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

0

Department of the Treasury Internal Revenue Service

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

1992
This Form is pen to Public
Inspection

Α	For the	calendar year 1992, or fiscal year beginning ,	1992, a	and e	nding		, 19	9
	ease e IRS	Name of organization		С	Employer	r identification number		
pr typ	nel or int or e. See	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	D	State reg	istration number		
Ins	ecific struc- ons.	City, town, or post office, state, and ZIP code		E	If address	s changed, check box	. •	— - □
F	Check t	ype of organization—Exempt under section ► 501(c)() (insert number),						
	OR ►	section 4947(a)(1) charitable trust	G If	exemp	tion applic	cation pending, check box	. >	<u> </u>
		group return filed for affiliates? Yes No				s checked "Yes," enter four	-digit	group
(b)	If "Yes,"	enter the number of affiliates for which this return is filed:, . ▶			n number			
(c)	Is this a	separate return filed by an organization covered by a group ruling? Yes No	JAC		ng method r (specify)	d: ☐ Cash ☐ Accrual ▶		
K		ere $ ightharpoonup$ if the organization's gross receipts are normally not more than \$25,000. The				e a return with the IRS; but	if it re	ceived
Not		990 Package in the mail, it should file a return without financial data. Some states requ				than \$250,000 at and a	f voor	
		990EZ may be used by organizations with gross receipts less than \$100,000					т уеаг	<u>. </u>
Pa	rt I	Statement of Revenue, Expenses, and Changes in Net As:	sets o	r Fu	nd Bala	ances		
	1	Contributions, gifts, grants, and similar amounts received:						
	а	Direct public support						
	b	Indirect public support						
	С	Government grants						
	d	Total (add lines 1a through 1c) (attach schedule—see instructions) .				1d		
	2	Program service revenue (from Part VII, line 93)				2		
	3	Membership dues and assessments (see instructions)				3		
	4	Interest on savings and temporary cash investments				4		
	5	Dividends and interest from securities				5		
	6a	Gross rents						
	b	Least Territal expenses				6c		
a)	7 C	Net rental income or (loss)			. ;	7		
Revenue	,	(A) Socurities	(B) Ot	her		,		
eve	oa	Gross amount from sale of assets other than inventory						
ď		Less: cost or other basis and sales expenses 8b						
	1	Gain or (loss) (attach schedule) 8c						
		Net gain or (loss) (combine line 8c, columns (A) and (B))				8d		
	9	Special fundraising events and activities (attach schedule—see inst	ruction	ıs):				
	а	Gross revenue (not including \$ of						
		contributions reported on line 1a)						
	b	Less: direct expenses						
	С	Net income				9c		
	10a	Gross sales less returns and allowances						
	b	2033. COSt of goods 301d				10c		
	11	Gross profit or (loss) (attach schedule)	11					
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) .	12					
	10	Program services (from line 44, column (B)) (see instructions)				13		
Expenses	14	Management and general (from line 44, column (C)) (see instruction		14				
per	15	Fundraising (from line 44, column (D)) (see instructions)		15				
Š	16	Payments to affiliates (attach schedule—see instructions)	[16				
	17	Total expenses (add lines 16 and 44, column (A))				17		
	ุ 18	Excess or (deficit) for the year (subtract line 17 from line 12)				18		
Net	ที่ 19	Net assets or fund balances at beginning of year (from line 74, colu				19		
Net	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, 19, and	ZU) .			21		

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.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22				
22 22	·	23			-	
23 24	Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule)	24			-	
24 25		25				
25	Compensation of officers, directors, etc	26				
26	Other salaries and wages	27				
27	Pension plan contributions	28				
28	Other employee benefits					
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): a	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44				
n		44				
rep odu	orting of Joint Costs.—Did you report in column cational campaign and fundraising solicitation?	I (B) (I	Program services)	any joint costs in		-
						☐ Yes ☐ No
	es," enter (i) the aggregate amount of these joint cost					5 \$;
	he amount allocated to management and general \$_				to fundraising \$	•
	t III Statement of Program Service Acco					Expenses
the	cribe what was achieved in carrying out the organiza number of persons benefited; or other relevant ir nizations and section 4947(a)(1) charitable trusts m	nforma	tion for each prod	aram title. Section		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
o. g.				- grante and and		for others.)
a .						
-						
-		(Crai	nts and allocation	c ¢	·····	
		(Orai	its and anocation	3 ψ	,	
b.						
-						
-		(Cro	nts and allocation	 с ф		
-		(Gi ai	its and anocation	S \$)	
С.						
-						
-		,				
-		(Grai	nts and allocation	S \$)	
d.						
-						
_						
_		-	nts and allocation)	
	Other program services (attach schedule))	
f	Total (add lines a through e) (should equal line 4-	4, colu	ımn (B))		•	

Form 990 (1992) Page **3**

Part IV Balance Sheets

No	ote: Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	Assets				
45	Cash—non-interest-bearing			45	
46	Savings and temporary cash investments			46	
		47a			
	Accounts receivable	47a 47b	-	47c	
D	Less: allowance for doubtful accounts	470		470	
1 22	Pledges receivable	48a			
	Less: allowance for doubtful accounts	48b	1	48c	
49	Grants receivable	<u> </u>		49	
50	Receivables due from officers, directors, truste	ees, and key employees			
	(attach schedule)			50	
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less: allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	Investments—securities (attach schedule)			54	
55a	Investments—land, buildings, and equipment:	lee I			
	basis	55a	-		
b	Less: accumulated depreciation (attach	EED		EEO	
-,	schedule)	55b		55c 56	
56 570	Investments—other (attach schedule)	57a		30	
	Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)	57b	1	57c	
58	Other assets (describe >)		58	
59	Total assets (add lines 45 through 58) (must equ	ual line 75)		59	
	Liabilities	·			
60	Accounts payable and accrued expenses			60	
61	Grants payable			61	
62	Support and revenue designated for future period			62	
63	Loans from officers, directors, trustees, and key em	nployees (attach schedule).		63	
64	Mortgages and other notes payable (attach sche			64	
65)		65	
66	Total liabilities (add lines 60 through 65)			66	
	Fund Balances or Net Asse				
Orga	anizations that use fund accounting, check here ►	•			
 .	lines 67 through 70 and lines 74 and 75 (see instruc			67a	
	Current unrestricted fund			67b	
	Current restricted fund			68	
68 69				69	
70	Endowment fund			70	
	anizations that do not use fund accounting, check				
9	complete lines 71 through 75 (see instructions).	aa			
71	Capital stock or trust principal			71	
72	Paid-in or capital surplus			72	
73	Retained earnings or accumulated income			73	
74	Total fund balances or net assets (add lines 67a				
	through 73: column (A) must equal line 19 and				
- -	line 21)	(add lines (/ 1.74)		74	
<u>75</u>	iotal liabilities and fund dalances/net assets (aud lines 66 and 74)		75	

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.

Form 990 (1992) Page **4**

Par	t V List of Officers, Directors, Trustees, an	d Key Employees (List ea	ach one even if no	t compensated.	See in	struct	tions.)
	(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) accou all	Expen nt and owance	
orga	any officer, director, trustee, or key employee receive nization and all related organizations, of which more tes," attach schedule (see instructions).				☐ Ye	s [No
	t VI Other Information						
Note	: Section 501(c)(3) organizations and section 4947(a)(1					Yes	No
76	Did the organization engage in any activity not pr		ternal Revenue S	Service?	76		
77	If "Yes," attach a detailed description of each act Were any changes made in the organizing or gov	erning documents, but not	reported to the	IRS?	77		
700	If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross inco		the year covered	by this return?	78a		
	If "Yes," has it filed a tax return on Form 990-T, Exe	•		•	78b		
	At any time during the year, did the organization own a	1 0		,	78c		
	If "Yes," complete Part IX.	oo /o o. g. outoo. oot iii u ta	mazio osi poration	or partitional lip.			
79	Was there a liquidation, dissolution, termination, or	substantial contraction duri	ng the year? (See	e instructions.)	79		
	If "Yes," attach a statement as described in the in	nstructions.					
80a	a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or non-exempt organization? (See instructions.)						
b	If "Yes," enter the name of the organization ▶						
81a	Enter amount of political expenditures, direct or indirect						
	Did the organization file Form 1120-POL, U.S. Income			r this year? .	81b		
82a	Did the organization receive donated services or to at substantially less than fair rental value?				82a		
b	If "Yes," you may indicate the value of these items revenue in Part I or as an expense in Part II. See it	here. Do not include this a	mount as	l			
83a	Did anyone request to see either the organization			or both)?	83a		
	b If "Yes," did the organization comply as described in the instructions? (See General Instruction L.)						
84a	Did the organization solicit any contributions or g	ifts that were not tax dedu	ctible?		84a		
b	or gifts were not tax deductible? (See General Instruction M.)						
85a	a Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)						
b	If "Yes," enter the total amount spent for this purp	_	1				
86	Section 501(c)(7) organizations.—Enter:		I	İ			
а	Initiation fees and capital contributions included of						
b	1 .						
С	Does the club's governing instrument or any written person because of race, color, or religion? (If "Yes	s," attach statement. See i		n against any	86c		
87	Section 501(c)(12) organizations.—Enter amount of		107	I			
	Gross income received from members or shareho		<u>87a</u>				
b	Gross income received from other sources. (Do no sources against amounts due or received from the	em.)					
88	Public interest law firms.—Attach information des						
89	List the states with which a copy of this return is				00		
90	During this tax year did the organization maintain any p				90		
91	The books are in care of ► Located at ►						
92	Section 4947(a)(1) charitable trusts filing Form 990 in	n lieu of Form 1041 , U.S. Fid	duciary Income Ta	ax Return, should	chec		

Part	VII	Analysis of Income-Producing Ac	ctivities					
	_	ss amounts unless otherwise	Unrelated b	usiness income	Excluded by se	ction 512, 513, or 514	(e) Related or exempt	
indica			(a) Business code	(b) Amount	(c) Exclusion cod	(d) de Amount	function income (See instructions.)	
		ım service revenue:	240666 6646	7111104111	ZXOIGOIOTI OO	7	(See instructions.)	
			_					
(f								
٠,	,	es from government agencies						
-	-	ership dues and assessments						
95 In	nterest	t on savings and temporary cash investments						
96 D	ivide	nds and interest from securities						
97 N	let re	ntal income or (loss) from real estate:						
		ot-financed property						
		t debt-financed property						
		ital income or (loss) from personal property						
		investment income						
		(loss) from sales of assets other than inventory			+	_		
		come from special fundraising events.						
		profit or (loss) from sales of inventory						
		revenue: (a)			+			
	-/ e)							
•	•	tal (add columns (b), (d), and (e))						
		L (add line 104, columns (b), (d), and (e))				>		
Note:	(Line	105 plus line 1d, Part I, should equal the	e amount on line	e 12, Part I.)				
Part	VIII	Relationship of Activities to the A						
Line		Explain how each activity for which income of the organization's exempt purposes (other	is reported in co	lumn (e) of Part \	/II contributed	importantly to the a	accomplishment	
		of the organization's exempt purposes (other	er than by providi	ing runus for suci	ii puiposes). (S	ee instructions.j		
					1 15 11 (2)			
Part		Information Regarding Taxable Sul		mplete this Pa	irt if the "Ye	s" box on 78c is	s checked.)	
N	Name, nur	, address, and employer identification mber of corporation or partnership	Percentage of wnership interest	Natu business		Total income	End-of-year assets	
	1101	niser of corporation of partitionship	Whorship interest	Dusinoss	401111103	- Indonie	433013	
						+	1	
						+		
Diaa		Under penalties of perjury, I declare that I have ex-	amined this return, i	ncluding accompan	ying schedules a	nd statements, and to	the best of my	
Plea		knowledge and belief, it is true, correct, and comp any knowledge.	officer) is based	on all information of w	which preparer has			
Sign								
Here	•	Signature of officer		 Date		9		
D-!-!		Preparer's			Date	e	Check if	
Paid Prepar	or's	signature					self-employed ►	
Use Or		Firm's name (or yours if self-employed)			ZIP	code		
01	٠٠,	and address						