

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

Department of the Treasury Internal Revenue Service

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

A For the calendar year 1992, or fiscal year beginning, 1992, and ending, 19

B Name of organization, C Employer identification number, D State registration number, E If address changed, check box.

F Check type of organization—Exempt under section 501(c)( ) (insert number), OR section 4947(a)(1) charitable trust, G If exemption application pending, check box.

H(a) Is this a group return filed for affiliates? Yes No, (b) If "Yes," enter the number of affiliates for which this return is filed.

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN), J Accounting method: Cash Accrual Other (specify).

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete 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.

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns for Revenue, Expenses, and Net Assets. Includes sub-rows for detailed categories like contributions, program service revenue, and fundraising events.

**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 (4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses (itemize): <b>a</b>	43a			
	<b>b</b>	43b			
	<b>c</b>	43c			
	<b>d</b>	43d			
	<b>e</b>	43e			
	<b>f</b>	43f			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44			

**Reporting of Joint Costs.**—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to program services \$ \_\_\_\_\_; (iii) the amount allocated to management and general \$ \_\_\_\_\_; and (iv) the amount allocated to fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See instructions.)

Describe what was achieved in carrying out the organization's 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 and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
<b>a</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>b</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>c</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>d</b> _____ _____ _____ (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total</b> (add lines a through e) (should equal line 44, column (B)) <input type="checkbox"/>	

**Part IV Balance Sheets**

<b>Note:</b> 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
<b>Assets</b>			
<b>45</b>	Cash—non-interest-bearing . . . . .		<b>45</b>
<b>46</b>	Savings and temporary cash investments . . . . .		<b>46</b>
<b>47a</b>	Accounts receivable . . . . .	<b>47a</b>	
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>
<b>48a</b>	Pledges receivable . . . . .	<b>48a</b>	
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>
<b>49</b>	Grants receivable . . . . .		<b>49</b>
<b>50</b>	Receivables due from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>
<b>51a</b>	Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>	
<b>b</b>	Less: allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>
<b>52</b>	Inventories for sale or use . . . . .		<b>52</b>
<b>53</b>	Prepaid expenses and deferred charges . . . . .		<b>53</b>
<b>54</b>	Investments—securities (attach schedule) . . . . .		<b>54</b>
<b>55a</b>	Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>
<b>56</b>	Investments—other (attach schedule) . . . . .		<b>56</b>
<b>57a</b>	Land, buildings, and equipment: basis . . . . .	<b>57a</b>	
<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	<b>57c</b>
<b>58</b>	Other assets (describe ► _____ )		<b>58</b>
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 75) . . . . .		<b>59</b>
<b>Liabilities</b>			
<b>60</b>	Accounts payable and accrued expenses . . . . .		<b>60</b>
<b>61</b>	Grants payable . . . . .		<b>61</b>
<b>62</b>	Support and revenue designated for future periods (attach schedule) . . . . .		<b>62</b>
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .		<b>63</b>
<b>64</b>	Mortgages and other notes payable (attach schedule) . . . . .		<b>64</b>
<b>65</b>	Other liabilities (describe ► _____ )		<b>65</b>
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		<b>66</b>
<b>Fund Balances or Net Assets</b>			
<b>Organizations that use fund accounting, check here</b> <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
<b>67a</b>	Current unrestricted fund . . . . .		<b>67a</b>
<b>b</b>	Current restricted fund . . . . .		<b>67b</b>
<b>68</b>	Land, buildings, and equipment fund . . . . .		<b>68</b>
<b>69</b>	Endowment fund . . . . .		<b>69</b>
<b>70</b>	Other funds (describe ► _____ )		<b>70</b>
<b>Organizations that do not use fund accounting, check here</b> <input type="checkbox"/> and complete lines 71 through 75 (see instructions).			
<b>71</b>	Capital stock or trust principal . . . . .		<b>71</b>
<b>72</b>	Paid-in or capital surplus . . . . .		<b>72</b>
<b>73</b>	Retained earnings or accumulated income . . . . .		<b>73</b>
<b>74</b>	<b>Total fund balances or net assets</b> (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21) . . . . .		<b>74</b>
<b>75</b>	<b>Total liabilities and fund balances/net assets</b> (add lines 66 and 74) . . . . .		<b>75</b>

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 the return is complete and accurate and fully describes the organization's programs and accomplishments.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

Part VI Other Information

Note: Section 501(c)(3) organizations and section 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).

Form with questions 76-92 and Yes/No columns. Questions cover various organizational activities, financial reporting, and compliance requirements.

