Exempt Organization Business Income Tax Return

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

OMB No. 1545-0687

Department of the Treasury Internal Revenue Service

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

1991

		Name of organization	Α	Employer i (Employees' t		cation numb instructions fo			
Please Print or Type		Number, street, and room or suite no. (If a P.O. box, see page 3 of instru	В	B Unrelated business activity cod					
		City or town, state, and ZIP code		(See instruc	ctions fo	or Block B)			
\overline{C}	Check	box if address changed ▶ □ D Exe	empt under section	n 🕨	<u> </u>) () OR ▶ [408(e)	
		type of organization · · · · · • Corporation	 ☐ Trust ☐ Se	ction	401(a) trus	t 🔲	Section 408	B(a) trust	
F	Group	exemption number (see instructions for Block F) ▶							
► If	the un	related trade or business gross income is \$10,000 or less, com	plete only page 1 a	and Pa	art III on pag	ge 2, ar	nd sign the	return.	
		related trade or business gross income is over \$10,000, complete a							
ne	1	Unrelated trade or business gross income (see instructions)) (state sources ▶)	1			
Taxable Income		Deductions (including net operating loss) (see instructions)	•			2			
בֿ		Unrelated business taxable income before Specific deduction				3			
S e		Specific deduction (see instructions)	4						
xa		Unrelated business taxable income (line 3 minus line 4 or er							
Ta		If line 4 is greater than line 3, enter the smaller of -0- or line				5			
_		Organizations Taxable as Corporations (see instruc	tions for tax cor	nputa	ation)				
ậ		Controlled group members (sections 1561 and 1563)—Che		•	•				
ıta		Enter your share of the \$50,000 and \$25,000 taxable income		(in th	nat order):				
<u>ط</u> ا		(i) \\$ (ii) \\$							
ou		Enter your share of the additional 5% tax (not to exceed \$11,750)	\$						
ပ	7	Income tax on the amount on line 5		7					
Tax Computation	_	Trusts Taxable at Trust Rates (see instructions	for tax computa	ition)					
	8	Income tax on the amount on line 5 from: Tax rate schedu	ule or ∐ Schedule	D (Fo	orm 1041)	8			
		All Organizations (see instructions)			1				
		Foreign tax credit (corporations attach Form 1118; trusts attach Form	· -			-{/////			
		Other credits (see instructions)	9b			-/////			
		General business credit—Check if from:							
		☐ Form 3800 or ☐ Form (specify) ►				-/////			
		Credit for prior year minimum tax (attach Form 8801 or 882							
		Total (add lines 9a through 9d)		10					
Payments	11	Line 7 or line 8 minus line 10			11				
Je		Recapture taxes. Check if from: Form 4255 Form				12			
Ϋ́		Alternative minimum tax		13c					
		Total tax (add lines 11, 12, and 13c)		14					
p		Payments: a 1990 overpayment credited to 1991	<u>15a</u> 15b			-/////			
a		1991 estimated tax payments			- (/////				
Тах		Subtotal (add lines 15a and 15b).	15c			<i>-{/////</i> //			
		Tax deposited with Form 7004 or Form 2758	15d			-/////			
		Foreign organizations—Tax paid or withheld at source (see instruc				-/////			
		Other credits and payments (see instructions)		16					
		Total credits and payments (add lines 15c through 15f)		17					
		Penalty for underpayment of estimated tax. Check ► ☐ if		18					
		Tax due —If the total of lines 14 and 17 is larger than line? Overpayment —If line 16 is larger than the total of lines 14 an	19						
		Enter the amount of line 19 you want: Credited to 1992 estimate			efunded >	20			
		Under penalties of perjury, I declare that I have examined this return, including	g accompanying schedu	les and	l statements, an	d to the			
Please Sign Here		belief, it is true, correct, and complete. Declaration of preparer (other than tax	payer) is based on all inf	ormatio	on of which prep	arer has	any knowledge		
		\		_					
		Signature of officer or fiduciary	Date	Title					
Paid Preparer		Preparer's	Date	Ch sel	neck if	Prepar	er's social secu	rity number	
		signature			nployed ►				
	Parei Only	Tilli Silalio (or yours,	E.I. No. ▶						
	, Jilly	and address							
							- 000	T (100:	

to the organization?

Telephone number ► ()

TOTAL—Add lines 1 through 4b

The books are in care of >

5

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(see in	nstructions for lin	e 6 0	on page 7)									
	1. Description	of pro	perty			2. Rent receiv	accrued	3. Percentage of rent for personal property				
											%	
											%	
											%	
											%	
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	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 includible column			mn 2 minus	(a) Gross income reportable (column 2 × column 3)		(b) Deductions directly connected with personal property (attach schedule)				come includik) minus colui		
				nd on line 6, Part I,								
SCHEDULE E—UNF	RELATED DEBT-	FINA	ANCED IN	ICOME (see instru	ıctio					:4111	LI- 4-	
1 Description	n of dobt financed prov	. ortu		2. Gross income from		3. Deductions directly connected debt-financed						
i. Description	n of debt-financed prop	епу		allocable to debt-financ property	ed	(a) Straight-line depreciation			(b) Other deductions			
1						(attach s	chedu	le)	(attach schedule)			
	T											
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjusted of or allocable to debt-financed prop (attach schedule	erty	6. Percentage which col. 4 is of col. 5			8. Allocable (column 6 × to 3(a) ar	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	Ι,	5. Set-asid	es	6. Balance		
Description of income			nount of incom			ncome (column 2 ninus column 3) (attach sch				ne (column 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		as though sec. 501(a	h not ex a), or th	ne computed empt under e amount in ver is more	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)		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	2. Gross unrelated business income		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 advertising in		ss 3. Direc		4. Advertis loss (col. 2 3). If col. 2 3, compute and 7. If co col. 2, enter	Advertising gain or uss (col. 2 minus col If col. 2 exceeds col. , compute cols. 5, 6, and 7. If col. 3 exceeds il. 2, enter loss in Part III-B, col.(b).		5. Circulation income		Readership costs	7. If col. 5 equals or exceed col. 6, enter in Part III—A col. (b) the gain from col. 4. If c 6 exceeds col. 5, enter in P IIII—A col. (b) the gain from subtracting col. 6 plus col. 2. For loss, see the instructions for line 11 item 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						3			3. Percent of time devoted to business 4. Com		pensation attributable to inrelated business	
									<u>%</u> %			
									%			
									<u>%</u> %			
Total (onter here s	and on !!=	14 Dart	II page 2\						<u>%</u>			