Form **99**(

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) charitable trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Note: You may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

A	or the	calendar year 1991, or liscal year beginning , 1991,	and ending , 19			
Ple use	ase	Name of organization	C Employer identification number			
labe prin type.	l or t or See	Number and street (or P.O. box no. if mail is not delivered to street address) Room/su	D State registration number			
Spe Insti tio	uc-	City, town, or post office, state, and ZIP code	E If application for exemption is pending, check here			
		ype of organization—Exempt under section ► 501(c)() (insert number), G section 4947(a)(1) charitable trust	Accounting method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶			
		group return filed for affiliates?	If either answer in H is "Yes," enter four-digit grou			
		enter the number of affiliates for which this return is filed:	exemption number (GEN) >			
		separate return filed by a group affiliate?	If address changed, check box ▶ [
K (heck h	nere ▶ ☐ if your gross receipts are normally not more than \$25,000. You do not had a Form 990 Package in the mail, you should file a return without financial data.	save to file a completed return with IRS; but if you Some states require a completed return.			
Note	: Form	990EZ may be used by organizations with gross receipts less than \$100,000 and	total assets less than \$250,000 at end of year.			
Sect	ion 50	01(c)(3) organizations and 4947(a)(1) trusts must also complete and	attach Schedule A (Form 990).			
Pai	t I	Statement of Revenue, Expenses, and Changes in Net Assets	s or Fund Balances			
	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support				
	b	Indirect public support				
	C	Government grants				
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)	1d			
	2	Program service revenue (from Part VII, line 93)				
	3	Membership dues and assessments (see instructions)				
	4	Interest on savings and temporary cash investments	_			
	5	Dividends and interest from securities				
	6a	Gross rents				
		Less: rental expenses				
	1	Net rental income or (loss)	6c			
ě	7	Other investment income (describe >) 7			
Revenue	8a	Gross amount from sale of assets other (A) Securities (B)) Other			
Ş.		than inventory				
Œ		Less: cost or other basis and sales expenses 8b				
	С	Gain or (loss) (attach schedule)				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9	Special fundraising events and activities (attach schedule—see instruct	ions):			
	а	Gross revenue (not including \$ of contribu-				
		tions reported on line 1a)				
	1	Less: direct expenses				
	С	Net income	<mark>9c </mark>			
	10a	Gross sales less returns and allowances				
		Less: cost of goods sold	100			
	C	Gross profit or (loss) (attach schedule)				
	11 12	Other revenue (from Part VII, line 103)				
	13	Program services (from line 44, column (B)) (see instructions)				
se	14	Management and general (from line 44, column (C)) (see instructions)				
en	15	Fundraising (from line 44, column (D)) (see instructions)				
Expenses	16	Payments to affiliates (attach schedule—see instructions)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17			
	18	Excess or (deficit) for the year (subtract line 17 from line 12)				
et ets	19	Net assets or fund balances at beginning of year (from line 74, column				
Net Assets	20	Other changes in net assets or fund balances (attach explanation) .				
⋖	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				

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Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II and (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.) **Functional Expenses** Do not include amounts reported on line **(B)** Program services (C) Management and general (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) 23 Specific assistance to individuals . . . 24 Benefits paid to or for members 25 Compensation of officers, directors, etc. 26 Other salaries and wages Pension plan contributions . 27 28 Other employee benefits . Payroll taxes 29 30 Professional fundraising fees. 31 Accounting fees . . . 32 Legal fees . . . 33 **Supplies** Telephone 34 35 Postage and shipping . 36 Occupancy 37 Equipment rental and maintenance 38 Printing and publications . 39 Conferences, conventions, and meetings 40 41 42 Depreciation, depletion, etc. (attach schedule). 43 Other expenses (itemize): a b Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Part III Statement of Program Service Accomplishments (See instructions.) **Expenses** Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others for others.) (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ e Other program services (attach schedule) . (Grants and allocations \$

Total (add lines a through e) (should equal line 44, column (B))

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Part IV Balance Sheets

No	ote: Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the description	(A) Beginning of year	(B) End of year
	Assets			
45	Cash—noninterest-bearing		45	
46	Savings and temporary cash investments		46	
	Accounts receivable 47a			
	, i i i i i i i i i i i i i i i i i i i		47c	9
b	Less: allowance for doubtful accounts 47b		4/0	
40-	Pledges receivable 48a			
	Tiedges receivable		480	
	Lossi dilottarios for dodotrar dododinto , , , .		490	,
49	Grants receivable			
50	Receivables due from officers, directors, trustees, a	nd key employees	50	7
E10	(attach schedule)			
	Less: allowance for doubtful accounts 51b		510	l .
	Lossi dilottarios for dodotrar dododinis , , , .		52	,
52 53	Inventories for sale or use		53	
53 54	Investments—securities (attach schedule)		54	
			/////	
ooa	Investments—land, buildings, and equipment: basis 55a			
D	Less: accumulated depreciation (attach schedule)	,	550	
56	Investments—other (attach schedule)		56	
	Land, buildings, and equipment: basis <u>57a</u>			
	Less: accumulated depreciation (attach schedule) 57b		57c	
58	Other assets (describe ►)	58	
59	Total assets (add lines 45 through 58) (must equal line	e 75)	59	
	Liabilities			
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Support and revenue designated for future periods (at:		62	
63	Loans from officers, directors, trustees, and key employe	· ·	63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe >	65		
66			66	
	Fund Balances or Net Assets			
Orga	anizations that use fund accounting, check here $ ightharpoonup$	and complete		
Ŭ	lines 67 through 70 and lines 74 and 75 (see instructions)			
67a	Current unrestricted fund		67a	
	Current restricted fund		67b	
68	Land, buildings, and equipment fund		68	
69	Endowment fund	69		
70	Other funds (describe ►		70	
Orga	anizations that do not use fund accounting, check here	▶ ☐ and		
	complete lines 71 through 75 (see instructions).			
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (add lines 67a through			
	through 73: column (A) must equal line 19 and colu	mn (B) must equal	<i>\\\\\\</i>	
	line 21)	. ,,	74	
75	Total liabilities and fund balances/net assets (add li	nes 66 and 74)	75	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure your return is complete and accurate and fully describes your organization's programs and accomplishments.

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Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)						
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances	
Par	t VI Other Information				Vaa Na	
74	Did you angage in any activity not proviously rappe	arted to the Internal Dayon	ua Cardaa?		Yes No	
76	Did you engage in any activity not previously report if "Yes," attach a detailed description of each act		ue Service? .			
77	Were any changes made in the organizing or government	-	reported to IRS	?	77	
	If "Yes," attach a conformed copy of the changes				70-	
	Did your organization have unrelated business gross inc If "Yes," have you filed a tax return on Form 990-T, Ex			•	78a 78b	
	At any time during the year, did you own a 50% or g			•	78c	
	If "Yes," complete Part IX.	grouter interest in a taxable t	oorporation or pa			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.					
80a	Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)					
b	b If "Yes," enter the name of the organization ▶ and check whether it is □ exempt OR □ nonexempt.					
	Enter amount of political expenditures, direct or indirect					
	Did you file Form 1120-POL , U.S. Income Tax Re		•	•	81b 	
	Did you receive donated services or the use of substantially less than fair rental value?			charge or at	82a 	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III . 82b					
83a	Did anyone request to see either your annual retu				83a	
	o If "Yes," did you comply as described in the instructions? (See General Instruction L.)					
	a Did you solicit any contributions or gifts that were not tax deductible?					
b	b If "Yes," did you include with every solicitation an express statement that such contributions or				/////X////////////////////////////////	
0E a	not tax deductible? (See General Instruction M.)					
osa	about legislative matters or referendums? (See in:	structions and Regulations	section 1.162-2	0(c).)	85a	
b	If "Yes," enter the total amount spent for this purp	S .	1			
86	Section 501(c)(7) organizations.—Enter:		lor	I		
	Initiation fees and capital contributions included of					
b	Gross receipts, included on line 12, for public use Does the club's governing instrument or any writte		- Laotions.,	n against any		
С	person because of race, color, or religion? (See in				86c	
87	Section 501(c)(12) organizations.—Enter amount of					
а	Gross income received from members or shareho	lders	87a			
b						
QO	sources against amounts due or received from the		87b	<u> </u>		
88 89	Public interest law firms.—Attach information des List the states with which a copy of this return is					
90	During this tax year did you maintain any part of you				90	
91	The books are in care of ▶		Telephone r	no. ►()		
	Located at ►			ZIP code ►		
92	Section 4947(a)(1) charitable trusts filing Form 990 in				check here ►∟	

Part VII	Analysis of Income-Producing A	ctivities				
Enter gros	ss amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	on 512, 513, or 514	(e)
indicated.		(a)	(b)	_ (c)	(d)	Related or exempt function income
93 Progra	am service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
(a)		_				
		_				
		_				
(e)		_				
• • • • • • • • • • • • • • • • • • • •		_				
	es from government agencies					
	pership dues and assessments					
	st on savings and temporary cash investments					
	ends and interest from securities		\ X////////////////////////////////////	\ X////////////////////////////////////		
	ental income or (loss) from real estate:					
	bt-financed property					
	t debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than inventor	·				
	come from special fundraising events.					
	revenue: (a)					
		_				
		— <i>////////////////////////////////////</i>				
	tal (add columns (b), (d), and (e).) L (add line 104, columns (b), (d), and (e).)		•			
	e 105 plus line 1d, Columns (b), (d), and (e).)		 e 12 Part I)		. –	
	Relationship of Activities to the			t Purposes		
Line No.	Explain how each activity for which	<u> </u>		•	ontributed impor	tantly to the
Eme No. ▼	accomplishment of your exempt pur					
<u> </u>		•				· · · · · · · · · · · · · · · · · · ·
Part IX	Information Regarding Taxable Su	bsidiaries (Coi	mplete this Pa	rt if you ansv	vered "Yes" to	question 78c.)
Name	, address, and employer identification	Percentage of	Natur		Total	End-of-year
nu	mber of corporation or partnership o	wnership interest	business	activities	income	assets
Please	Under penalties of perjury, I declare that I have ex knowledge and belief, it is true, correct, and comp					
Sign	any knowledge.		1			· •
Here						
11016	Signature of officer		Date	Title		
Paid	Preparer's signature			Date		Check if
Preparer's				7.5		self-employed ► L
Use Only	Firm's name (or yours if self-employed)			ZIP c	oae	
	and address			1		