

**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

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** For the calendar year 1991, or fiscal year beginning \_\_\_\_\_, 1991, and ending \_\_\_\_\_, 19

Please use IRS label or print or type. See Specific Instructions.	<b>B</b> Name of organization		<b>C</b> Employer identification number
	Number and street (or P.O. box no. if mail is not delivered to street address)	Room/suite	<b>D</b> State registration number
	City, town, or post office, state, and ZIP code		<b>E</b> If application for exemption is pending, check here. <input type="checkbox"/>

**F** Check type of organization—Exempt under section  501(c)( ) (insert number), OR  section 4947(a)(1) charitable trust

**G** Accounting method:  Cash  Accrual  Other (specify)

**H** Is this a group return filed for affiliates?  Yes  No  
 If "Yes," enter the number of affiliates for which this return is filed:

**I** If either answer in H is "Yes," enter four-digit group exemption number (GEN)

**J** If address changed, check box

**K** Check here  if your gross receipts are normally not more than \$25,000. You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data. **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.

**Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).**

**Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Direct public support	<b>1a</b>			
	<b>b</b>	Indirect public support	<b>1b</b>			
	<b>c</b>	Government grants	<b>1c</b>			
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (attach schedule—see instructions)		<b>1d</b>		
	<b>2</b>	Program service revenue (from Part VII, line 93)		<b>2</b>		
	<b>3</b>	Membership dues and assessments (see instructions)		<b>3</b>		
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>		
	<b>5</b>	Dividends and interest from securities		<b>5</b>		
	<b>6a</b>	Gross rents	<b>6a</b>			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Net rental income or (loss)		<b>6c</b>		
<b>7</b>	Other investment income (describe <input type="checkbox"/> )		<b>7</b>			
<b>Revenue</b>	<b>8a</b>	(A) Securities (B) Other		<b>8d</b>		
		Gross amount from sale of assets other than inventory	<b>8a</b>			
		Less: cost or other basis and sales expenses	<b>8b</b>			
		Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>			
<b>Revenue</b>	<b>9</b>	Special fundraising events and activities (attach schedule—see instructions):				
		<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
		<b>b</b>	Less: direct expenses	<b>9b</b>		
<b>c</b>	Net income		<b>9c</b>			
<b>Revenue</b>	<b>10a</b>	Gross sales less returns and allowances	<b>10a</b>			
		Less: cost of goods sold	<b>10b</b>			
		Gross profit or (loss) (attach schedule)		<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>			
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B)) (see instructions)		<b>13</b>		
	<b>14</b>	Management and general (from line 44, column (C)) (see instructions)		<b>14</b>		
	<b>15</b>	Fundraising (from line 44, column (D)) (see instructions)		<b>15</b>		
	<b>16</b>	Payments to affiliates (attach schedule—see instructions)		<b>16</b>		
	<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))		<b>17</b>		
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 74, column (A))		<b>19</b>		
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>20</b>		
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>		

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>Expenses</b>	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 . . . . .				
	27 Pension plan contributions . . . . .				
	28 Other employee benefits . . . . .				
	29 Payroll taxes . . . . .				
	30 Professional fundraising fees. . . . .				
	31 Accounting fees . . . . .				
	32 Legal fees . . . . .				
	33 Supplies . . . . .				
	34 Telephone . . . . .				
	35 Postage and shipping . . . . .				
	36 Occupancy . . . . .				
	37 Equipment rental and maintenance . . . . .				
	38 Printing and publications . . . . .				
	39 Travel . . . . .				
	40 Conferences, conventions, and meetings . . . . .				
	41 Interest . . . . .				
	42 Depreciation, depletion, etc. (attach schedule) . . . . .				
	43 Other expenses (itemize): a . . . . .				
	b . . . . .				
	c . . . . .				
d . . . . .					
e . . . . .					
f . . . . .					
44 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.)**

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number 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.	<b>Expenses</b> <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)</small>
a . . . . . ..... ..... ..... (Grants and allocations \$ )	
b . . . . . ..... ..... ..... (Grants and allocations \$ )	
c . . . . . ..... ..... ..... (Grants and allocations \$ )	
d . . . . . ..... ..... ..... (Grants and allocations \$ )	
e Other program services (attach schedule) . . . . . (Grants and allocations \$ )	
f Total (add lines a through e) (should equal line 44, column (B)) . . . . . ▶	

**Part IV Balance Sheets**

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year	(B) End of year
<b>Assets</b>			
45	Cash—noninterest-bearing . . . . .		45
46	Savings and temporary cash investments . . . . .		46
47a	Accounts receivable . . . . .	47a	47c
b	Less: allowance for doubtful accounts . . . . .	47b	
48a	Pledges receivable . . . . .	48a	48c
b	Less: allowance for doubtful accounts . . . . .	48b	
49	Grants receivable . . . . .		49
50	Receivables due from officers, directors, trustees, and key employees (attach schedule) . . . . .		50
51a	Other notes and loans receivable (attach schedule) . . . . .	51a	51c
b	Less: allowance for doubtful accounts . . . . .	51b	
52	Inventories for sale or use . . . . .		52
53	Prepaid expenses and deferred charges . . . . .		53
54	Investments—securities (attach schedule) . . . . .		54
55a	Investments—land, buildings, and equipment: basis . . . . .	55a	55c
b	Less: accumulated depreciation (attach schedule) . . . . .	55b	
56	Investments—other (attach schedule) . . . . .		56
57a	Land, buildings, and equipment: basis . . . . .	57a	57c
b	Less: accumulated depreciation (attach schedule) . . . . .	57b	
58	Other assets (describe ► _____ )		58
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 75) . . . . .		59
<b>Liabilities</b>			
60	Accounts payable and accrued expenses . . . . .		60
61	Grants payable . . . . .		61
62	Support and revenue designated for future periods (attach schedule) . . . . .		62
63	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		63
64	Mortgages and other notes payable (attach schedule) . . . . .		64
65	Other liabilities (describe ► _____ )		65
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66
<b>Fund Balances or Net Assets</b>			
<b>Organizations that use fund accounting, check here</b> <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
67a	Current unrestricted fund . . . . .		67a
b	Current restricted fund . . . . .		67b
68	Land, buildings, and equipment fund . . . . .		68
69	Endowment fund . . . . .		69
70	Other funds (describe ► _____ )		70
<b>Organizations that do not use fund accounting, check here</b> <input type="checkbox"/> 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 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21) . . . . .		74
75	<b>Total liabilities and fund balances/net assets</b> (add lines 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.

**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

**Part VI Other Information**

	Yes	No
<b>76</b> Did you engage in any activity not previously reported to the Internal Revenue Service? . . . . . If "Yes," attach a detailed description of each activity.	<b>76</b>	
<b>77</b> Were any changes made in the organizing or governing documents, but not reported to IRS? . . . . . If "Yes," attach a conformed copy of the changes.	<b>77</b>	
<b>78a</b> Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	
<b>b</b> If "Yes," have you filed a tax return on <b>Form 990-T</b> , Exempt Organization Business Income Tax Return, for this year?	<b>78b</b>	
<b>c</b> At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? . . . If "Yes," complete Part IX.	<b>78c</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	<b>79</b>	
<b>80a</b> 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>80a</b>	
<b>b</b> If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt <b>OR</b> <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . <b>81a</b>	<b>81a</b>	
<b>b</b> Did you file <b>Form 1120-POL</b> , U.S. Income Tax Return for Certain Political Organizations, for this year? . . .	<b>81b</b>	
<b>82a</b> Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b>	
<b>b</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 . . . <b>82b</b>	<b>82b</b>	
<b>83a</b> Did anyone request to see either your annual return or exemption application (or both)? . . . . .	<b>83a</b>	
<b>b</b> If "Yes," did you comply as described in the instructions? (See General Instruction L.) . . . . .	<b>83b</b>	
<b>84a</b> Did you solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	
<b>b</b> If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.) . . . . .	<b>84b</b>	
<b>85a</b> <i>Section 501(c)(5) or (6) organizations.</i> —Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) . . .	<b>85a</b>	
<b>b</b> If "Yes," enter the total amount spent for this purpose . . . . . <b>85b</b>	<b>85b</b>	
<b>86</b> <i>Section 501(c)(7) organizations.</i> —Enter:		
<b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b>	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities (See instructions.) <b>86b</b>	<b>86b</b>	
<b>c</b> Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) . . . . . <b>86c</b>	<b>86c</b>	
<b>87</b> <i>Section 501(c)(12) organizations.</i> —Enter amount of:		
<b>a</b> Gross income received from members or shareholders . . . . . <b>87a</b>	<b>87a</b>	
<b>b</b> Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>	<b>87b</b>	
<b>88</b> <i>Public interest law firms.</i> —Attach information described in the instructions.		
<b>89</b> List the states with which a copy of this return is filed ▶ _____		
<b>90</b> During this tax year did you maintain any part of your accounting / tax records on a computerized system? . . .	<b>90</b>	
<b>91</b> The books are in care of ▶ _____ Telephone no. ▶ (____) _____ Located at ▶ _____ ZIP code ▶ _____		
<b>92</b> <i>Section 4947(a)(1) charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here</i> ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>92</b>		

