			Short Form					OMB No. 1545-1150		
Form 990-EZ			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)					20 05 Open to Public		
Department of the Treasury			 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. 					Inspection		
Internal Revenue Service						ements.		, 20		
							/er ide	entification number		
	Address c	s change use IRS label or								
=	Name cha Initial retu	e change print or Number and street (or P.O. box, if mail is not delivered to street address) Ro			om/suite E	Teleph	one n	umber		
	Final retur	I return See				()				
Amended return			Specific Instruc-	City or town, state or country, and ZIP + 4	F	Group		•		
_		n pending	tions.	ations and 4947(a)(1) nonexempt charitable trusts must attach	Account	Numbe				
	Secil	011 30 1(0)(3) 0	•	pleted Schedule A (Form 990 or 990-EZ).	Other (s					
	Websit	te: ►			H Check ► ☐ if is not required to			0		
			heck or	ly one)—		•), 990-EZ, or 990-PF).		
-				n's gross receipts are normally not more than \$25,000. The organization	n need no	t file a r	eturn	with the IRS; but if the		
(organiza	ation chooses	to file a	return, be sure to file a complete return. Some states require a comp	lete returr	า.		-		
				e 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of			▶ \$			
Pa	art I			nses, and Changes in Net Assets or Fund Balances (Se	e page	<u>38 of t</u>		structions.)		
	1			, grants, and similar amounts received		· · Γ	1 2			
	2	-		evenue including government fees and contracts		· · +	2			
	4	Investment	·				4			
	5a	Gross amo	unt fro	m sale of assets other than inventory						
	b	Less: cost	or othe	r basis and sales expenses		_				
e	с	•	ain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).							
nue	6		Special events and activities (attach schedule). If any amount is from gaming, check here							
Revenue	а	reported on line 1)								
		Less: direc	6c							
	l _	Net income								
	7a b			entory, less returns and allowances		_				
		c Gross profit or (loss) from sales of inventory (line 7a less line 7b)								
	8 Other reve 9 Total reve		enue (describe ►) 8 enue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8). . .							
	10			r amounts paid (attach schedule)			10 11			
S	11 12			r for members			12			
nse	13			and other payments to independent contractors			13			
Expenses	14			utilities, and maintenance			14			
	15			ons, postage, and shipping			15			
	16 17			describe ▶ add lines 10 through 16)			16 17			
Net Assets	18			for the year (line 9 less line 17)			18			
	19			d balances at beginning of year (from line 27, column (A)) (mu						
	15		ar figure reported on prior year's return).							
	20	Other chan	iges in	net assets or fund balances (attach explanation)		L	20			
_	21			d balances at end of year (combine lines 18 through 20) .			21	of Form 000 F7		
Pá	art II	Datatice			(A) Begini		1	(B) End of year		
22	Cash	h savince c	•	ee page 41 of the instructions.)	WY Degini	y or ye	²¹	., ,		
22		-	, and investments				23			
24			(describe ▶)				24			
25	Tota	Total assets				2				
26		Total liabilities (describe ►) Net assets or fund balances (line 27 of column (B) must agree with line 21)				26				
27	net	assets of I	unu pa	iances (inte 27 of column (b) must agree with line 21)			2	r		

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

Form	990-EZ (2005)						Р	Page 2
Ра	rt III Statement of Program Service Accom	plishments (See page 42	2 of the instruction	ons.)		Expe		
	at is the organization's primary exempt purpose? $_$				— and	quired fo	anizat	tions
Des	cribe what was achieved in carrying out the organiza cribe the services provided, the number of persons be	ation's exempt purposes. In	a clear and conc	ise manne rogram titl	er, and	d 4947(a)(1) tru	usts;
			•	-	0. 1			
20 .								
-								
(Grants \$) If this amount inclu				28 a	1		
29 .								
-					-			
-					_			
	Grants \$) If this amount inclu				_ 29 a			
30 .					-			
-					-			
-	Grants \$) If this amount inclu					1		
	Other program services (attach schedule)							
		udes foreign grants, check] 31a	1		
	Total program service expenses (add lines 28a th				32	<u> </u>		<u></u>
Ра	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one ever (B) Title and average	en if not compensate	d. See pag			ctions. Expens	,
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ber deferred cor	nefit plans	& àcc	ount ar allowar	nd
			enter -oj		препзаноп	Other	anowai	1085
Pa	rt V Other Information (Note the attachme	ent requirement in Gene	ral Instruction V	. page 14	4.)		Yes	No
33	Did the organization engage in any activity not pre-	•			,			
00						33		
34	Were any changes made to the organizing or gov							
	attach a conformed copy of the changes					34		
35	If the organization had income from business activities, s				out not			
	reported on Form 990-T, attach a statement explaining y							
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, a proxy tax requirements?							
h	proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for					35a 35b		<u> </u>
	Was there a liquidation, dissolution, termination, c							
36	statement.)					36		
37a	Enter amount of political expenditures, direct or ind							
	b Did the organization file Form 1120-POL for this year?					37b		
38a	Did the organization borrow from, or make any loa							
	any such loans made in a prior year and still unpa		-	return?		<u>38a</u>		
b	If "Yes," attach the schedule specified in the line			h				
20	involved \dots Equations Enter:					-		
39 a	501(c)(7) organizations. Enter: Initiation fees and capital contributions included o	n line 9	39	а				
	Gross receipts, included on line 9, for public use							
	501(c)(3) organizations. Enter amount of tax impos							
	section 4911 ▶; section 4912							
b	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.							
С	Enter amount of tax imposed on organization man sections 4912, 4955, and 4958	nagers or disqualified pers	ons during the yea	ar under				
d	Enter amount of tax on line 40c reimbursed by th	e organization			•			

Form	990-EZ ((2005)	Page	∍ 3						
Par	t V	Other Information (Note the attachment re	quirement in General Instruction V, page 14.) (Continued)	_						
41	List th	List the states with which a copy of this return is filed. ►								
42a	The b	books are in care of 🕨								
b	over a accou	a financial account in a foreign country (such as a unt)?	on have an interest in or a signature or other authority a bank account, securities account, or other financial 	lo						
		Yes," enter the name of the foreign country: ►								
		he instructions for exceptions and filing requirement								
С	At any	y time during the calendar year, did the organization	on maintain an office outside of the U.S.?							
		f "Yes," enter the name of the foreign country:								
43	<i>m 990-EZ in lieu of Form 1041—</i> Check here									
		Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete. Declaration of pr	return, including accompanying schedules and statements, and to the best of my knowled eparer (other than officer) is based on all information of which preparer has any knowled	dge lge.						
Please Sign Here										
		Signature of officer	Date							
		Type or print name and title.								
Paid	pror's	Preparer's signature	Date Check if self- employed ►	t. W)						
Use (arer's Only	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ► Phone no. ► ()							

Form 990-EZ (2005)