	990-T	Ex	kempt Organi	zation Bus	sines	s Inco	me T	ax Retu	ırn	OMB No. 154	5-0687	
Form	//U-I	For cale	ndar year 1992 or other	tax year beginning		, 1992, aı	nd ending	j	19	₹1@ ∩	2	
	ment of the Treasury	l Ir	nstructions are senar	ate. See nage 1	for Pan	erwork Rec	luctions	Act Notice				
Internal Revenue Service Instructions are separate. See page 1 A Check box if Name of organization						CIWOIK RCC	iuctions	C Employer identification number				
	address changed	Please	_							s' trust, see instructions		
В Ехе	mpt under section	Print or	Number, street, and roo	m or suite no. (If a I	P.O. box	see page 3 o	of instruct	ions.)		 		
	501(c)() or	Туре	au	715					-1	ed business activuctions for Block D)	ity codes	
Ш	408(e)		City or town, state, and	ZIP code					(See man	i i		
E (Check type of ord	<u>l</u> nanizatior	l 1	► ☐ Corpora	ation	☐ Trust	□ Sec	tion 401(a)	trust 🗆	Section 408	(a) trust	
			(see instructions for		211011	nust		711011 101(4)		1 00011011 100	(a) trast	
G D	escribe the orga	nization's	s primary unrelated	business activity	y. (see	instruction	s for Bl	ock G)				
H D	uring the tax year,	was the c	corporation a subsidiar	y in an affiliated	group o	r a parent-s	ubsidiary	controlled of	group?.	. ► ☐ Yes	□No	
Par			identifying number of e or Business Inc		ation. (:	See Instructi (A) Inco		(B) Exp	oncoc	(C) Net		
						(A) IIICC		(В) Ехр	CIISCS	(C) Net		
			S		1c							
2			edule A, line 7) . .		2							
3	-		e 2 from line 1c)		3							
4a	Capital gain net	income (a	ttach Schedule D) .		4a							
b			, Part II, line 20) (atta		4b							
_C			or trusts		4c							
5 4			erships (attach state C) 		6							
6 7			income (Schedule I		7							
8			ilties, and rents from									
			F)		8							
9			section 501(c)(7), (9									
	-		6)		9							
10			y income (Schedule		10 11							
11 12			edule J) tions for line 12—atta		12							
13	TOTAL (add line			· · · · ·	13							
Par			Taken Elsewhere									
			ibutions, deduction								1	
14			s, directors, and trus									
15												
16 17												
1 <i>7</i> 18)									
19												
20	Charitable cont	ributions	(see instructions for	limitation rules	١							
21	Depreciation (at	tach Forr	m 4562)			21						
22	Less depreciation	on claime	ed on Schedule A ar	nd elsewhere or	returr	. 22a	1		22b			
23	Depletion								. 23			
24 25	Employee hene	fit progra	d compensation planms	15								
26	Excess exempt	expense	s (Schedule I)									
27	Excess readers	hip costs	(Schedule J)						27			
28	Other deduction	ns (attach	schedule)						. 28			
29	TOTAL DEDUC	TIONS (ad	dd lines 14 through	28)					. 29			
30			e income before net									
31 22	Net operating to	oss deduc	ction	nocific dodct!		troot line 2	 1 fro	 lino 20\	. 31			
32 33			ole income before s	•								
34	Unrelated busin	ess taxak	ole income (subtract	line 33 from line	e 32). I	f line 33 is	greater	than line 32	2,			
	enter the smalle	er of zero	or line 32						. 34			

Form 990-T (1992) Page **2**

Par	t III	Tax Computation									
35	Amoun	t from line 34 (unrelated be	usiness taxable income	e) . .				35			
36		Organizations Taxable as Corporations (see instructions for tax computation)									
	Controlled group members (sections 1561 and 1563)—Check here \square and:										1
а		Enter your share of the \$50,000 and \$25,000 taxable income bracket amounts (in that order):									
	(i) \\$										
b	Enter your share of the additional 5% tax (not to exceed \$11,750)										
С	Income tax on the amount on line 35										
37		Taxable at Trust Rates (s				come tax of	on the amount	27			
Dar	t IV	35 from: Tax rate sche	eaule of <u>Scheaule L</u>	ווסד) כ	n 1041)			37			
			Forms 1110, tructo ettent	ь Голио	111/)	38a					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 38a 38b 38b										
	C General business credit—Check if from:										
C		m 3800 or				38c					
d		for prior year minimum tax				38d					
39		idd lines 38a through 38d)						39			
40		ct line 39 from line 36c or						40			
41		ure taxes. Check if from:						41			
42a		tive minimum tax						42c			
43		ax (add lines 40, 41, and 4				:		43			
44		ents: a 1991 overpaymen				44a 44b					
b		stimated tax payments .				44C					
c d		posited with Form 7004 or organizations—Tax paid or w				44d					
e	-					44e					
45	Other credits and payments (see instructions)										
46		ted tax penalty (see the ins	•					46			
47	Tax du	e —If line 45 is less than t	he total of lines 43 and	d 46, e	nter amou	unt owed.		47			
48		yment —If line 45 is larger				mount over	'	48			
49 Par		e amount of line 48 you want Statements Regarding				ormation	Refunded ►	49	2000 0)		1
										Yes	No
1	over a	time during the 1992 calend inancial account in a foreigr	country (such as a bar	nk acco	ount, secur	ities accou	nt, or other finan	cial ac	count)?	162	INO
		" the organization may ha					name of the fo	reign (country		
2		e organization the grantor				nat existed	during the cur	rent ta	ıx year,		
		er or not the organization h									
3		s," the organization may ha he amount of tax-exempt i					\$				
		A—COST OF GOODS				tax your r	<u> </u>				
Meth	nod of ir	ventory valuation (specify)	>		1 0 ,						
1	Invento	ry at beginning of year	1	6	Inventory	at end of	year	6			
2	Purchases						Subtract line 6				
3	Cost of labor										
4a	4a Additional section 263A costs (attach schedule) 4a line 2, Part I.)									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
h	•	schedule)	4a	8			ection 263A (wi or acquired for			Yes	No
5		costs (attach schedule) —Add lines 1 through 4b	5	\dashv			?				
The I		e in care of ▶				ne number		-			
Ple	250	Under penalties of perjury, I declare belief, it is true, correct, and comple	that I have examined this retu	ırn, includ				nd to the	best of my	knowled	lge and
Sig		boilor, it is true, correct, and comple	sto. Decidiation of preparel (off	ioi tilali l	I	asca on an illic	simulation of which prep	Jaioi IIds	arry Knowle	age.	
Her							-				
		Signature of officer or fiduciar	у		Date		Title Check if	Dropo	rer's social s	ecurity.	number
Paid		Preparer's signature			Date		self-	'	SUCIAL S	county I	numbel
	oarer's	Firm's name (or yours,					employed ► E.I. No. ►		:		
Use	Only	if self-employed) and address			ZIP co						

SCHEDULE C—RENT (See in		ME (FROM I			AND PERSONAL PROP	ERTY	LEASED WIT	H REAI	PROPERTY)	
1 Description of property										
(1)										
(2)										
(3)										
(4)										
(4)		2 Rent rec	eived	or accrued						
	C 11				1 7511		3 Deductions	directly (connected with the in	icome in
a From personal property (i for personal property is m more than	nore tha			rent for perso	personal property (if the percent of				d 2b (attach schedule	
(1)										
(2)										
(3)										
(4)										
Total			To	otal						
Total Income (Add totals of and on line 6, column (A),			. Ent	er here			Total dedu here and on (B), Part I, pa	line 6,	column	
SCHEDULE E-UNF					ICOME (See instruction	ns o				
					2 Gross income from or		3 Deductions dire		nected with or allocal	ble to
1 Description	of deb	t-financed prop	erty		allocable to debt-financed property	(a) S	del straight line depre (attach schedule	ciation	(b) Other deductions (attach schedule)	
(1)							,	,	(************************************	
(2)				-						
(3)										
(4)										
		E Avorago a	diueta	nd basis of	6					
4 Amount of average adjusted acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted or allocable to debt-financed (attach schedule)			ocable	e to oroperty			Gross income reportable (column 2 \times column 6)		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
Totals							r here and on I mn (A), Part I, p		Enter here and or column (B), Part I	
Total dividends-received of								<u> </u>		
SCHEDULE F—INTE					ES, AND RENTS FR	OM	CONTROLL	ED O	RGANIZATION	IS
(See	instru	actions on pa	age (9.)	T					
			2.0		3 Deductions of controlling	, L	4 Exen	·	rolled organizations	1
1 Name and address of controlled organization(s)			fror	ross income m controlled ganization(s)	organization directly connected with column 2 income (attach schedule)		(a) Unrelated usiness taxable income	as tho	able income computed ugh not exempt under 1(a), or the amount in), whichever is larger	(c) column (a) divided by column (b)
(1)										%
(2)										%
(3)										%
(4)										%
	ot contr	olled organization	ns		_			<u> </u>		
5 Nonexempt controlled organizations (b) Taxable income, or amount in column (a), whichever is larger		, or (a),	(c) Column (a) divided by Column (b)	6 Gross income reportable (column 2 × column 4(c) column 5(c))				Allowable deductions mn 3 × column 4(c) or column 5(c))		
(1)	1			%						
(2)				%						
(3)				%						
(4)				%						
(1)	1				F					
Totals					Enter here and on column (A), Part I,				here and on line 8 nn (B), Part I, page	

(See instructi	ions on page 10.)		3	Deductions	40	_	5 Total deductions		
1 Description of income	2 Amount of inco	ome	direc	ctly connected ach schedule)	4 Set-aside (attach sched		and set-asides (col. 3 plus col. 4)		
(1)									
(2)									
(3)									
<u>(4)</u>									
	Enter here and on column (A), Part I,							re and on line 9, B), Part I, page 1.	
Totals ▶ SCHEDULE I—EXPLOITED	EVENADT ACTIV	VITV IN	ICOME	OTLIED TILA	N ADVEDTICE	NIC INI	CONT		
(See instruct	ions on page 10	VII ¥ II (.)	NCOIVIE	, OTHER THA	N ADVERTISI	ING IIN	COIVIE		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly sted with ction of elated s income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
<u>(4)</u>									
Column totals	Enter here and on line 10, col. (A), Part I, page 1.	line 10	re and on , col. (B), page 1.					Enter here and on line 26, Part II, page 1.	
SCHEDULE J—ADVERTISI		e instru	ctions o	n page 10)					
Part I Income From Pe					or each perio	dical li	sted in	Part I, be	
sure to fill in colu	umns 2 through	7 on a	a line-b	y-line basis.)					
1 Name of periodical	2 Gross advertising income (Enter the total of this column on line 11, col. (A), Part I, page 1)	advertis (Enter the this co line 11,	Direct sing costs ne total of slumn on scol. (B), page 1)	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income			7 Excess readership costs (column 6 minus column 5, but not more than column 4). Enter the total of this column on line 27, Part II, page 1.	
(1)									
(2)									
(3)									
Part II Income From Pe above, use a sep Part II and see the	oarate Schedule	Jtor							
(1)									
(2)									
(3)									
(4)									
Column totals	Enter here and on line 11, col. (A), Part I, page 1.	line 11	re and on , col. (B), page 1.					Enter here and on line 27, Part II, page 1.	
SCHEDULE K—COMPENSA	ATION OF OFFI	CERS.	DIREC	TORS, AND T	RUSTEES (See	e instru	ctions on	page 10.)	
1 Name				2 Title	3 Percent of time devoted business	4.0	Compensation attributable to unrelated business		
						%			
						%			
					Ç	%			
					Ç	%			
Total (enter here and on line 14, Par	rt II, page 1)					▶			