

Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1999

Department of the Treasury Internal Revenue Service

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.

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year beginning, 1999, and ending

- B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, Number and street (or P.O. box, if mail is not delivered to street address), Room/suite, City or town, state or country, and ZIP + 4

D Employer identification number, E Telephone number, F Check if exemption application is pending, H Enter four-digit group exemption number (GEN)

G Accounting method: Cash, Accrual, Other (specify)

I Type of organization— Exempt under section 501(c)( ) (insert number) OR section 4947(a)(1) nonexempt charitable trust. Note: Section 501(c)(3) organizations and section 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 Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9). If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section lists various categories and their corresponding line numbers.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 36.)

Table for Part II Balance Sheets with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; and Net assets or fund balances.

| Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)  |   | Expenses   |
|--|---|--|
| What is the organization's primary exempt purpose? _____<br>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, 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   | .....<br>.....<br>(Grants \$ _____)   | 28a  |
| 29   | .....<br>.....<br>(Grants \$ _____)   | 29a  |
| 30   | .....<br>.....<br>(Grants \$ _____)   | 30a  |
| 31   | Other program services (attach schedule) . . . . . (Grants \$ _____)          | 31a  |
| 32   | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶ | <b>32</b>  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 36.)

| (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 |
|----------------------|--|--|---|--|
| .....                |  |  |   |  |
| .....                |  |  |   |  |
| .....                |  |  |   |  |
| .....                |  |  |   |  |
| .....                |  |  |   |  |

**Part V Other Information** (See Specific Instructions on page 37.)

|   | 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 Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |     |    |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .  |     |    |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)   |     |    |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶   37a   |     |    |
| b Did the organization file Form 1120-POL 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 line 38 instructions and enter the amount involved.  | 38b |    |
| 39 501(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 . . . . .   | 39b |    |
| 40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____   |     |    |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.     |     |    |
| c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____   |     |    |
| d Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ _____   |     |    |
| 41 List the states with which a copy of this return is filed. ▶ _____   |     |    |
| 42 The books are in care of ▶ _____ Telephone no. ▶ (____) _____<br>Located at ▶ _____ ZIP + 4 ▶ _____  |     |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶   43           |     |    |

|                                 |  |      |   |                        |
|---------------------------------|--|------|---|------------------------|
| <b>Please Sign Here</b>         | 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. (Important: See General Instruction U, page 14.) |      |   |                        |
|                                 | Signature of officer   | Date | Type or print name and title.                     |                        |
| <b>Paid Preparer's Use Only</b> | Preparer's signature   | Date | Check if self-employed ▶ <input type="checkbox"/> | Preparer's SSN or PTIN |
|                                 | Firm's name (or yours if self-employed) and address  |      | EIN ▶ _____                                       |                        |
|                                 |  |      | ZIP + 4 ▶ _____                                   |                        |

