Department of the Treasury Internal Revenue Service

A For the calendar year 1991, or fiscal year beginning

Short Form

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, and ending

OMB No. 1545-1150

This Form is Open to Public Inspection

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use	ase RS el or	B Name of organization		C Employer identification number							
	nt or e.	Number and street (or P.O. box no., if mail is not delivered to street address) Room/s	suite	te D State registration n			ımber				
	critic ruc- City, town, or post office, state, and ZIP code E Enter						ter four-digit group exemption mber (GEN)				
F	Check	type of organization—Exempt under section ▶ ☐ 501(c) () (insert number), OR ▶ ☐	sect	tion -	4947(a)(1) tru	ıst					
G	Check	▶ ☐ if exemption application pending.									
<u>H</u> A	ccour	nting method: ☐ Cash ☐ Accrual ☐ Other (specify) ►		1	Check ►] if addr	ess changed.				
		► ☐ if your gross receipts are normally not more than \$25,000. You need not file a composed Package in the mail, you should file a return without financial data. Some states required					ou received a				
KE	Inter y	our 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9)									
Pa	rt I	Statement of Revenue, Expenses, and Changes in Net Assets or I									
	1	Contributions, gifts, grants, and similar amounts received (attach schedule—see in				1					
	2	Program service revenue		, tioi i	3)	2					
	3	Membership dues and assessments (see instructions)		•		3					
	4	Investment income		•		4					
	1 -	a Gross amount from sale of assets other than inventory	•	•	· · i ·						
	"	b Less: cost or other basis and sales expenses									
	;	c Gain or (loss) (line 5a less line 5b) (attach schedule)				5c					
ne	۱ ۵	Special events and activities (attach schedule—see instructions):		•							
en Ve	ر ا	a Gross revenue (not including \$ of contributions									
Revenue	`	reported on line 1)			1						
_		b Less: direct expenses									
		c Net income or (loss) (line 6a less line 6b)			<u> </u>	6c					
		a Gross sales less returns and allowances			· . j .						
		b Less: cost of goods sold									
		c Gross profit or (loss) (line 7a less line 7b)			'	7c					
	8					8					
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			<u></u> ≻	9					
	10	Grants and similar amounts paid (attach schedule)				10					
	11	Benefits paid to or for members				11					
es	12	Salaries, other compensation, and employee benefits				12					
Expenses	13	Professional fees and other payments to independent contractors				13					
ĝ	14	Occupancy, rent, utilities, and maintenance				14					
Ú	15	Printing, publications, postage, and shipping				15					
	16	Other expenses (describe ►)	16					
	17	Total expenses (add lines 10 through 16)			<u> </u>	17					
	18	Excess or (deficit) for the year (line 9 less line 17)				18					
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))									
ASS		(must agree with end-of-year figure reported on prior year's return)				19					
Net Assets	20					20					
ž	21	Net assets or fund balances at end of year (combine lines 18 through 20)									
		(must agree with line 27, column (B))			<u> ▶ </u>	21		<u> </u>			
Pa	rt II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more,	, you r								
				(A) Beginning of year			(B) End of year				
22		sh, savings, and investments				22					
23		nd and buildings		23							
24		er assets (describe ▶)				24 25					
25		al assets				26					
26 27	Tota Not	al liabiities (describe >) t assets or fund balances (column (B) must agree with line 21.)) -			26					

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.								Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1)		
	trusts; option									
28										
_				(Grants \$)					
29 .										
-				(Grants \$						
30 .				•	,					
				(Grants \$						
31 C										
		gram services (attach schedule) gram service expenses (add lines 28 thr			▶					
		List of Officers, Directors, and Trust	ees (List each one ever	if not compen	sated. See ins					
(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero.)	, to employee acco			nd		
Par		Other Information—Section 501(c)(3) also complete and attach Schedule A			aritable trusts	must	Yes	No		
		organization engage in any activity not pr	· , , , , , , , , , , , , , , , , , , ,		ionvico?					
33	If "Yes,	ervice?								
34		ny changes made to the organizing or gov " attach a conformed copy of the change:		reported to IRS?						
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), 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?									
36										
37a		" attach a statement as described in the i mount of political expenditures, direct or in		instructions.	37a					
		I file Form 1120-POL , U.S. Income Tax Re			this year?		777777	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
38a		OR were any suc	h loans							
h		n a prior year and still unpaid at the start of attach the schedule specified in the instruc	,	1	38b					
39		501(c)(7) organizations.—Enter:	tions and enter the amount	involved , , t		l l				
	Initiation fees and capital contributions included on line 9									
	Gross r									
С		ne club's governing instrument or any writ e of race, color, or religion? (See instruction								
40	List the	states with which a copy of this return is	filed. ▶							
41		oks are in care of ▶			ohone no. ►.(_)				
42	Section	d at ► 1.4947(a)(1) charitable trusts filing Form 990 ter the amount of tax-exempt interest rece	DEZ in lieu of Form 1041, U	J.S. Fiduciary Inc	ome Tax Return. ▶ 42	—Check	here 1	▶ □		
Ple		Under penalties of periury. I declare that I have exar	mined this return, including accom	panying schedules an	d statements, and to	the best of	my kno	wledge		
Sig										
Her		Signature of officer	Date							
Paid		Preparer's	2010		Date	Char	k if self			
	a parer's	signature			710 :		oyed ►			
-	Only	Firm's name (or yours if self-employed) and address			ZIP code					