Short Form							0	OMB No. 1545-1150		
Form <b>990-EZ</b>				Return of Organization Exempt From Inco er section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	2004					
				<ul> <li>▶ For organizations with gross receipts less than \$100,000 and total</li> </ul>	Ор	Open to Public				
		f the Treasury nue Service	► The	than \$250,000 at the end of the year. organization may have to use a copy of this return to satisfy state repo	orting requ	uirements.		Inspection		
				or tax year beginning , 2004, and end		, 20				
В	Check if a	ck if applicable: Please C Name of organization D Emp						tification number		
Н	Address of Name cha	•	use IRS label or							
	Initial retu	*	print or type.	Number and street (or P.O. box, if mail is not delivered to street address) Re	oom/suite	E Telepho	one nun	mber		
Final return			See Specific			(	) Exemption			
Н	Application pending tions.			City or town, state or country, and ZIP + 4	* + 4					
			tions. Number (3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting metho Other (specify) ►							
нс						neck  if the organization not required to attach				
J	Organiz	zation type (c	heck or	ly one)— □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		•		990-EZ, or 990-PF).		
				on's gross receipts are normally not more than \$25,000. The organizat	ion need	not file a re	eturn w	ith the IRS; but if the		
	organiza	ation received	a Form	990 Package in the mail, it should file a return without financial data.	Some sta	tes requir				
				e 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead			▶ \$			
Ρ	art I	Revenue,	Expe	nses, and Changes in Net Assets or Fund Balances (S	See page	<u>e 37 of tl</u>		tructions.)		
	1			, grants, and similar amounts received			1 2			
	2	-		evenue including government fees and contracts		· ·  -	3			
	3	Investment	•	and assessments		••• -	4			
	5a	Gross amount from sale of assets other than inventory								
	b	5 · · · · · · · · · · · · · · · · · · ·								
ð	с									
Revenue	6									
eve	а		-	of contributions						
œ	h	reported on line 1)								
	c b									
	7a		-	entory, less returns and allowances						
	b	Less: cost of goods sold   7b								
		Gross profit or (loss) from sales of inventory (line 7a less line 7b)					7c			
				scribe ▶ d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<u>8</u> 9					
	10						<u> </u>			
	11			r amounts paid (attach schedule)		•••	11			
es	12			mpensation, and employee benefits			12			
Expenses	13			and other payments to independent contractors			13			
, xp	14			utilities, and maintenance		••• –	14			
ш	15			ons, postage, and shipping		· · ⊢	15			
	16 17	Other expenses (describe ►)         Total expenses (add lines 10 through 16)					<u>16</u> 17			
6	18						18			
Assets	19									
As		end-of-yea	r figure	reported on prior year's return)	19					
Net	20	Other char	nges in	net assets or fund balances (attach explanation)	20					
	21			balances at end of year (combine lines 18 through 20)			<u>21</u>			
P	art II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 inste (See page 40 of the instructions) (A) Beginning of yea						Form 990-EZ. (B) End of year		
~		h any		ee page 40 of the instructions.)		mining of ye	ar <b>22</b>	נט טו year		
22 23		-		estments			22			
24		and and buildings					24			
25		Total assets					25			
26	6 Total liabilities (describe ►)						26			
27	'Net	assets or f	und ba	lances (line 27 of column (B) must agree with line 21)			27			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421

Form	990-EZ (	(2004)								P	Page 2
Par	t III	Statement of Program Service Accom	plishments (See page	ge 41	of the inst	ructio	ons.)		Expe	nses	
What	t is the	organization's primary exempt purpose?	<u> </u>	0			,		quired for		
		hat was achieved in carrying out the organization	tion's exempt purper	oc In	a clear and		oico mannor		(4) or		
desc	rihe the	e services provided, the number of persons ber	hefited or other releval	nt info	rmation for e	ach r	orogram title	opt	4947(a ional for	others	1515, i.)
uese		e services provided, the number of persons ber	lented, of other releval			sacrij	orogram title.			ounore	.,
28											
					Grants \$		)	28a			
~ _					·		,				
29 .											
-								00-			
				(G	arants \$		)	29a			
<b>30</b> .											
				(G	arants \$		)	30a			
31 C	)ther p	rogram services (attach schedule)		. (G	Grants \$		)	31a			
		rogram service expenses (add lines 28a th					/	32			
									he leeter		<u>\</u>
Par	t IV	List of Officers, Directors, Trustees, and Key I					· · ·		1		,
		(A) Name and address	(B) Title and average hours per week	9	(C) Compens (If not pai	sation id	(D) Contributi employee benefit		(E)	Expens ount ar	
			devoted to position		enter -0-		deferred compe			allowar	
									-		
Par	't V	Other Information (Note the attachme	ent reauirement in (	Gene	ral Instruct	ion \	/. page 14.)			Yes	No
		· ·	•								
33		e organization engage in any activity not previously									
34	Were a	ny changes made to the organizing or governing docume	ents but not reported to the	e IRS? I	f "Yes," attach	a con	formed copy of t	he cha	nges.		
35	If the	organization had income from business activit	ties, such as those rep	oortea	on lines 2,	6, an	d 7 (among d	others	), but		
	not re	ported on Form 990-T, attach a statement exp	olaining your reason fo	or not	reporting the	e inco	ome on Form	990-	Т.		
а		e organization have unrelated business gross incom									
						-			crito:		
		s," has it filed a tax return on Form 990-T fo							•		
36		here a liquidation, dissolution, termination, or s						tatem	ent.)		
37a	Enter	amount of political expenditures, direct or inc	direct, as described in	the i	nstructions. I		3/a				
b	Did th	ne organization file Form 1120-POL for this	year?								
38a	Did th	ne organization borrow from, or make any lo							anv		
oou											
la la	such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.								• •		
										-	
	. ,	(7) organizations. Enter: a Initiation fees and		inclu	ded on line	✓ ⊢	39a			-	
b	Gross	receipts, included on line 9, for public use of	of club facilities			. L	39b			-	
40a	501(c)(	(3) organizations. Enter: Amount of tax imposed of	n the organization during	a the v	/ear under:						
						1 4955	5 <b>&gt;</b>				
h	section 4911 ►; section 4912 ►; section 4955 ►; section 4955 ►; section 4955 ►; section 4958 excess benefit transaction										
D											
	•	or did it become aware of an excess benefit									L
		nt of tax imposed on organization managers or disc		-							
d	Enter:	Amount of tax on line 40c, above, reimburs	sed by the organization	on.			🕨				
41	List th	e states with which a copy of this return is file	d. 🕨								
42	The b	ooks are in care of ►				Teler	bhone no. 🕨	(	)		
	List the states with which a copy of this return is filed. ►										
12		on 4947(a)(1) nonexempt charitable trusts fili									
43	and	nter the amount of tax-exempt interest receipt	ived or apprud durin	a tho	tox voor	-One					
	anu e	· · · · · · · · · · · · · · · · · · ·		-	-		-				<u> </u>
		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declarati									
Plea		and benef, it is true, contest, and complete. Decidiati	on or properer (other than	511001)				Picpai	or nao di	19 10100	neuge
Sigr	Signature of officer						Date				
Here	e										
		Type or print name and title.									
		y type of print name and title.				and if	1				<u> </u>
Paid		Preparer's		Date	Ch sel	neck if If-	Prepar	er's SSN	l or PTIN (	See Gen.	Inst. W
	arer's	signature				nployed	א				
		Firm's name (or yours					EIN 🕨				
Use (		if self-employed), address and ZIP + 4					Phone no. ► (	)			