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

Α	For the 2001 calend	the 2001 calendar year, or tax year beginning , 2001, ai			, 2001, and en	ding	_		, 20		
В	Check if applicable: Address change	Please use IRS	use IRS				D Employer identification number				
	Name change Initial return Final return	print or type. See	type.			Room/suite	n/suite E Telephone number				
	Amended return Application pending	Specific Instruc- City or town, state or country, and ZIP + 4					F Enter 4-digit (GEN) ►				
	• 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) ►				
<u>J</u>	Check ►☐ if the or	Web site: ► is n									
_	-		n 990 Package in the mail,						mplete return.		
			ne 9 to determine gross rece	•				► \$	ns on page 2F \		
Revenue	1 Contributio 2 Program s 3 Membersh 4 Investmen 5a Gross amo b Less: cost c Gain or (lo 6 Special ev a Gross revereported o b Less: direct c Net incom 7a Gross sale b Less: cost	ns, gift: ervice ip due: ip due: i incom ount fro or oth ess) fror ents ar enue (no in line it expe e or (lo s of in of good it or (lo	nses, and Changes g, grants, and similar and revenue including gover and assessments m sale of assets other the basis and sales expense as a sale of assets other the distriction activities (attach school including \$	counts received	5a 5b ess line 5b) (attautions 6a	ch sched	ule) .	ructio 1 2 3 4 5c 6c 7c 8	ns on page 35.)		
Expenses	9 Total reve 10 Grants and 11 Benefits p 12 Salaries, o 13 Profession 14 Occupanc 15 Printing, p 16 Other expe	nue (ad disimilar did to di ther co al fees y, rent, ublicati enses (Id lines 1, 2, 3, 4, 5c, 6 r amounts paid (attach or for members mpensation, and emploand other payments to utilities, and maintenan ons, postage, and shipp describe	schedule)				9 10 11 12 13 14 15 16			
Net Assets	 17 Total expenses (add lines 10 through 16)							18 19 20 21			
Р									f Form 990-EZ.		
	Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead (See Specific Instructions on page 39.) (A) Beginning of year								(B) End of year		
2	2 Cash, savinas.			· -				22			
2	•	Cash, savings, and investments						23			
2		Other assets (describe >)						24			
2!		Total assets						25			
2	6 Total liabilities	Total liabilities (describe ►						26			
2	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)										

Form 990-EZ (2001) Page **2**

Par	t III	Statement of Program Service Accom	plishments (See Sp	ecific Instruc	tions on	page 40.)		Expenses	s s	
Desc	What is the organization's primary exempt purpose?							(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts;		
		ne services provided, the number of persons ber					optio	onal for oth	ers.)	
28 .										
-				(Grants \$			28a			
- 20				•			200			
29 -										
_			(Grants \$							
30 .										
-										
24 Other management () () ()			(Grants \$)	30a			
		program services (attach schedule) program service expenses (add lines 28a the)	31a			
	t IV	<u> </u>		e even if not c			32	uctions on	nage 40)	
ı aı		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Con	npensation ot paid, er -0)		ns to plans &	(E) Exp	ense t and	
									_	
Par	t V	Other Information (Note the attachme	ent requirement in (General Insti	uction '	V, page 14.)		Ye	es No	
33		ne organization engage in any activity not previously re	•				ctivity			
34		any changes made to the organizing or governing docume	•			•	-	iges.		
35			· ////							
		organization had income from business activitie ted on Form 990-T, attach a statement explainin							<i>/////////////////////////////////////</i>	
а	Did th	ne organization have unrelated business gross incom	e of \$1,000 or more or 60	033(e) notice, re	porting, a	nd proxy tax red	uireme	ents?		
b	If "Ye	es," has it filed a tax return on Form 990-T fo	or this year?							
36		there a liquidation, dissolution, termination, or s					ateme	:nt.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		amount of political expenditures, direct or inc			41X/1/1/1.					
	Did the organization file Form 1120-POL for this year?									
38a		he organization borrow from, or make any loa					were	any ////		
h		loans made in a prior year and still unpaid a es," attach the schedule specified in the line 38 is	•		, ,	38b				
39		c)(7) organizations. Enter: a Initiation fees and			I	39a				
		· · · · · · · · · · · · · · · · · · ·	•			39b				
		Gross receipts, included on line 9, for public use of club facilities								
·ou		on 4911 \(\rightarrow\); section 49				5 >				
b	501(c	c)(3) and (4) organizations. Did the organization enga					ear or o	did it		
С		ınt of tax imposed on organization managers or disc								
d		r: Amount of tax on line 40c, above, reimburs								
41	List the states with which a copy of this return is filed. ► The books are in care of ► Telephone no. ► (
42	The k	books are in care of ▶			Ieleļ	phone no.	Ĺ	-!		
43		ted at ►ion 4947(a)(1) nonexempt charitable trusts filii								
	and e	enter the amount of tax-exempt interest recei	ved or accrued durin	g the tax yea	r	▶ 43				
		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ea tnis return, including ac n of preparer (other than off	companying sche ficer) is based on	aules and all informa	statements, and t tion of which prep	o the be parer ha	est of my knowled s any knowle	owledge edge.	
Plea										
Sign Here		Signature of officer								
		, , , , , , , , , , , , , , , , , , , ,								
		Type or print name and title.								
Paid		Preparer's		Date	Check if self-	Prepare	r's SSN	or PTIN (See G	en. Inst. W)	
	arer's	signature			employe	<u> </u>	-;			
Use Only		Firm's name (or yours if self-employed),		EIN ►	:					
		address, and ZIP + 4				Phone no. ► ()			