990-T

Exempt Organization Business Income Tax Return

For calendar year 1991 or other tax year beginning, 1991, and ending, 19

OMB No. 1545-0687

1991

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Please Print or Type		Name of organization	Α			cation number instructions for			
		Number, street, and room or suite no. (If a P.O. box, see page 3 of inst	В	Unrelated	odes				
		City or town, state, and ZIP code		(See instruction :	tructions for Block B)				
	Check I	oox if address changed ▶ □ D E	xempt unde	er section	<u> </u>	<u>:</u> ∃501 () (:) OR ▶ □	408(e)
-		type of organization · · · · · · • Corporation				401(a) trus		Section 408	
		exemption number (see instructions for Block F)	лт <u> </u>	500	20011	101(a) 1145	<u>, </u>	30011011 100	(a) trast
► If	the unr	related trade or business gross income is \$10,000 or less, coelated trade or business gross income is over \$10,000, complete							
	1		• • • • • • • • • • • • • • • • • • • •	·				inrough 4 on	page 1).
Taxable Income		Jurelated trade or business gross income (see instruction					2		
		Deductions (including net operating loss) (see instructions					_		
<u>–</u>		Jurelated business taxable income before Specific deduc					3		
apl		Specific deduction (see instructions)		//////		_			
ax		Jnrelated business taxable income (line 3 minus line 4 or of line 4 is greater than line 3, enter the smaller of -0- or li		5					
		Organizations Taxable as Corporations (see instru			puta	tion)			
ĭĘ		Controlled group members (sections 1561 and 1563)—Ch							
Ĕ		Enter your share of the \$50,000 and \$25,000 taxable incor	me bracket	amounts	(in tha	at order):			
μ	,	(i) \\$ (ii) \\$	1						
ō		Enter your share of the additional 5% tax (not to exceed \$11,750		//////					
Tax Computation	7 1	ncome tax on the amount on line 5					7		+
<u>ra</u>	8 I	Trusts Taxable at Trust Rates (see instruction ncome tax on the amount on line 5 from: ☐ Tax rate sched	rm 1041)	8					
		All Organizations (see instructions)	i						
	9a F	oreign tax credit (corporations attach Form 1118; trusts attach For	rm 1116)	9a					
		Other credits (see instructions)		9b					
		General business credit—Check if from:							
		☐ Form 3800 or ☐ Form (specify) ►		9c					
		Credit for prior year minimum tax (attach Form 8801 or 88		9d					
		otal (add lines 9a through 9d)	10						
ts		ine 7 or line 8 minus line 10	11						
eu	12 F	Recapture taxes. Check if from: Form 4255 Form		12					
Ę		Alternative minimum tax	13c						
Payments	14 7	Total tax (add lines 11, 12, and 13c)	14						
힏		Payments: a 1990 overpayment credited to 1991	[15a					
au	b 1	991 estimated tax payments		15b					
Тах	c 5	Subtotal (add lines 15a and 15b)		15c			_\\\\\		
_	d∃	ax deposited with Form 7004 or Form 2758		15d			_\////		
	e F	oreign organizations—Tax paid or withheld at source (see instru	uctions) .	15e			_\////		
	f (Other credits and payments (see instructions)							
		otal credits and payments (add lines 15c through 15f).		16					
	17 F	Penalty for underpayment of estimated tax. Check $ ightharpoonup$	17						
	18 7	Tax due —If the total of lines 14 and 17 is larger than line	18						
		Overpayment —If line 16 is larger than the total of lines 14 a		r amount			19		
20 E Please Sign Here		Inter the amount of line 19 you want: Credited to 1992 estimat Under penalties of perjury, I declare that I have examined this return, included the control of the control		ing cobodulo		funded ►	20	boot of my know	dodgo ond
		belief, it is true, correct, and complete. Declaration of preparer (other than to			neage and				
			1						
		Signature of officer or fiduciary	 Date)	Title				
		- 1	Date	<u>, , , , , , , , , , , , , , , , , , , </u>		ck if	Prena	er's social secur	ity number
Pai		Preparer's signature	Date		self-		Spain		,
Preparer's		Firm's name (or yours,			<u> </u>	oloyed ► □ No. ►		<u> </u>	
Use	Only	if self-employed) and address			1	code >			

to the organization?

Telephone number ► ()

TOTAL—Add lines 1 through 4b

The books are in care of >

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(see in	nstructions for lin	e 6 c	on page 7)									
	1. Description	perty			2. Rent receiv	ed or a	accrued		ercentage o personal pro	perty		
											%	
											%	
											%	
											%	
4. Complete for any item if t	he entry in column 3 is	more	than 50% or								%	
	based on profit or inco		111111 30 76, 01	5. Complete for any item	n if th	ne entry in colum	n 3 is i	more than	10% b	ut not more	than 50%	
(a) Deductions directly connected (attach schedule) (b) Income in		e (colu 4(a))	(a) Gross income reportable (column 2 × column 3)		(b) Deductions dire personal property	ctly con (attach		come includik) minus colui				
				nd on line 6, Part I,								
SCHEDULE E—UNF	RELATED DEBT-	FINA	ANCED IN	ICOME (see instru	ıctio					:4111	h.l. 4-	
1 Description	n of dobt financed prov	. ortu		2. Gross income from or		3. Deductio		cily conne ot-financed	ected with or allocable to d property			
i. Description	n of debt-financed prop	епу		allocable to debt-financ property	ed	(a) Straight-line depreciation			(b) Other deductions			
1				1 1 3		(attach s	chedu	le)	(attach schedule)			
	T											
 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. Percentage which col. 4 is of col. 5					8. Allocable (column 6 × to 3(a) ar	columns	9. Net income (loss) includible (column 7 minus column 8)				
		%										
			%									
		%										
		_	%									
				umn 8								
SCHEDULE F—INVI		ME	OF A SEC	CTION 501(c)(7), (ATIC	N		
				3. Deductions		Net investment	Τ.	5. Set-asid	es	6. Balance		
Description of income			nount of incom	ne directly connected (attach schedule)						ment income (column 4 minus column 5)		
									. ▶			
SCHEDULE G-INT					FR	OM CONTR	ROLL	ED OR	GAN	IIZATION	IS	
(see	instructions for	line 9	on page	9)								
		2 (ross income	3. Deductions of contr	olling	9	I. Exer	•		janizations	(c)	
Name and address of controlled organization(s)			n controlled anization(s)	organization directly connected with column 2 income (attach schedule)		(a) Unrelated business taxable income		(b) Taxable incor as though not e sec. 501(a), or t col. (a), whiche		empt under e amount in	Percentage which col. (a) is of col. (b)	
											%	
											%	
E Manayam	nt controlled erganizati	one									%	
(a) Excess taxable income (b) Taxable income amount in column whichever is mo		e, or (c) Percentage which col. (a)		6. Gross income reportabl (column 2 × column 4(c) column 5(c))					8. Net income includible (column 6 minus column 7)			
			% %									
-			%									
Total (enter here a	and on line 9, Part	I. pa						. ▶				

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SCHEDULE H—EXF			T ACTIVITY line 10 on			THER 1	ΓHAN	ADVER	ΓISIN	IG INCON	ΛE		
Description of exploited activity	Gross unrelated business income from trade or business		Expenses directly connected with production of unrelated business income		income from ated trade or ess (column 2 is column 3)	5. Gross in from activities not unrusiness in	ty that elated	6. Expenses attributable to column 5		7. Excess exe expenses (columinus column not more than co	mn 6 5, but	8. Net income includible (column 4 minus column 7)	
Total (enter here a												0)	
Part I Income From								Structions	101	ine ii on	page	9)	
1. Name of periodical	2 Gross		3. Direc		4. Advertising gain or loss (col. 2 minus col. 3). If col. 2 exceeds col. 3, compute cols. 5, 6, and 7. If col. 3 exceeds col. 2, enter loss in Part III–B, col.(b).		5. Circulation income		6.	Readership costs	7. If col. 5 equals or exceeds col. 6, enter in Part III-A col. (b) the gain from col. 4. If col. 6 exceeds col. 5, enter in Part III-A col. (b) the gain from subtracting col. 6 plus col. 3 from col. 5 plus col. 2. For a loss, see the instructions for line 11 litem 2(c).		
Total	. •												
Part II Income Fro		dicals R	eported or	ı a S	eparate	Basis							
Part III—A Adver	tising Inc	come			Part III	— В А	dvert	ising Los	SS				
(a) Enter "consolidated periodical" or names of nonconsolidated periodicals (b) Enter total amount from column 4 or 7, Part I, and amounts listed in cols. 4 and 7, Part II					(a) Enter "consolidated periodical" or names of nonconsolidated periodicals					(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II			
Enter total here and o	•	TION OF	0551050		Part II,	page 2		on line 28	. ▶				
1. Name						2. Title			3. Percent of time devoted to business		Compensation attributable unrelated business		
									<u>%</u> %				
									%				
									<u>%</u> %				
Total (onter here s	and on !!=	14 Dart	II page 2\						<u>%</u>				