

Short Form

OMB No. 1545-1150

Form 990EZ

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

1991

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the calendar year 1991, or fiscal year beginning , 1991, and ending , 19

Form fields for B Name of organization, C Employer identification number, D State registration number, E Enter four-digit group exemption number (GEN)

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

G Check if exemption application pending.

H Accounting method: Cash Accrual Other (specify) I Check if address changed.

J Check if your gross receipts are normally not more than \$25,000. You need not 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.

K Enter your 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ If \$100,000 or more, you must file Form 990 instead of Form 990EZ.

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section has sub-rows for detailed reporting.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, you must file Form 990 instead of Form 990EZ.

Table for Balance Sheets with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments—(See instructions.)</b>		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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.		
28	(Grants \$ )	
29	(Grants \$ )	
30	(Grants \$ )	
31	Other program services (attach schedule) (Grants \$ )	
<b>32 Total program service expenses</b> (add lines 28 through 31) ▶		

<b>Part IV List of Officers, Directors, and Trustees</b> (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

<b>Part V Other Information—Section 501(c)(3) organizations and section 4947(a)(1) charitable trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)</b>		Yes	No
33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? . . . . . If "Yes," attach a detailed description of each activity.		
34	Were any changes made to the organizing or governing documents but not reported to IRS? . . . . . If "Yes," attach a conformed copy of the changes.		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .		
b	If "Yes," have you filed a tax return on <b>Form 990-T</b> , Exempt Organization Business Income Tax Return, for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) . . . If "Yes," attach a statement as described in the instructions.		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did you file <b>Form 1120-POL</b> , U.S. Income Tax Return for Certain Political Organizations, for this year? . . . . .		
38a	Did you borrow from, or make any loans to, any officer, director, trustee, or key employee, OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		
b	If "Yes," attach the schedule specified in the instructions and enter the amount involved . . . <b>38b</b>		
39	<b>Section 501(c)(7) organizations.</b> —Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities (see instructions). . . . . <b>39b</b>		
c	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.) . . . . .		
40	List the states with which a copy of this return is filed. ▶		
41	The books are in care of ▶ Telephone no. ▶ ( )		
	Located at ▶		
42	<b>Section 4947(a)(1) charitable trusts filing Form 990EZ in lieu of Form 1041</b> , U.S. Fiduciary Income Tax Return.—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>42</b>		

<b>Please Sign Here</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 officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	Title
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	ZIP code	