010-11/2

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2012)

14983

093970

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

Form 990-T (2012)	ROSE BENEJA	MIN SUC	C-T/W				34-65	0687	3		Page 2
	ax Computation										
35 Organiz	zations taxable as corporati	ons (see instru	ctions for tax co	mputati	on).]	1		
Control	lled group members (section	s 1561 and 156	3) check here 🛭	▶ □] See instruction	s and:					
a Enter y	our share of the \$50,000, \$2	5,000, and \$9,9	25,000 taxable ı	ncome t	rackets (in that c	order):		}	1		
(1) [\$	8	(2) \$		i	(3) \$				1		
b Enter o	rganization's share of: (1) A		(not more than	\$11,75			Ĩ	1	1		
	ditional 3% tax (not more that		•	. ,	 \$, 				
	tax on the amount on line 3	•			Ψ		J •	► 35c	1		
	taxable at trust rates (see in		v computation)	Income	tay on the amou	int on line 24 fro	m'	000	 		
		Schedule D (Foi		. 111001110	tax on the amou	III OII IIIIE 34 II O	· · · · · · · · · · · · · · · · · · ·	\ 	1	11	78.
		Schedule D (Foi	111 104 1)					36	 		70.
	ax (see instructions)		,				,	▶ 37	ļ		
· · · · · · · · · · · · · · · · · ·	tive minimum tax							38	ļ		= -
	Add lines 37 and 38 to line 3	5c or 36, which	ever applies					39		41	78.
Part IV 18	ax and Payments										
40a Foreign	i tax credit (corporations atta	ich Form 1118;	trusts attach For	m 1116)	40a					
b Other c	redits (see instructions)					40b					
c General	business credit. Attach Forr	n 3800				40c					
d Credit f	or prior year minimum tax (a	attach Form 880	1 or 8827)			40d			Ì		
	redits Add lines 40a throug		,			<u> </u>		40e	1		
	ct line 40e from line 39							41		41	78.
		rm 4255	Form 8611	Form	8697 Forr	m 8866 🔲 O	ther (attach statemer		·		
	ax Add lines 41 and 42		10/11/00/11		00371011		tilot (attacil statelile)	43		41	78.
	nts: A 2011 overpayment cre	adited to 2012				1445		40	 		, , ,
•		Suited to 2012				44a			1		
	stimated tax payments					44b			ŀ		
	posited with Form 8868					44c			1		
-	organizations: Tax paid or v		ce (see instruction	ons)		44d					
	withholding (see instruction					44e		{	Į.		
	or small employer health ins		-	8941)		44f			ı		
	redits and payments:	Ļ∐ Fo	orm 2439						l		
F(orm 4136	01	ther		Total	► 44g					
45 Total p	ayments. Add lines 44a thro	ugh 44g						45			
46 Estimat	ed tax penalty (see instruction	ons). Check if Fo	orm 2220 is atta	ched 🕨	• 🗀			46			
47 Tax due	e. If line 45 is less than the to	otal of lines 43 a	ind 46, enter am	ount ow	ved .		•	▶ 47		41	78.
48 Overpa	yment. If line 45 is larger th	an the total of li	nes 43 and 46, e	nter am	ount overpaid		•	▶ 48			
49 Enter th	ne amount of line 48 you war	nt: Credited to 2	013 estimated	tax 🕨	•		Refunded	▶ 49			
Part V St	atements Regardir	ng Certain	Activities a	nd O	her Informa	ition (see in	structions)				
1 At any time	during the 2012 calendar yea	ar, did the organ	ization have an	ınterest	in or a signature	or other authorit	v over a financial	account (t	ank.	Yes	No
-	r other) in a foreign country				-			-	,		
							. or org., barn, and	, manolai			X
2 During the tax	"Yes," enter the name of the year, did the organization receive astructions for other forms the organization.	a distribution from,	or was it the grant	or of, or tr	ansferor to, a foreign	trust?				-	X
	- Cost of Goods So					I/A					<u> </u>
		. Interme	atrioa of invent	T		·					
•	beginning of year	_1		1	nventory at end o	•	_	6	-		
2 Purchases		2		1	Cost of goods sol			<u> </u>	ļ		
3 Cost of labo	r i	3		1	rom line 5. Enter		• -	7			
4 a Additional sec	tion 263A costs (att. statement)	4a		8 [Oo the rules of se	ction 263A (with	respect to			Yes	No
b Other costs	(attach statement)	46		ļŗ	property produced	d or acquired for	resale) apply to				<u> </u>
5 Total Add !	ines 1 through 4b	5		t	he organization?						
1 .	er penalties of perjury I declare that ect, and complete. Declaration of p	at I have examined	this return, includin	g accomp	anying schedules an	d statements, and i	to the best of my know riedge	wledge and	belief, it is t	ue,	
Sign	ect, and complete Decial attornor p	repaier (other than	(axpayer) is cased	On an inc	matter of which pre	parer has any know	nooge 	May the IR	S discuss t	nis return v	with
Here L			Į.					•	er shown be		
	Signature of officer		Date		Title			instruction	s)?	Yes	No
	Print/Type preparer's name		Preparer's sign	nature		Date	Check	if PT	IN		
Paid	and the following of the state of						self- employe				
			Į			l	(5 5				
Preparer	Firm's name	· · · · · · · · · · · · · · · · · · ·					Firm's EIN	<u> </u>			
Use Only	ini a name 💌						THIII S EIN	-			
، ا	Firm's address						Dhans				
	iiii s addiess						Phone no.		Ec	990-T	(2012)

Form **990-T** (2012)

0.

Add columns 6 and 11

Enter here and on page 1, Part I, line 8, column (B)

Add columns 5 and 10

Enter here and on page 1, Part I,

line 8, column (A)

О.

Totals

223721 01-11-13

Form 990-T (2012) ROSE BENEJAMIN SUCC-T/W 34-Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization								-6506873 Pa		
Sched			Section 5	01(c)(7), (9), or (17) Or	ganizat	on			
	(see inst	ructions)						1		
1 Description of income				2. Amount of income		ductions connected		Set-asides	5. Total deductions and set-asides	
/1\						(attach	statement)	(a	ttach statement)	(col 3 plus col 4)
(1)								 	·- 	
(2)	. .							-		
(3)							 .	 		
(4)	.				Enter here and on page 1,					Enter here and on page 1.
			•		Part I, line 9, column (A)					Part I, line 9, column (B)
Totals					0.					0.
	dule I - Exploited		Income,	Other		g Inco	ne			
	(000 1100)	1			4					<u> </u>
	1 Description of exploited activity	2 Gross unrelated business income from	nrelated business directly con		business (column 2 from minus column 3) if a is no		is not uprelated attributable t		6. Expenses attributable to	7. Excess exempt expenses (column 6 minus column 5,
		trade or business	business ir		gain, compute cols 5 through 7	busines	s income		column 5	but not more than column 4)
(1)								 		
(2)								 		
(3)	····									+
(4)								<u> </u>		
		Enter here and on	Enter here							Enter here and
		page 1, Part I, line 10, col (A)	page 1, P line 10, co					,		on page 1, Part II, line 26
Totals	>	0.		0.						0.
	dule J - Advertisi	ng Income (see	instructions)							
Part	Income From	Periodicals Rep	orted on	a Cons	olidated Basis					

		2. Gross	,		4. Advertising gain					7. Excess readership
	1 Name of periodical	advertising income		Direct sing costs	or (loss) (col 2 minus col 3) If a gain, comput		rculation come	°.	Readership costs	costs (column 6 minus column 5, but not more
					cols 5 through 7					than column 4)
(1)					_			ļ		
(2)					⊣	<u> </u>		ļ		
(3)				,	_					
(4)								ļ		
			_	•						•
Totals (c	arry to Part II, line (5))		0.	0 .						0.
Part	I Income From I columns 2 through	7 on a line-by-line ba	isis)	а осра	iate basis (For e	each perio	odicai liste	o in Pa	art II, till In	
		2 Gross	2		4. Advertising gain					7. Excess readership
1 Name of periodical		advertising income	advertising		3 Direct or (loss) (col 2 minu col 3) If a gain, comp cols 5 through 7		5. Circulation income		Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)					 					· • •
(2)	· · · · · ·									
(3)					 	1				
(4)						1				····
	om Part I		0.	0.		<u> </u>				0.
Totals III	JIII F BILLI	Enter here and o	n Enter h	ere and on	^				F	Enter here and
		page 1, Part I, line 11, col (A)		1, Part I col (B)					İ	on page 1, Part II, line 27
Totals F	art II (lines 1-5)		o.	0.						0.
Sched	dule K - Compens					instructio	ns)			
	<u> </u>				(3. Percer		4 Compe	nsation attributable
	1 N	lame			2. Title		time devot busines			lated business
(1)								%		
(2)								— <u>/</u> %	——————————————————————————————————————	
(3)										
(4)										
	ter here and on page 1, P	art II, line 14			· · · · · · · · · · · · · · · · · · ·	<u> </u>				0.

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Form 990-T	Description	of Organization's Primary Unrelated Business Activity	Statement 1
Flow through	Income/Loss	from Partnership Investments	
To Form 990-T	, Page 1		

Form 990-T	Income (Loss) from Partnerships	Statement 2
Description	Amount	
Various Partnerships	15983.	
Total to Form 990-T, Pa	ge 1, line 5	15983.