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.

2004

OMB No. 1545-1150

Open to Public Inspection

Α	For the	e 2004 calend	ar year	r, or tax year beginn	ning	, 2004, and er	iaing			, 20		
В		Check if applicable: Address change Name change Initial return Final return		C Name of organization	ion			D Employer	loyer identification number			
	Initial retu			Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel (E Telephon	ephone number			
	Amended	Specific ended return Specific Instruc-						Group Exemption Number ▶				
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).							G Accounting method: ☐ Cash ☐ Accrual Other (specify) ►				
	Website: ► H Check ► is not required							t required to	if the organization d to attach Form 990, 990-EZ, or 990-PF).			
K	Check organiz	▶☐ if the or zation received	ganizati I a Form	ion's gross receipts an 990 Package in the	are normally not more that e mail, it should file a retur	n \$25,000. The organiz n without financial data	a. Some sta	ates require	a co			
					ss receipts; if \$100,000 or n				\$			
P	art I	Revenue	, Expe	enses, and Chan	nges in Net Assets o	r Fund Balances	(See pag	e 37 of the	ins	structions.)		
	1	Contributio	ns, gifts	s, grants, and simila	ar amounts received .			1				
	2	Program service revenue including government fees and contracts							2			
	3	Membersh	ip dues	s and assessments	s			3	3			
	4	Investment income										
	5a				other than inventory .							
	b	Less: cost	or othe	er basis and sales	expenses	5b						
Ф	С				ther than inventory (line				С			
Revenue	6											
ě	а				of co							
æ		reported o	reported on line 1)									
	b	b Less: direct expenses other than fundraising expenses										
	С							6	С			
	7a	· · · · · · · · · · · · · · · · · · ·										
	b	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)										
	С							7				
	8		ther revenue (describe that revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)						-			
_	9								-			
	10				ttach schedule)							
	11	Benefits paid to or for members							1			
ses	12		Salaries, other compensation, and employee benefits						2			
penses	13	Professional fees and other payments to independent contractors							-			
Exp	14	Occupancy, rent, utilities, and maintenance						14	-			
	15								-			
	16			describe					-			
_	17				igh 16)			I				
ets	18				9 less line 17)				5			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)										
t A									-			
	20											
	art II									Form 990-F7		
Г										(B) End of year		
_	(Occ page 40 of the institutions.)							giilling of year	22	(D) Life of year		
2:	, , , , , , , , , , , , , , , , , , , ,								23			
2		Land and buildings							24			
2		•							25			
2									26			
2	Total liabilities (describe ►) Net assets or fund balances (line 27 of column (B) must agree with line 21)								27			

Form	990-EZ	(2004)							F	Page 2
Par	t III	Statement of Program Service Accom	plishments (See pa	ge 41 of th	he instructio	ns.)		Expe	nses	
		organization's primary exempt purpose? _		<u> </u>		- /		quired fo		
			ation's exempt purpos	ion's exempt purposes. In a clear and concise manner,				(4) org 4947(a		
		e services provided, the number of persons be						onal for		
28			·		<u>.</u>					
20 .							-			
-				(Grants			28a			
_				•) <u>20a</u>			
							-			
-							29a			
	(Grants \$									
30 .							-			
-	(Overhalf)									
21 ((Grants \$) Other program services (attach schedule) (Grants \$)									
		rogram services (attach schedule)) 31a 32			
		List of Officers, Directors, Trustees, and Key				d Coo pogo		oo inatru	otiono	١
Par	t IV	List of Officers, Directors, Trustees, and Key	(B) Title and average		Compensation	(D) Contribu		1	Expens	
		(A) Name and address	hours per week devoted to position	` (I	offiperisation If not paid, enter -0)	employee benef	fit plans 8	acc	ount ar allowar	nd
Dor	.+ \/	Other Information (Note the attacks	ant requirement in (Conoral In	atmistion V	nogo 14	١		Vac	Na
Par		Other Information (Note the attachm	•						Yes	INO
33		e organization engage in any activity not previously	•			•		-		
34		ny changes made to the organizing or governing docum	·					•		
35		organization had income from business activ					,			
		ported on Form 990-T, attach a statement ex								
а	Did the	e organization have unrelated business gross incon	ne of \$1,000 or more or 60	033(e) notice	, reporting, an	d proxy tax re	equirem	ents?		
b	If "Yes	s," has it filed a tax return on Form 990-T f	or this year?							
36		here a liquidation, dissolution, termination, or					stateme	ent.)		
37a	Enter	amount of political expenditures, direct or in	direct, as described in	the instruc	ctions. 🕨 🚨	37a				
b	Did th	ne organization file Form 1120-POL for this	year?							
38a	Did th	ne organization borrow from, or make any lo	oans to, any officer, d	irector, trus	stee, or key	employee o	or were	any		
	such	loans made in a prior year and still unpaid a	at the start of the peri-	od covered	d by this retu	ırn?				
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.									
39	501(c)	(7) organizations. Enter: a Initiation fees and	d capital contributions	included of	on line 9 📮	39a				
b	Gross	receipts, included on line 9, for public use	of club facilities .		🛚	39b				
	501(c)	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:								
	section	n 4911 ▶ ; section 4	912 ▶	;	section 4955	>				
b		(3) and (4) organizations. Did the organization or did it become aware of an excess benefit								
С	•	nt of tax imposed on organization managers or dis	•	-						
		Amount of tax on line 40c, above, reimbur								
41	List th	e states with which a copy of this return is file	ed 🕨							
42	The b	ooks are in care of ▶			Telepl	hone no.	. ()		
	The books are in care of ► Located at ► ZIP + 4									
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43										
		Under penalties of perjury, I declare that I have exam	ined this return, including a	ccompanying	schedules and	statements, a	nd to the	best of r	ny knov	wledg
Plea		and belief, it is true, correct, and complete. Declarat	tion of preparer (other than	oπicer) is bas	sea on all intorn	nation of whic	n prepar	er nas ar	y knov	viedge
		\								
Sign		Signature of officer				Date				
Here	-									
		Type or print name and title.								
Paid		Preparer's		Date	Check if self-	Prepa	arer's SSN	or PTIN (S	See Gen.	Inst. V
	arer's	signature			employed	▶ □				

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

Phone no. ► (