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 Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E. Internal Revenue Service . 1990, and ending For the calendar year 1990, or fiscal year beginning A Employer identification number (see instruction S2) Name of organization Use IRS label. B State registration number (see instruction E) Other-Number, street, and room (or P.O. box number) (see instruction \$1.) wise, please print City or town, state, and ZIP code C If application for exemption is pending, check or type. E Accounting method: ☐ Cash ☐ Accrual D Check type of organization—Exempt under section ► 501(c)( ) (insert number). ☐ Other (specify) ▶ OR  $\blacktriangleright$  section 4947(a)(1) charitable trust (see instruction C7 and question 92.) G If either answer in F is "Yes," enter four-digit group F Is this a group return (see instruction Q) filed for affiliates?. . . . . . ☐ Yes ☐ No exemption number (GEN) If "Yes," enter the number of affiliates for which this return is filed ☐ Yes ☐ No H Check box if address changed ▶ Is this a separate return filed by a group affiliate? . . I Check here 🔲 if your gross receipts are normally not more than \$25,000 (see instruction B11). 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 (see instruction A5). 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). (See instruction C1.) Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances Part I 1 Contributions, gifts, grants, and similar amounts received: 1a 1b c Government grants 1d **d Total** (add lines 1a through 1c) (attach schedule—see instructions) . . . 2 Program service revenue (from Part VII, line 93) . . . . 3 3 Membership dues and assessments (see instructions) 4 4 Interest on savings and temporary cash investments . 5 Dividends and interest from securities. . . . 6a 6b **b** Less: rental expenses . . . . . . . 6c c Net rental income or (loss) (line 6a less line 6b) Revenue Other investment income (describe ▶ (B) Other (A) Securities 8a Gross amount from sale of assets other 8a than inventory . . . . . . . . . . . 8b **b** Less: cost or other basis and sales expenses 8c c Gain or (loss) (attach schedule) . . . 8d d Net gain or (loss) (combine line 8c, column (A) and line 8c, column (B)) . . . . . . 9 Special fundraising events and activities (attach schedule—see instructions): a Gross revenue (not including \$\_\_\_\_\_ of contributions 9a reported on line 1a) Less: direct expenses . . . . Net income (line 9a less line 9h)

	r	Net income (line 9a less line 9b)	
		Gross sales less returns and allowances	
		Less: cost of goods sold	
	С	Gross profit or (loss) (line 10a less line 10b) (attach schedule)	
	11	Other revenue (from Part VII, line 103)	
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	
	13	Program services (from line 44, column (B)) (see instructions)	
es	14	Management and general (from line 44, column (C)) (see instructions)	
eus	15	Fundraising (from line 44, column (D)) (see instructions)	
Exp	16	Payments to affiliates (attach schedule—see instructions)	
	17	Total expenses (add lines 16 and 44, column (A)).	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	
lets	10	Net assets or fund balances at beginning of year (from line 74, column (A))	

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Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20)

20

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.)

Do not include amounts reported on line								
	6b, 8	ot include amounts reported on line 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	( <b>D)</b> Fundraising		
	22	Grants and allocations (attach schedule)			<b>V</b>			
	23	Specific assistance to individuals						
	24	Benefits paid to or for members			<i>\{\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\</i>			
	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						
ses	34	Telephone						
ē	35	Postage and shipping						
Expenses	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							
	С							
	d							
	е							
	f							
	44	<b>Total functional expenses</b> (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines I3-15.						
Pa	irt III	Statement of Program Service Accomplishing	nents (See instru	ictions.)				
	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 must also enter the amount of grants to others.							
а								
_								
	(Grants and allocations \$							
b								
	(Grants and allocations \$ )							
С								
	(Grants and allocations \$							
d								
	(Grants and allocations \$ )							
		program services (attach schedule)		ants and allocations	\$ )			
f	Total	(add lines <b>a</b> through <b>e</b> ) (should equal line 44, column (	(B))		,▶			

## Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the be for end-of-year amounts only.	ne description column should	(A) Beginning of year		(B) End of year
Assets				
Cash—noninterest-bearing			45	
Savings and temporary cash investments			46	
7a Accounts receivable	47a			
$\textbf{b}  \text{Less: allowance for doubtful accounts} \ \ .  \ .  \  .  \  .  \  .  \  .$	47b		47c	
Ba Pledges receivable	488		1 1	
<b>b</b> Less: allowance for doubtful accounts	48b		48c	
Grants receivable			49	
Receivables due from officers, directors, trustees, a	nd key employees (attach			
schedule)			50	
a Other notes and loans receivable (attach schedule)	514		51c	
<b>b</b> Less: allowance for doubtful accounts	I		52	
Inventories for sale or use			53	
Prepaid expenses and deferred charges	I		54	
Investments—securities (attach schedule)			34	
5a Investments—land, buildings,	lee-l		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
and equipment: basis	55a		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
<b>b</b> Less: accumulated depreciation (attach	554		55c	
schedule)			56	
Investments—other (attach schedule)				
'a Land, buildings, and equipment: basis	578		57c	
<b>b</b> Less: accumulated depreciation (attach schedule) .	5/0		58	
	)		59	
	· · · · · · · · · · · · · · · · · · ·			
Liabilities			60	
Accounts payable and accrued expenses			61	
Grants payable			62	
Support and revenue designated for future periods (at			63	
Loans from officers, directors, trustees, and key empl			64	
Mortgages and other notes payable (attach schedule)	,		65	
other liabilities (describe ►	)		66	
	<u> </u>		VIIIIII	
Fund Balances or Net Assets	and complete lines		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
ganizations that use fund accounting, check here ►	and complete lines		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
67 through 70 and lines 74 and 75.			67a	
7a Current unrestricted fund	I		67b	-
<b>b</b> Current restricted fund			68	
Land, buildings, and equipment fund	I		69	
			70	
Other funds (describe >	I		VIIIII	
ganizations that do not use fund accounting, check here	► □ and complete		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
lines 71 through 75.			71	
Capital stock or trust principal			72	
Paid-in or capital surplus	AVAILANT	73		
Retained earnings or accumulated income		74		
Total fund balances or net assets (see instructions).  Total liabilities and fund balances/net assets (see			75	

Par	List of Officers, Directors, and Trustees	List each one even if n		see instruction	<del></del>		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter zero)	( <b>D</b> ) Contributions to employee benefit plans	(E) Expense account and oth allowances		
Par	VI Other Information						
76	Did you agged in any activity not proviously reported	to the Internal Devenue Co	onico?		76 Yes N		
76	Did you engage in any activity not previously reported if "Yes," attach a detailed description of each activity.		ervice:				
77	Were any changes made in the organizing or governing		rted to IRS?		77		
-	If "Yes," attach a conformed copy of the changes.	, accumente, but not repo					
78a	Did your organization have unrelated business gross inco	ome of \$1,000 or more du	ring the year covered	by this return?	78a		
b	If "Yes," have you filed a tax return on Form 990-T, Ex				78b		
С	At any time during the year, did you own a 50% or greate If "Yes," complete Part IX.	· -			78c		
79	Was there a liquidation, dissolution, termination, or su	bstantial contraction duri	ng the year? (See ins	structions.).	79		
	If "Yes," attach a statement as described in the instru			,	V/////X/////X/////X////		
0a	Are you related (other than by association with a statew	vide or nationwide organiza	ition) through comm	on membership,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)						
b	of if "Yes," enter the name of the organization ▶  and check whether it is □ exempt OR □ nonexempt.						
31a	Enter amount of political expenditures, direct or indirect, as described in the instructions 81a						
b	The amount of political experimentes, an est of manager, as described in the manager of the second o						
32a	Did you receive donated services or the use of materi				<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
	less than fair rental value?				82a		
b	If "Yes," you may indicate the value of these items	here. Do not include this			V/////X/////X/////X////		
	revenue in Part I or as an expense in Part II. See instru				<i>XIIIIIIIXIIIIIXIIII</i>		
	Did anyone request to see either your annual return or				83a		
	If "Yes," did you comply as described in the instruction				83b 84a		
	Did you solicit any contributions or gifts that were not tax deductible?						
b	If "Yes," did you include with every solicitation an exp				84b		
	deductible? (See General Instruction M.)						
soa	Section 501(c)(5) or (6) organizations.—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>L</b>	<del>-</del>	-	1		85a		
	If "Yes," enter the total amount spent for this purpose Section 501(c)(7) organizations.—Enter:	E, , , , , , , , ,			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
36	Initiation fees and capital contributions included on lin	ne 12	86a				
a h	Gross receipts, included on line 12, for public use of cl				<i>~////////////////////////////////////</i>		
C	Does the club's governing instrument or any writte			n against anv	V/////X/////X/////X/////X//////X////////		
·					86c		
37	person because of race, color, or religion? (See instructions.)						
,,	Gross income received from members or shareholders		87a				
b	Gross income received from other sources (Do not net				V/////X/////X//////X///////////X////////		
	against amounts due or received from them.)				<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
8	Public Interest law firms. —Attach Information describ						
9	List the states with which a copy of this return is filed				90		
0	During this tax year and you maintain any part of your accounting, tax records on a compation zea system.						
1	The books are in care of ▶	Tele	ephone no. ►				
	Located at ▶						

		Analysis of Income-Producing Activ			Evoluded by section	on 512 , 513, or 514	(a)	
Ente	r gros	s amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income	
	_	am service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)	
			1 1		<del> </del>			
	. ,							
		es from government agencies ership dues and assessments	1 1					
		st on savings and temporary cash investment						
		nds and interest from securities						
<b>97</b> N	Net rei	ntal income or (loss) from real estate:						
(	<b>a)</b> del	bt-financed property						
(	<b>b)</b> not	t debt-financed property $\ldots$ $\ldots$ $\ldots$ .						
		ntal income or (loss) from personal property						
		investment income	3					
		r (loss) from sales of assets other than invento						
		come from special fundraising events profit or (loss) from sales of inventory						
		revenue: (a)	1 1					
			1 1					
			1 1					
(	(e)	tal (add columns (b), (d), and (e))	- · <i></i>					
104 9	Subtot	tal (add columns (b), (d), and (e))	. (////////////////////////////////////		XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
105 T	IOTAL	L (add line 104, columns (b), (d), and (e)) lus line 1d, Part I, should equal the amount o	on line 12 Part IV			. ▶	····	
	VIII				poses			
Line		Explain below how each activity for wh	ich income is repo	rted in column (	(e) of Part VII cor	ntributed importa	antly to the	
		accomplishment of your exempt purpo	ses (other than by	providing funds	for such purpos	es). (See instruc	tions.)	
		470						
	-							
				• • • • • • • • • • • • • • • • • • • •				
<del></del>								
Part	IX	Information Regarding Taxable Sub	sidiaries (Com	plete this Part	t if you answer	ed "Yes" to qเ	estion 78c.)	
		ne, address, and employer identification number of corporation or partnership	Percentage of ownership interest		ure of activities	Total income	End-of-year assets	
		number of corporation of partnership	Ownership interest	business		meditie	40000	
Diaaa		Under penalties of perjury, I declare that I have exam	nined this return, inclu	ding accompanying s	schedules and staten	nents, and to the bes	t of my knowledge and	
Pleas	se	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of w					owieuge.	
Sign Here	oro .							
iici C		Signature of officer		Date	Title		1	
Paid		Preparer's signature			Date		Check if	
Prepa	parer's	Firm's name (or			ZIP co	ode	self-employed ▶ ∟	
Use 0	nly	yours if self-employed) and address						