

Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2013 or other tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**

# 2013

Department of the Treasury  
Internal Revenue Service

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.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).

Open to Public Inspection for  
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>WATCHTOWER BIBLE AND TRACT SOCIETY</b>	D Employer identification number (Employees' trust, see instructions) <b>11-1753577</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. <b>25 COLUMBIA HEIGHTS</b>	E Unrelated business activity codes (See instructions) <b>900099</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN, NY 11201</b>	

C Book value of all assets at end of year: **675419000.**

F Group exemption number (See instructions.)

G Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. **INVESTMENT ACTIVITIES**

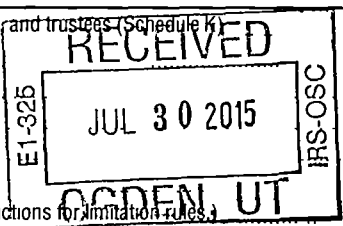
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **G.F. SIMONIS** Telephone number **(718) 560-5000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Form 8949 and Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.) <b>STATEMENT 1</b>	<b>6,903.</b>		<b>6,903.</b>
13	<b>Total.</b> Combine lines 3 through 12	<b>6,903.</b>		<b>6,903.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules.)		20
21	Depreciation (attach Form 4562)		21
22	Less depreciation claimed on Schedule A and elsewhere on return		22a
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	<b>Total deductions.</b> Add lines 14 through 28		29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30
31	Net operating loss deduction (limited to the amount on line 30)		31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34



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**WATCHTOWER BIBLE AND TRACT SOCIETY  
OF NEW YORK INC**

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<b>Part III Tax Computation</b>	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	▶ 35c <b>885.</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	▶ 36
<b>37 Proxy tax.</b> See instructions	▶ 37
<b>38 Alternative minimum tax</b>	▶ 38
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	▶ 39 <b>885.</b>

<b>Part IV Tax and Payments</b>	
<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <b>b</b> Other credits (see instructions) <b>c</b> General business credit. Attach Form 3800 <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) <b>e Total credits.</b> Add lines 40a through 40d	40a _____ 40b _____ 40c _____ 40d _____ 40e <b>885.</b>
<b>41</b> Subtract line 40e from line 39	41 <b>885.</b>
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42
<b>43 Total tax.</b> Add lines 41 and 42	43 <b>885.</b>
<b>44a</b> Payments: A 2012 overpayment credited to 2013 <b>b</b> 2013 estimated tax payments <b>c</b> Tax deposited with Form 8868 <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) <b>e</b> Backup withholding (see instructions) <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶	44a _____ 44b _____ 44c _____ 44d _____ 44e <b>1,076.</b> 44f _____ 44g _____ 45 <b>1,076.</b>
<b>45 Total payments.</b> Add lines 44a through 44g	45 <b>1,076.</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	47
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 <b>191.</b>
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2014 estimated tax</b> ▶ <b>Refunded</b> ▶	49 <b>191.</b>

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
<b>1</b> 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 ▶ _____	Yes No _____ X
<b>2</b> 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	Yes No _____ X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____	Yes No _____

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation ▶ <b>N/A</b>	
<b>1</b> Inventory at beginning of year <b>1</b> _____ <b>2</b> Purchases <b>2</b> _____ <b>3</b> Cost of labor <b>3</b> _____ <b>4a</b> Additional section 263A costs (att schedule) <b>4a</b> _____ <b>b</b> Other costs (attach schedule) <b>4b</b> _____ <b>5 Total.</b> Add lines 1 through 4b <b>5</b> _____	<b>6</b> Inventory at end of year <b>6</b> _____ <b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 <b>7</b> _____ <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes No</b> _____

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** **7/15/15** **SECRETARY / TREASURER**  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GERALD F. SIMONIS	GERALD F. SIMONIS			P00177386
	Firm's name ▶ GERALD F. SIMONIS, CPA	Firm's EIN ▶			
	Firm's address ▶ BROOKLYN, NY 11201	Phone no. 718-560-7502			

WATCHTOWER BIBLE AND TRACT SOCIETY

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Page 3

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(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 adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)	
0.			0.	0.	0.

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**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A) 0.		Enter here and on page 1, Part I, line 9, column (B) 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

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 (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)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A) 0.	Enter here and on page 1, Part I, line 10, col (B) 0.			Enter here and on page 1, Part II, line 26 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>		0.	0.			0.
<b>Totals, Part II (lines 1-5)</b>		Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.			Enter here and on page 1, Part II, line 27 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

WATCHTOWER BIBLE AND TRACT SOCIETY OF NE

11-1753577

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

THRIFT SAVINGS PLAN 1099-R

3,989.

TEACHERS INSURANCE 1099-R

2,914.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

6,903.



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Providence, RI 02940-3033

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**IMPORTANT TAX RETURN DOCUMENT ENCLOSED**

\*\*\*\*\*AUTO\*\*3-DIGIT 112 000020/0007126 007126



Recipient  
WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK INC  
ATTN ACCOUNTING OFFICE DESK ACG  
25 COLUMBOA HEIGHTS  
BROOKLYN NY 11201

Holder Account Number Co.ID  
C0027287344 PRU

Recipient's ID No. 11-1753577  
Payer's Federal ID No. 22-3703799

\*Uncertified accounts are subject to withholding taxes on dividend payments and sales proceeds.

001CS0107 DomTX\_PG1 PRU.154512\_160/007126/007126/1

**Instructions for Recipients**

**Recipient's Identification Number:** For your protection, this form may show only the last four digits of your taxpayer identification number. However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

**Account Number:** May show an account or other unique number the payer assigned to distinguish your account.

**Box 1a:** Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040 or 1040A), if required.

**Box 1b:** Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A, but treat it as a plan distribution, not as investment income, for any other purpose.

**Box 2a:** Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13.

But, if no amount is shown in boxes 2a-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

**Box 2b:** Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet - Line 19 in the Schedule D instructions (Form 1040).

**Box 2c:** Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to a 50% exclusion and certain empowerment zone business stock that may be subject to a 60% exclusion. See the Schedule D (Form 1040) instructions.

**Box 2d:** Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet - Line 18 in the instructions for Schedule D (Form 1040).

**Box 3:** Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 850, Investment Income and Expenses.

**Box 4:** Shows backup withholding. For example, a payer must backup withhold on certain payments if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Box 5:** Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1a.

**Box 6:** Shows the foreign tax you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

**Box 7:** This box should be left blank if a regulated investment company reported the foreign tax shown in box 6.

**Box 8:** Shows cash liquidation distributions.

**Box 10:** Shows exempt-interest dividends from a mutual fund or other regulated investment company paid to you during the calendar year. Include this amount on line 8b of Form 1040 or 1040A as tax-exempt interest. This amount may be subject to backup withholding. See box 4.

**Box 11:** Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 10. See the instructions for Form 6251.

**Nominee:** If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV (with a Form 1098) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the current tax year General Instructions for Certain Information Returns.

188UDR

00RT0B (Rev. 9/13)

CORRECTED (if checked)

**Dividends and Distributions**



PAYER'S Federal identification number: 22-3703799  
PAYER'S name, street address, city, state, and ZIP code  
PRUDENTIAL FINANCIAL INC  
C/O COMPUTERSHARE  
PO BOX 43078  
PROVIDENCE RI 02940-3078

RECIPIENT'S identification number: 11-1753577  
Account number (see instructions): C0027287344  
RECIPIENT'S name, street address, city, state, ZIP code  
WATCHTOWER BIBLE AND TRACT SOCIETY OF NEW YORK INC  
ATTN ACCOUNTING OFFICE DESK ACG  
25 COLUMBOA HEIGHTS  
BROOKLYN NY 11201

1a Total ordinary dividends \$ 8.00	1b Qualified dividends \$ 8.00
2a Total capital gain destr. \$ 0.00	2b Unrecap. Sec. 1250 gain \$ 0.00
2c Section 1202 gain \$ 0.00	2d Collectibles (28%) gain \$ 0.00
3 Nondividend distributions \$ 0.00	4 Federal income tax withheld \$ 2.24
5 Investment expenses \$ 0.00	6 Foreign tax paid \$
7 Foreign country or U.S. possession	8 Cash liquidation distributions \$ 0.00
10 Exempt-interest dividend \$ 0.00	11 Specified private activity bond interest dividends \$ 0.00

OMB No. 1545-0110

**2013**

Form 1099-DIV

**Copy B  
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

The reportable amounts above include the following additional income:

Company Paid Fees \$ 0.00	Company Paid Service Charges \$ 0.00
Discount on Reinvestment \$ 0.00	

Form 1099-DIV (keep for your records)

Department of the Treasury - Internal Revenue Service