

© 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.

- B Check if:
- Initial return
- Final return
- Amended return
- Change of address

C	Room/suite
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H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ©

I

Note: Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I

Less: direct expenses other than fundraising expenses _____

Part II

24		
25	Total assets	25
26	Total liabilities (describe © _____)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	27

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

Part IV List of Officers, Directors, Trustees, and Key Employees (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 & deferred compensation	(E) Expense account and other allowances
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.....				
.....				
.....				

Part V Other Information		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? 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	During the year covered by this return, did the organization have unrelated business gross income of \$1,000 or more or incur liability for the section 6033(e) tax on lobbying and political expenditures?		
b	If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement, see instructions		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. [©] 37a		
b	Did the organization file Form 1120-POL, 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 . . . 38b		
39	Section 501(c)(7) organizations.—Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities (see instructions). 39b		
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	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041, 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 . . . [©] 42		

Please Sign Here	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	
Paid Preparer's Use Only	Preparer's signature [©] _____	_____ Date	Check if self-employed [©] <input type="checkbox"/>	Preparer's social security no. _____
	Firm's name (or yours if self-employed) and address [©] _____		E.I. No. [©] _____	_____
			ZIP code [©] _____	