Form 990

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

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For	the calendar year 1991, or fiscal year beginning , 1991, and ending	opeodoii
Please	B Name of organization	, 19 oyer identification number
use IRS		0185878
label or print or	Number and street (or P.U. box no. if mail is not delivered to street address) Room/suite D State	registration number
type. Se Specific	e P. D. Raan 1 1 2	763-03763
Instruc-	City, town, or post office, state, and ZIP code	
tions.	MANCHERTER NIH BRIDE	olication for exemption is pending,
Che		
OR	► section 4947(a)(1) charitable trust S01(c)(3) (insert number), GAccounting m	
Is th		
		er in H is "Yes," enter four-digit group Imber (GEN) ▶
Is th	0.0000000000000000000000000000000000000	anged, check box
Che	ck here Dif your gross receipts are normally not more than \$25,000. You do not have the	
	some states in the mail, you should like a return without financial data. Some states in	require a completed return
ote. re	orm 990E2 may be used by organizations with gross receipts less than \$100,000 and total assets le	ss than \$250 000 at and of year
ection	501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Sched	dule A (Form 990).
art I		
		alances
	Contributions, gifts, grants, and similar amounts received:	
	a Direct public support	
	b Indirect public support	
	c Government grants	
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d 11.718 7.1
3	gram of the forence (norm all vii, line 30)	2 10,135
;	The state and assessments (see instructions)	3 25,042
4	Interest on savings and temporary cash investments	4 2,799 71
1	Dividends and interest from securities	5
1	Ga Gross rents	
	b Less: rental expenses	
. _	c Net rental income or (loss)	6c
2 7	and the second income (accorded)	7
anii a	a Gross amount from sale of assets other (A) Securities (B) Other	
	than inventory 8a	
	b Less: cost or other basis and sales expenses 8b	
	c Gain or (loss) (attach schedule) 8c	
1.	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d
9	Special fundraising events and activities (attach schedule—see instructions):	
	a Gross revenue (not including \$ of contribu-	
	tions reported on line 1a) 9a	
	b Less: direct expenses	
- 1	c Net income	9c
	a Gross sales less returns and allowances	
	b Less: cost of goods sold	
	Gross profit or (loss) (attach schedule)	10c 3814
11		11 5 5 5 7
1	(add in see 14, 2, 3, 4, 00, 7, 00, 90, 100, and 11)	12 53508
13	(dee instructions)	13 25348
14	Management and general (from line 44, column (C)) (see instructions)	14 74/2
13 14 15 16	Fundraising (from line 44, column (D)) (see instructions)	15 —
16	Payments to affiliates (attach schedule—see instructions)	16 667 11.3
	Total expenses (add lines to and 44, column (A))	17 33427
18 19 20	Excess or (deficit) for the year (subtract line 17 from line 12)	18 20081
19	Net assets or fund balances at beginning of year (from line 74, column (A))	19
20	Other changes in net assets or fund balances (attach explanation)	20
41	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21

97-5-57	⋖		((8) nmu	Total (add lines a through e) (should equal line 44, col
	(\$ suc	ants and allocatio	Other program services (attach schedule) (Gra
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	(\$ su	ints and allocatio	S 157)
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for others.)	:010110	מו פווסממסחום חווף	amount of grants	section 4947(a)(1) charitable trusts must also enter the a
4647(a)(1) trusts: opt	H (+) OLDSHITSSHOLDS	വെ വെവിവി വെവാ	Drogram title, Se	reone benefited: or other relevant intormation tor each
o)108 tot beniupeA) enoitesinegro (4) bns	reamina ens ; bebivo	pe the services pro	oses. Fully descri	ribe what was achieved in carrying out your exempt purp
Expenses	No destina add the bitter	/:cuonon netti	aac) suraums	Statement of Program Service Accompli
		(anoitaintani		completing columns (B)-(D), carry these totals to lines 13-15
		4 2.0 (097-6	
	7/4/	77856	99228	t Total functional expenses (add lines 22 through 43) Organizations
	6/146			total functional expenses (add lines 22 through 43) Organizations
	6/14/	86811	86811	total functional expenses (add lines 22 through 43) Organizations
9:51	6/14/2	Eb811 1141	E6811	Tolal Successional and lines 22 through 43) Organizations to the successional functional and successional functional and successional functional functiona
0.41	6/4/	868/1 1141 9181	26811 1141 2181	Togal Losery
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0.81		868/1 1141 9181	26811 1141 2121 3259	Other expenses (itemize): a Insurance Other expenses (itemize): a Insurance Considering Service Considering Ser
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0.81 5.21 5.21 9.21 9.21 5.21 (.11-1.21 4.21	013 015 005 E 4191 1111	86811 1141 9181 1359	EBB11 1141 2181 8259 048 6466 6466 6466 6466 6466 6466 6466	Accounting fees Legal fees Supplies Telephone Occupancy Equipment rental and maintenance Travel Conferences, conventions, and meetings Interest Other expenses (itemize): a Lusure convention of the convention of
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Statement of 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.)

Part II

Part IV Balance Sheets

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	Assets			
45	Cash—noninterest-bearing	100	45	20
46	Savings and temporary cash investments	40128	46	59708
			Tiinin (77.
47a	Accounts receivable			
b	Less: allowance for doubtful accounts 47b	1	47c	
			VIIII	
48a	Pledges receivable	1		
b	Less: allowance for doubtful accounts		//////	
49	Grants receivable		48c 49	
50				
υ	Receivables due from officers, directors, trustees, and key employees			
E1.	(attach schedule)		50	
oia	Other notes and loans receivable (attach schedule) 51a			
	Less: allowance for doubtful accounts 51b		51c	
52 50	Inventories for sale or use	12000	52	11000
53 54	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment:			
	basis			
b	Less: accumulated depreciation (attach	_		
	schedule)	25000	55c	25543
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis 57a			
b	Less: accumulated depreciation (attach schedule) 57b		57c	
58	Other assets (describe ► Books * Percodicals)	92 000	58	104893
59	Total assets (add lines 45 through 58) (must equal line 75)	18 9228	59	201164
	Liabilities			
60 ,	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule).		63	
64	Mortgages and other notes payable (attach schedule)		64	
65	Other liabilities (describe ►		65	
<u> </u>	Total liabilities (add lines 60 through 65)		66	· · · · · · · · · · · · · · · · · · ·
	Fund Balances or Net Assets			
Orga	nizations that use fund accounting, check here ▶ □ and complete			
•	lines 67 through 70 and lines 74 and 75 (see instructions).			
37a	Current unrestricted fund	40228	67a	59728
b	Current restricted fund		67b	31700
	Land, buildings, and equipment fund	25000	68	25542
9	Endougnout fund	<i>a</i> , <i>c c c</i>		25543
	Other funds (describe > Books + Palalic 2 Times	104000	69 70	115 600
	nizations that do not use find a	707000		115893
·	complete lines 71 through 75 (see instructions).			
1	Capital stock or trust principal			
2	Paid-in or capital surplus		71	
3	Paid-in or capital surplus .		72	
4	Retained earnings or accumulated income .		73	
	Total fund balances or net assets (add lines 67a through 70 OR lines 71			
	through 73: column (A) must equal line 19 and column (B) must equal line 21)	,		
	line 21) . Total liabilities and fund balances/net assets (add lines 66 and 74) .	110,20	74	
	m 990 is evallable for public increases and 74)	169228	75	201164

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure your return is complete and accurate and fully describes your organization's programs and accomplishments.

Part VII	Analysis of Income-Producing	Activities				<u></u>
	ss amounts unless otherwise	Unrelated b	ousiness income	Excluded by secti	on 512, 513, or 514	(e)
indicated.		(a)	(b)	_ (c)	(d)	Related or exemption function income
	am service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions
	Publications					1606
	Conferences					2958
	Generlogist - Advertising			 		200
(a)	Library Research			 		532
(e) (f)	NESE EVER					4839
	oos from government conneins					
	ees from government agencies					9 (20/4)
	pership dues and assessments st on savings and temporary cash investment					25042 7
			 			2777 1
	ends and interest from securities ental income or (loss) from real estate:	•				
	ebt-financed property					
	of debt-financed property					
Net rer	ntal income or (loss) from personal property	, • -				
Other	investment income	•		 		
	r (loss) from sales of assets other than inventor					
	come from special fundraising events.					
Gross	profit or (loss) from sales of inventory					26/11 4
	revenue: (a)					3814 4
	Toveride. (a)					
				†		
					7-	
	tal (add columns (b), (d), and (e).)					
ne No. ▼	Explain how each activity for which accomplishment of your exempt pu	h income is report	ted in column (e	e) of Part VII co	ntributed import	antly to the
A						
B	Conferences serve To Educ	Care project	nincie o-ene	2/09162/Kn	swiedge 2.	id Dala
B C	the henerales of Advantion	ele end In	turm on o	-ene 3/09/63	i majiers	
D	The Geneziogist Advertise. The library serves as the	a CALTA	sers Know	what publ	1/2/1000 ave	available
E	The Reserve Dept does					
	hon-members on a fer		1. 600/1021	sindles +	or memb	ery dord
	microfilm + microfiche	fr = 6 = 71	he fees an	e 4320 10	purchase	MUNK!
	THE FITTH & THE VS FI CHE	904 F471A	er rester	rek end f	or benovel	Horary use
						
rt IX	Information Regarding Taxable Su	ubsidiaries (Con	nplete this Par	rt if you answ	ered "Yes" to	guestion 78c
Name,	, address, and employer identification	Percentage of	Natur		Total	End-of-year
nur		ownership interest	business a		income	assets
						·
						77.874.
ase	Under penalties of perjury, I declare that I have e	examined this return, in	cluding accompany	ing schedules and s	statements, and to the	ne best of my
1	knowledge and belief, it is true, correct, and com any knowledge.	iplete. Declaration of p	reparer (other than	officer) is based on	all information of wh	nich preparer has
n	Sendel Fel.	orde	1/25/92	2 1 True	asurer	
e e	Signature of officer		Date	Title	wouver	
	Preparer's		-	Date		
	signature			Date		Check if
arer's	Firm's name (or			ZIP cod		self-employed ► L
Only	yours if self-employed)				1 0	

среск реге ▶□	x Return, should	uciary Income Ta		Section 4947(a)(1) charitable trusts filing Form 990 in					
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LTL5-74	6(809) €.0	n ənodqələT	spu4	The books are in care of ▶ @= 272 12 L2/0	16				
7 06	Smətaya I	n a computerized		During this tax year did you maintain any part of you	06				
<i>~~~</i>				List the states with which a copy of this return is					
				Public interest law firms.—Attach information desc					
		478		sources against amounts due or received from the					
		to other	t net amounts due or paid	Gross income received from other sources (Do no	q				
		ъ78 	come received from members or shareholders						
		1 1	501(c)(12) organizations.—Enter amount of:						
2 398				person because of race, color, or religion? (See in					
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	yns tenisgs n	for discrimination	n policy statement provide	Does the club's governing instrument or any writter	၁				
	0	uctions.) 86b	of club facilities (See instr	Gross receipts, included on line 12, for public use	q				
<i>411180118</i> 0118	0	Б	St ənil n	Initiation fees and capital contributions included o	В				
<i>411181111811118</i>	٠	1 1		Section 501(c)(7) organizations.—Enter:	98				
		928		If "Yes," enter the total amount spent for this purp	q				
929 PS8				about legislative matters or referendums? (See ins					
<i>\(\tall(\ta)\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\ta)\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\ta)\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\ta)\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\ta)\tall(\tall(\tall(\tall(\tall(\tall(\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\tall(\ta)\tall(\ta)\tall(\tall(\ta)\tall(\ta)\tall(\tall(\ta)\tall(\ta)\tall(\ta)\tall(\tall(\ta)\tall</i>	noinigo sildu	d ephence b	end any amounts in attemp	Section 501(c)(5) or (6) organizations.—Did you spo	658				
94P				. (.M notruction (See General Instruction M.) .					
	or gifts were	ch contributions	express statement that su-	If "Yes," did you include with every solicitation an	q				
2 s48	<i></i>		not tax deductible?	Did you solicit any contributions or gifts that were	Б 1 8				
939		(noitou		If "Yes," did you comply as described in the instru					
83a L				Did anyone request to see either your annual retur					
WWW.WWW.WWW				revenue in Part I or as an expense in Part II. See in					
				If "Yes," you may indicate the value of these items					
'////X////X/////				substantially less than fair rental value?					
828	charge or at	tacilities at no	2a Did you receive donated services or the use of materials, equipment, or eulopsepticity, less than the receive donated velocities.						
	i		b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Or						
918	0,,,,,		Enter amount of political expenditures, direct or indirect, as described in the instructi						
	nonexempt.	1	Fr. Leo 15 cgin Chaplor, Lewiston inc. and check whether it is						
				If "Yes," enter the name of the organization ► 1411.	α				
				governing bodies, trustees, officers, etc., to any other					
80a b				Are you related (other than by association with a statewi					
<i>41118(1118(1118</i>				If "Yes," attach a statement as described in the in					
	(:euononneur	ול וווב לבמו: (סבב		Was there a liquidation, dissolution, termination, or a					
62	(agoita vatagi (oog, Cacow odt pe	simb aditopytage leitagtedire	If "Yes," complete Part IX. Mee there a liquidation discountion termination or					
	: quietain	סוליסו מנוסנו סו לימו	ו במובו וווובובפן ווו מ ומעמחוב כ	At any time during the year, did you own a 50% or g If "Yee " segmelete Batt IX					
→ 387									
487				If "Yes," have you filed a tax return on Form 990-T , Ex					
- B87	Ny this return?	the year covered		Did your organization have unrelated business gross inci					
				If "Yes," attach a conformed copy of the changes					
		SRI of battoger		Were any changes made in the organizing or gove					
				If "Yes," attach a detailed description of each acti					
1 94		Secvice?	ided to the Internal Beveni	Did you engage in any activity not previously repo	94				
ON S9Y									
·				IVI Other Information					
Q	0		Secretary	HIY VI 31531HON HUU					
¥	7	0	541840ds21100	STIOTUR YSISH	<u> </u>				
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	У У		Accordence	LINANGS AU KONS					
0	10	0	INGESTAIN	HN, MAHJUITTON.W					
				BOND THE CHICAGE	<u> </u>				
0		0	VICE PRESIDENT	HN VIONAS					
	· · · · · · · · · · · · · · · · · · ·		- / 0 //	BOBEUL DAGUETTE	<i>!</i>				
Q	0	0	Mesidoni	HN VIIS3HINKU	1				
			, a	NOSSHO BAILTHE	f				
account and other	employee benefit	(if not paid, enter xero)	week devoted to position	sand address					
(E) Exbeuse	ot anoitudithno (a)	noitseneqmoO (O)	(B) Title and average hours per						
tructions.)	sated. See ins	neqmoo ton ti	es (List each one even	V List of Officers, Directors, and Truste	Par				

and enter the amount of tax-exempt interest received or accrued during the tax year . . . • | 92 |

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-1150

This Form is Open to Public Inspection

A For the calendar year 1991, or fiscal year beginning , 1991, and ending , 19								
	ase IRS	B Name of organization	C	Employer ide	ntificati	on number		
prin type See	tor ∋.	Number and street (or P.O. box no., if mail is not delivered to street address) Room/suite	D	State registra	ition nu	ımber		
	cific ruc- s.	City, town, or post office, state, and ZIP code	E Enter four-digit group exemption number (GEN)					
F C	heck	c type of organization—Exempt under section ▶ 🗌 501(c) () (insert number), OR ▶ 🔲 se	ction	4947(a)(1) trus	st			
G C	heck	if exemption application pending.						
H A	CCOL	ınting method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶	I	Check ▶ 🗌	if addr	ess changed.		
		if your gross receipts are normally not more than \$25,000. You need not file a complet 990 Package in the mail, you should file a return without financial data. Some states require				ou received a		
KE	nter	your 1991 gross receipts (add back lines 5b, 6b, and 7b, to line 9)		\$ EZ.				
Pa	rt I	Statement of Revenue, Expenses, and Changes in Net Assets or Fun	d Ba	alances				
	1	Contributions, gifts, grants, and similar amounts received (attach schedule—see instru	uction	ns)	1	11718		
	2	Program service revenue			2	10 135		
	3				3	25042		
	4				4	2799		
	5	5a Gross amount from sale of assets other than inventory 5a						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss) (line 5a less line 5b) (attach schedule)		L	5c			
Revenue	16	Special events and activities (attach schedule—see instructions):						
ě		a Gross revenue (not including \$ of contributions						
æ		reported on line 1)						
		b Less: direct expenses						
		c Net income or (loss) (line 6a less line 6b)			6c			
	7	'a Gross sales less returns and allowances	38	771				
	-	b Less: cost of goods sold						
		c Gross profit or (loss) (line 7a less line 7b)			7c	3814		
	8	3 Other revenue (describe ▶		[8			
	1 7	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		▶	9	53508		
	10	Grants and similar amounts paid (attach schedule). Benefits paid to or for members. Salaries, other compensation, and employee benefits. Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping. Other expenses (describe Total expenses (add lines 10 through 16).	20		10			
	11	Benefits paid to or for members	17	me	11			
S	12	2 Salaries, other compensation, and employee benefits.	19	de	12			
xbeuses	13	Professional fees and other payments to independent contractors		, Trail	13			
ğ	14	Occupancy, rent, utilities, and maintenance	fi!	΄΄ ΄~΄ ΄ Γ	14	5393		
ũ	15	5 Printing, publications, postage, and shipping	6		15	16190		
	16	Other expenses (describe	77	`,v [.]	16			
	17	Total expenses (add lines 10 through 16)	060	·" · · ·	17	21583		
	18		3,	e 1.54	18	3/925		
ets	19		je	7. 11/1				
SS		(must agree with end-of-year figure reported on prior year's return)	V'/	29 V/	19			
Net Assets	20		:// L	20				
Ž	21		ルラ					
		(must agree with line 27, column (B))	<u>/. </u>	▶ │	21			
Pai	rt II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, you	ı mus	t file Form 99	0 inste	ad of Form 990EZ.		
			(A)	Beginning of ye	ar	(B) End of year		
22	Ca	sh, savings, and investments	4	40239	22	59728		
23		nd and buildings			23			
24		her assets (describe >)	1.	29000	24	141436		
25		tal assets	1	69239	25	201 164		
26	To	tal liabilities (describe			26			
27	Ne	et assets or fund balances (column (B) must agree with line 21.)	1	69239-	27	201164		
For	Pape	erwork Reduction Act Notice, see page 1 of the separate instructions.	t. No.	106421		Form 990EZ (1991)		

*** + #

	1 990EZ (1							F	age 2
	rt III	Statement of Program Service Acc				························· <u></u>		oenses) (4)
Des	cribe w	hat was achieved in carrying out your ex persons benefited, or other relevant inform	cempt p	ourposes. Fully desc	ribe the service	es provided, the	3	ns and 494	47(a)(1)
		eologist + Publications				· · · · · · · · · · · · · · · · · · ·	trusts; optic	onal for oth	hers.)
		S. S. C. S. L. S. L. S. C. S. S. C. S.					c	455	
					(Grants \$)	,	7 3 3	
29	Are	hivist		***************************************					
							11,8	93	
	1.1	1 1)			(Grants \$)			
30	L/61	ravy + Mesearch - Ponferences							
		•••••	•••••		(Grants \$		50	00	
31	Other p	rogram services (attach schedule)			(Grants \$	-			
32	Total pr	ogram service expenses (add lines 28 th	rough 3	1)			<u> </u>		-
Pa	rt IV	List of Officers, Directors, and Trus	tees (l	ist each one even	if not compe	nsated. See ins	structions	s.)	
		(A) Name and address	1	Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero.)	(D) Contributio to employee benefit plans	àc	Expensional Expension	nd
									
Da	rt V	Other Information Castian 504(a)(a)			40.47()(1)			- T	
га 	- V	Other Information—Section 501(c)(3) also complete and attach Schedule A	organ (Form	12ations and section 990). (See instruc	on 4947(a)(1) contion C1.)	haritable trusts	must	Yes	No
33	Did the	e organization engage in any activity not p	revious	y reported to the Int	ernal Revenue	Service?			~
		," attach a detailed description of each ac							
34		any changes made to the organizing or government		documents but not	reported to IRS	?		777177	IIIII.
35		," attach a conformed copy of the change				_,			
33	reporte	rganization had income from business activiti d on Form 990-T, attach a statement explain	es, sucn ina voui	as those reported on reason for not report	lines 2, 6, and i	7 (among others),	but NOT		
а		e organization have unrelated business gross					ım?	<i>(IIIII)</i>	mm,
b	If "Yes	" have you filed a tax return on Form 990	- T , Exe	npt Organization Bu	siness Income	Tax Return, for th	nis vear?		
36	Was th	ere a liquidation, dissolution, termination,	or subs	tantial contraction d	uring the year?	(See instructions	s.)		V
		," attach a statement as described in the i							
37a	Enter a	mount of political expenditures, direct or in	direct, a	as described in the in	nstructions.	37a O			
202 C	Did yo	u file Form 1120-POL, U.S. Income Tax R	eturn to	r Certain Political O	rganizations, fo	r this year?			
50 4	made i	u borrow from, or make any loans to, any na prior year and still unpaid at the start of	oπicer, of the r	director, trustee, or eriod covered by thi	key employee,	OR were any suc	ch loans		<i></i>
b		" attach the schedule specified in the instruc				38b O	· i ·		
39		501(c)(7) organizations.—Enter:							
а		on fees and capital contributions included				39a O			
b		receipts, included on line 9, for public use				39b <i>O</i>			
С	becaus	he club's governing instrument or any writ se of race, color, or religion? (See instruction	tten pol	icy statement provid	le for discrimina	ation against any	person		~
40	List the	e states with which a copy of this return is	சங்.). filed ■	· · · · · · · ·					
40 List the states with which a copy of this return is filed. ► The books are in care of ► Telephone no. ►.())		
	Locate	d at ▶				•			
42	Section and en	a 4947(a)(1) charitable trusts filing Form 990 ter the amount of tax-exempt interest rece	DEZ in li	eu of Form 1041, U. accrued during the	S. Fiduciary Inditax vear	come Tax Return.	.—Check	here 🕨	
ما	ase	Under penalties of perjury, I declare that I have exar	nined this	return, including accomp	anving schedules a	nd statements, and to	the best of	my know	ledge
Sig		and belief, it is true, correct, and complete. Declarat	tion of pre	eparer (other than officer) i	is based on all infor	mation of which prep	arer has any	knowled	ge.
Her					\				
		Signature of officer	-	Date	Title	T			
Paid		Preparer's signature				Date		k if self-	
	parer's	Firm's name (or				ZIP code	emple	oyed ►	
Use	Only	yours if self-employed) and address							