

Short Form

OMB No. 1545-1150

Form 990EZ

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

1992

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section containing fields for Name of organization, Employer identification number, State registration number, and City, town, or post office, state, and ZIP code.

F Check type of organization—Exempt under section 501(c) ( ) (insert number), OR section 4947(a)(1) charitable trust

G Check if exemption application pending. H Check if address changed.

I Accounting method: Cash Accrual Other (specify)

J Check 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 the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1992 gross receipts (add back lines 5b, 6b, and 7b, to line 9) . . . . . \$ If \$100,000 or more, the organization must file Form 990 instead of Form 990EZ.

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

Table with columns for Revenue, Expenses, and Net Assets, and rows for various categories like Contributions, Program service revenue, Membership dues, etc.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, Form 990 must be filed instead of Form 990EZ.

Table with columns for (A) Beginning of year and (B) End of year, and rows for Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> —(see instructions)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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.			
28	..... ..... ..... (Grants \$ .....)		
29	..... ..... ..... (Grants \$ .....)		
30	..... ..... ..... (Grants \$ .....)		
31	Other program services (attach schedule) . . . . . (Grants \$ .....)		
32	<b>Total program service expenses</b> (add lines 28 through 31) . . . . . ▶		

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See instructions.)				
(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
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<b>Part V Other Information</b> —Section 501(c)(3) organizations and section 4947(a)(1) charitable trusts must also complete and <b>attach Schedule A (Form 990)</b> . (See General Instruction D1.)		Yes	No
33	Did the organization engage in any activity not previously reported to the Internal Revenue Service? . . . . . If "Yes," attach a detailed description of each activity.		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> , Exempt Organization Business Income Tax Return, for this year? . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) . . . If "Yes," attach a statement as described in the instructions.		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> , U.S. Income Tax Return for Certain Political Organizations, for this year? . . .		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		
b	If "Yes," attach the schedule specified in the instructions and enter the amount involved . . . <b>38b</b>		
39	<b>Section 501(c)(7) organizations.</b> —Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities (see instructions). . . . . <b>39b</b>		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (If "Yes," attach statement; see instructions.) . . . . .		
40	List the states with which a copy of this return is filed. ▶ .....		
41	The books are in care of ▶ ..... Telephone no. ▶ (.....)		
	Located at ▶ ..... ZIP code ▶ .....		
42	<b>Section 4947(a)(1) charitable trusts filing Form 990EZ in lieu of Form 1041</b> , U.S. Fiduciary Income Tax Return.—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>42</b>		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	Title
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	ZIP code	