32, 33.

Schedule A—COST OF GOODS SOLD (See Instructions for Line 2 above)

Method of inventory valuation (specify)

Table with 7 rows for Schedule A. Columns include description and a blank column for valuation method.

Part III—Statements Regarding Certain Activities and Other Information

Table with 2 rows for Part III. Columns include question, Yes, and No.

Schedule H—EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME (See Instructions for Line 10 of Page 2)

Table with 8 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses, 8. Net income includible.

Total (enter here and on line 10, page 2)

Schedule I—ADVERTISING INCOME AND ADVERTISING LOSS (See Instructions for Line 11 of Page 2)

Part I—Income from periodicals reported on consolidated basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or loss, 5. Circulation income, 6. Reader-ship costs, 7. Instructions for calculation of gain or loss.

Part II—Income from periodicals reported on a separate basis

Table with 7 columns, identical structure to Part I, for separate basis reporting.

Part III—Column A—Advertising Income

Part III—Column B—Advertising Loss

Table with 4 columns: (a) Enter "consolidated periodical" or names of non-consolidated periodicals, (b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II.

Schedule J—COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

Table with 4 columns: 1. Name, 2. Title, 3. Time devoted to business, 4. Total compensation.

Total compensation of officers, directors, and trustees (enter total here and on line 14, page 2)