Department of the Treasury Internal Revenue Service

## **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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.

OMB No. 1545-1150

Open to Public Inspection

Ā	A For the 2002 calendar			r year, or tax year beginning		, 2002, and ending		, 20		
В	Check if a	Check if applicable: Address change		C Name of organization			D Employer	Employer identification number		
	Address						1			
Ц	Name ch	-	label or print or	Number and street (or P.O. box, if mail is not delivered to	o street address)	Room/suite	E Telephon	e number		
H	Initial retu		type. See	, ,	ĺ		( ')			
H	Final retu		Specific	City or town, state or country, and ZIP + 4			,			
H	Amended Application	on pending	Instruc- tions.	City of town, state of country, and Zii + 4			F Enter 4-d	ligit (GEN) ►		
=		· •		rations and 4947(a)(1) nonexempt charitable trusts	must attach	G Acco	unting metho	d: Cash Accrual		
	• 3eci	1011 30 1(0)(3)		mpleted Schedule A (Form 990 or 990-EZ).	must attach		r (specify) <b>&gt;</b>	u. Casii C Accidai		
_								he organization		
ī	Web s	ite: ▶				I	t required to	•		
	10 110							990, 990-EZ, or 990-PF).		
				on's gross receipts are normally not more than \$25,0						
				n 990 Package in the mail, it should file a return with						
L				ne 9 to determine gross receipts; if \$100,000 or more, file						
	art I			enses, and Changes in Net Assets or Fur						
_				-						
	1		U	s, grants, and similar amounts received			• • • —			
	2	-		revenue including government fees and contrac			2			
	3			s and assessments			3	·		
	4			ne	1 - 1			· ////		
	5a			om sale of assets other than inventory	1 1					
	b			er basis and sales expenses						
a	С		•	m sale of assets other than inventory (line 5a les	ss line 5b) (att	ach sched	ule) . 5	C		
Z	6			nd activities (attach schedule):						
Revenue	a	Gross reve	enue (n	ot including \$ of contribut	ions					
8		reported o	n line 1	1)	6a					
	b	Less: direc	ct expe	nses other than fundraising expenses	6b		////			
	С	Net incom	e or (lo	6	<u>C</u>					
	7a									
	b	Less: cost	cost of goods sold							
	С	Gross prof	ofit or (loss) from sales of inventory (line 7a less line 7b)				7	С		
	8	Other revenue (describe ►					)8	}		
	9	Total reve	nue (ad	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			🕨 9	)		
	10	Grants and	d simila	ar amounts paid (attach schedule)			<u>1</u>	0		
	11	Benefits paid to or for members						1		
Sè	12	Salaries, other compensation, and employee benefits						2		
enses	13	Professional fees and other payments to independent contractors						3		
Expe				utilities, and maintenance			4			
ω	15			ions, postage, and shipping				5		
	16			describe ▶				6		
	17	Total expe	enses (	add lines 10 through 16)			🕨 🔟	7		
Net Assets	18			) for the year (line 9 less line 17)			18			
	19			nd balances at beginning of year (from line 27,						
	''	end-of-vea	ar fiaure	e reported on prior year's return)			1			
	20	Other chai	changes in net assets or fund balances (attach explanation)				20	0		
Z	21	Net assets or fund balances at end of year (combine lines 18 through 20) .						1		
P	art II			nd of Form 990-EZ.						
			(5	See page 39 of the instructions.)		<b>(A)</b> Be	ginning of year	(B) End of year		
22								22		
2:								23		
24		other assets (describe ►)						24		
2!		Total assets						25		
26	5 Total liabilities (describe ►				)			26		
2	7 Net	assets or f	fund ba	alances (line 27 of column (B) must agree with	line 21)			27		

Par	Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)								Expenses		
What is the organization's primary exempt purpose?								uired for 501(c)(3			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise mann								(4) organization 4947(a)(1) trusts	ıS S		
		e services provided, the number of persons bei					optio	onal for others.)	٠,		
		· · · · · · · · · · · · · · · · · · ·									
20 .								ı			
-				(Grants \$			28a	ı			
-							200		—		
29 .			ı								
-			29a	ı							
-			27a		—						
30 .								ı			
-		(Grants \$									
31 Other program services (attach schedule)			<u> </u>				30a		—		
		rogram service expenses (add lines 28a th					31a		—		
	t IV	List of Officers, Directors, Trustees, and Key l				00 0000 4	32	o instructions )	—		
Pal	ιιν	List of Officers, Directors, Trustees, and Key I	(B) Title and average	(C) Compen		ee page 4 ) Contributio		(E) Expense	—		
		(A) Name and address	hours per week devoted to position	(If not pa	aid, empl	oyee benefit erred comper	plans &	account and			
			devoted to position	enter -0	)) def	erred comper	nsation	other allowances	<u>S</u>		
								ı			
									—		
								ı			
									—		
								ı			
D .		Other to Connection (Nieto the other has			l' \ /	111		N/ -   B	_		
Pal	rt V	Other Information (Note the attachme	•					Yes N	10		
33		e organization engage in any activity not previously re	-		•		-				
34	Were a	ny changes made to the organizing or governing docume	ents but not reported to the IR	S? If "Yes," attach	n a conforme	d copy of th	ne chan	iges.	7777.		
35			t not								
	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.										
а	Did the	<sub>l</sub> uireme	ents?								
b	If "Ye	s," has it filed a tax return on Form 990-T for	or this year?								
36		here a liquidation, dissolution, termination, or s					ateme	nt.)	7777		
37a	Enter	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a									
b	Did th			7777,							
38a	Did th	oloyee <b>or</b>	were	any ////////////////////////////////////	////						
	such			7777							
b	If "Yes	s," attach the schedule specified in the line 38 i	nstructions and enter the	amount involve	ed. 38b						
39	501(c	)(7) organizations. Enter: a Initiation fees and	capital contributions in	cluded on line					///		
b	Gross	receipts, included on line 9, for public use	of club facilities		. 39b				////		
40a	501(c)	(3) organizations. Enter: Amount of tax imposed o	n the organization during the	he year under:							
		n 4911 ▶; section 49			n 4955 ▶_						
b	501(c)	(3) and (4) organizations. Did the organization engi	age in any section 4958 ex	cess benefit trai	nsaction du	ring the ye	ear or	did it			
С		nt of tax imposed on organization managers or disc									
		: Amount of tax on line 40c, above, reimburs									
41	List th	ne states with which a copy of this return is file	d. ▶								
42	The b	oooks are in care of			Telephon	e no. <b>&gt;</b>	(	)			
	Locat	ed at ▶			ZIP	+ 4					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶										
	and e	nter the amount of tax-exempt interest rece									
		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accon	npanying schedule	s and statem	ents, and to	o the be	est of my knowledg	e		
Dlor		and belier, it is true, correct, and complete. Declaration	oarer na	is any knowledge.							
Please Sign Here											
		Signature of officer									
ner	<b>-</b>	<b>\</b>									
		Type or print name and title.							_		
Paid		Preparer's	Da		heck if	Prepare	r's SSN	or PTIN (See Gen. Inst	t. W)		
Preparer's		signature			elf- mployed ▶ [	$\exists$					
		Firm's name (or yours			EIN	<b>&gt;</b>					
Use Only		if self-employed), address, and ZIP + 4			Phone	e no. ► (	)		_		