Form **990-EZ**

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 2005

Open to Public Inspection

Α	For the	2005 calendar year	, or tax year beginning	, 2005, and en	ding	_	, 20		
В	Check if a	pplicable: Please	The state of digamentation			D Employer	nployer identification number		
	Address of	change use IRS							
	Name cha	ange label or print or	Number and street (or P.O. box, if mail is not delivered to	street address)	Room/suite	E Telephon	e number		
	Initial retu	ırn type.	Number and street (or r.o. box, if main is not delivered to	Street address)	10011/Juile	/ releption	o Hamber		
Ц	Final retur	Specific				()			
Щ	Amended	Instruc-	City or town, state or country, and ZIP + 4			F Group Ex			
Ш	Applicatio	on pending tions.				Number	<u> ▶</u>		
	• Section	ion 501(c)(3) organiz	ations and 4947(a)(1) nonexempt charitable trusts n	nust attach	G Acco	unting metho	d: Cash Accrual		
		a con	npleted Schedule A (Form 990 or 990-EZ).		Other	(specify)			
					H Chec	k ▶ ∏ if ti	he organization		
ı	Websit	te: >				t required to	0		
			nly one)—) or 527	1		990, 990-EZ, or 990-PF).		
				•					
K		-	on's gross receipts are normally not more than \$25,00	-			irn with the IRS; but if the		
_			a return, be sure to file a complete return. Some state				Δ.		
			ne 9 to determine gross receipts; if \$100,000 or more, file				\$		
P	art I	Revenue, Expe	nses, and Changes in Net Assets or Fund	d Balances (See pag	e 38 of the	e instructions.)		
	1	Contributions, gifts	s, grants, and similar amounts received			1			
	2	Program service i	revenue including government fees and contracts	3		2	!		
	3	_	s and assessments				.		
	4								
	_			1 1					
	5a		m sale of assets other than inventory						
	b		er basis and sales expenses				-		
Ф	С	` '	n sale of assets other than inventory (line 5a less	, ,		·			
n	6		d activities (attach schedule). If any amount is from		k here				
Š	а								
æ		reported on line 1	1)	6a					
	b	Ch Ch							
	С						c		
	7a	7.							
		b Less: cost of goods sold							
							C		
	8			es of inventory (interaces interb)			3		
	9	Other revenue (describe Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8))		
_									
	10		r amounts paid (attach schedule)			—			
	11	Benefits paid to or for members							
šes	12	Salaries, other compensation, and employee benefits							
ë	13	Professional fees and other payments to independent contractors							
Nan Initial In	14	Occupancy, rent,	utilities, and maintenance			14			
	15		ons, postage, and shipping				5		
	16	Other expenses (6		
	17	Total expenses (add lines 10 through 16)			🕨 17	7		
S	18	Excess or (deficit) for the year (line 9 less line 17)			18	3		
set	19		nd balances at beginning of year (from line 27,						
Ass	13		e reported on prior year's return)				9		
ᇂ	20		net assets or fund balances (attach explanation)		—				
ž	21	Net assets or fun	d balances at end of year (combine lines 18 thro	ugh 20)					
D			s—If Total assets on line 25, column (B) are \$250						
Т	art II		ginning of year						
		,	See page 41 of the instructions.)		(A) Be	girining or year	(B) End of year		
2		Cash, savings, and investments					22		
2	3 Lanc	and and buildings					23		
2	4 Othe	Other assets (describe ►)					24		
2	5 Tota	Total assets					25		
20	6 Tota	al liabilities (describ	pe ►)			26		
5.	7 Net	assets or fund ba	plances (line 27 of column (B) must agree with li	ne 21)			27		

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Pa	rt III Statement of Program Service Accom	plishments (See page 42	of the instruction	ns.)		Expen	ses			
Wha	What is the organization's primary exempt purpose?						(Required for 501(c)(3) and (4) organizations			
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,						anızatı (1) tru	ions ists:		
des	cribe the services provided, the number of persons ber	nefited, or other relevant info	rmation for each p	rogram title.		nal for o				
28										
20										
	(Grants \$) If this amount inclu				28a					
	j ii tiilo diffodite iifote				200					
29										
	Grants \$) If this amount includes foreign grants, check here ▶ □									
					29a					
30										
	(Grants \$) If this amount inclu				30a					
	Other program services (attach schedule)				Jua					
	(Grants \$) If this amount inclu				31a					
	Total program service expenses (add lines 28a th				32					
	rt IV List of Officers, Directors, Trustees, and Key						tions)			
Га	List of Officers, Directors, Trustees, and Key	(B) Title and average	(C) Compensation	(D) Contribution			Expense			
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	plans &	acco	ount and	d		
		devoted to position	enter -o)	deletted compet	isaliuii	other a	llowari	ces		
Da	rt V Other Information (Note the attachme	ent requirement in Gene	ral Instruction V	page 14)			Yes	No		
	•	•				$\overline{}$	163	NO		
33	Did the organization engage in any activity not pre					33				
	description of each activity					33				
34	Were any changes made to the organizing or government					34				
	attach a conformed copy of the changes					34				
35	If the organization had income from business activities, s				not					
	reported on Form 990-T, attach a statement explaining y	·								
а	Did the organization have unrelated business gros		05-							
						35a				
b	If "Yes," has it filed a tax return on Form 990-T for	-				35b				
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attack									
	statement.)					36				
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a									
	Did the organization file Form 1120-POL for this year?					37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or v					00-				
	any such loans made in a prior year and still unpa	·	-	return? .		38a				
b	If "Yes," attach the schedule specified in the line		0.01							
	involved			D						
39	501(c)(7) organizations. Enter:									
	· · · · · · · · · · · · · · · · · · ·	Initiation fees and capital contributions included on line 9								
	Gross receipts, included on line 9, for public use									
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									
	year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.									
	Enter amount of tax imposed on organization mar									
لم	sections 4912, 4955, and 4958									

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Par	t V	Other Information (Note the attachment req	uirement in G	General Instru	uction V, p	age 14.) <i>(Co</i>	ntinued)	
41	List th	he states with which a copy of this return is filed.						
42a	The b	oooks are in care of ▶ted at ▶			Telephor			
c 43	over a account of "Yes See the At any of "Yes Section of the account of the accou	ny time during the calendar year, did the organization a financial account in a foreign country (such as a unt)?	bank account s for Form TD n maintain an c	F 90-22.1. office outside of Form 104	of the U.S.?	ther financial	42b 42c	Yes No
Plea Sign Here		Under penalties of perjury, I declare that I have examined this rule and belief, it is true, correct, and complete. Declaration of pre Signature of officer Type or print name and title.						
	arer's	Preparer's signature Firm's name (or yours		Date	Check if self-employed ►	Preparer's SS	SN or PTIN (S	ee Gen. Inst. \
Use (Jilly	if self-employed), address, and ZIP + 4			Phor	e no. ► ()	

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