Department of the Treasury Internal Revenue Service

For the calendar year 1992, 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.

The organization may have to use a copy of this return to satisfy state reporting requirements.

1992, and ending

OMB No. 1545-1150

This Form is Open to Public Inspection

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use	RS	B Name of organization	C Employer identification number									
label print	or	Number and street (or P.O. box no., if mail is not delivered to street address) Room/suite	D	State regist	ration nu	umber						
type.				J								
Specific Instruc- tions.		City, town, or post office, state, and ZIP code	Enter four-digit group exemption number (GEN)									
F Ch	eck t	ype of organization—Exempt under section ► ☐ 501(c) () (insert number), OR	section 49	947(a)(1)	charitable trus	st						
G Check ► ☐ if exemption application pending. ☐ H Check ► ☐ if address changed.												
I Ac	coun	ting method: ☐ Cash ☐ Accrual ☐ Other (specify) ►										
		\square if the organization's gross receipts are normally not more than \$25,000. The organization need not					ition					
		a Form 990 Package in the mail, the organization should file a return without financial data. Some state			te return							
K En	ter th	e organization's 1992 gross receipts (add back lines 5b, 6b, and 7b, to line 9)										
Par	t I	Statement of Revenue, Expenses, and Changes in Net Assets or Fundament										
	1	Contributions, gifts, grants, and similar amounts received (attach schedule—see instru			1							
	2	Program service revenue			2							
	3	Membership dues and assessments (see instructions)			3							
	4	Investment income			4							
	5a	Gross amount from sale of assets other than inventory <u>5a</u>										
		Less: cost or other basis and sales expenses										
		Gain or (loss) (line 5a less line 5b) (attach schedule)			5c							
ne	6	Special events and activities (attach schedule—see instructions):										
Revenue	а	Gross revenue (not including \$ of contributions										
Re		reported on line 1)										
	b	Less: direct expenses										
	C	Net income or (loss) (line 6a less line 6b)			6c							
		Gross sales less returns and allowances										
		Less: cost of goods sold										
	C	Gross profit or (loss) (line 7a less line 7b)	7c									
	8	Other revenue (describe >	8		+							
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 10		-							
	10	Grants and similar amounts paid (attach schedule)	11									
S	11	Benefits paid to or for members	12		-							
Expenses	12 13	Salaries, other compensation, and employee benefits	13									
ber	14	Occupancy, rent, utilities, and maintenance			14							
Ex	15	Printing, publications, postage, and shipping			15							
	16	Other expenses (describe >)	16							
	17	Total expenses (add lines 10 through 16)		•	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	Other changes in net assets or fund balances (attach explanation)			20							
	21	Net assets or fund balances at end of year (combine lines 18 through 20)		_								
Dor		(must agree with line 27, column (B))		>	21	and of Forms (20057					
Par		Datafice Sifeets—ii Total assets of line 25, column (b) are \$250,000 or more, For		Beginning of y		(B) End of year						
22	<u> </u>		(A)	pedimining of)	22	(D) Lilu oi yea	<u> </u>					
		h, savings, and investments			23							
		d and buildings		24								
24 25		ll assets			25							
	Tota	Il liabilities (describe ▶			26							
27	Net	assets or fund balances (column (B) must agree with line 21)			27							

Part III		Statement of Program Service Acco	mplishments—(see ins	structions)		Ехр	enses	ago =		
Describe	(Required for 501(c)(3) and (4) organizations and 4947(a)(1)									
services	prov	n title.	trusts; optior							
28										
				(Grants \$						
20				•	,					
				(Grants \$)					
30										
				(Grants \$						
31 Other	er pro	gram services (attach schedule))					
32 Total	l pro	gram service expenses (add lines 28 thro	ough 31)							
Part IV	V I	List of Officers, Directors, Trustees,								
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributior to employee benefit plans	acc	Expens count ar allowar	nd		
Part V		Other Information—Section 501(c)(3) also complete and attach Schedule				must	Yes	No		
33 Did		organization engage in any activity not pro	<u> </u>		<u> </u>					
		attach a detailed description of each act	•							
	If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT									
		l on Form 990-T, attach a statement explaini				out NOT				
a Did	d the	rn?								
 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this retu b If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this 										
		ere a liquidation, dissolution, termination, o		during the year? (S	See instructions	S.)				
		' attach a statement as described in the ir nount of political expenditures, direct or inc		instructions > 3	87a					
		organization file Form 1120-POL, U.S. Inc			•	year?.				
	mployee, OR w	•								
		ans made in a prior year and still unpaid a	-	T 1 -						
		attach the schedule specified in the instruct	tions and enter the amount	involved 🕒	88b		-			
		501(c)(7) organizations.—Enter: n fees and capital contributions included c	n line 9	13	89a	1				
		eceipts, included on line 9, for public use			39b					
c Doe	es th	ne club's governing instrument or any writt e of race, color, or religion? (If "Yes," attac	ten policy statement prov	ride for discriminati						
		states with which a copy of this return is								
41 The	e boo	oks are in care of ▶		Telep	hone no. ▶ ()				
		l at ▶								
42 Sec	ction d ent	4947(a)(1) charitable trusts filing Form 990 er the amount of tax-exempt interest recei	ived or accrued during the	e tax year	▶ 42					
Please	е	Under penalties of perjury, I declare that I have exan and belief, it is true, correct, and complete. Declarat	nined this return, including accor ion of preparer (other than office	mpanying schedules and r) is based on all informa	statements, and to ation of which prep	the best of arer has any	my kno knowle	wledge dge.		
Sign			1	k		,				
Here		Signature of officer	Date	Title						
Paid		Preparer's		D	ate	Chec	k if self			
Prepare	er's	signature			15		oyed ►			
Use On		Firm's name (or yours if self-employed)		Z	IP code					