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)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2001, and ending For the 2001 calendar year, or tax year beginning . 20 Please use IRS D Employer identification number C Name of organization B Check if applicable: Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite print or E Telephone number Name change type. Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Final return Instruc-☐ Other (specify) ► Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ G Web site: ▶ **H(c)** Are all affiliates included? ☐ Yes ☐ No J Organization type (check only one) \blacktriangleright □ 501(c) () \blacktriangleleft (insert no.) □ 4947(a)(1) or □ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an Check here ▶ ☐ 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, it should file a return without financial data. Some states require a complete return. Enter 4-digit GEN ▶ M Check ▶ ☐ if the organization is **not** required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.) Contributions, gifts, grants, and similar amounts received: 1a 1b **b** Indirect public support c Government contributions (grants) 1c 1d d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 4 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . . . **b** Less: rental expenses 6b 6c c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe > (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) 8d **d** Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses **c** Net income or (loss) from special events (subtract line 9b from line 9a) **10a** Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 10c Other revenue (from Part VII, line 103) 11 11 12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 13 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . . . 16 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Assets 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 20 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

24 Benefits paid to or for members (attach schedule). 25 Compensation of officers, directors, etc. 26 Other salaries and wages 27 Pension plan contributions 28 Other employee benefits 28 Other employee benefits 29 Payroll taxes 29 Payroll taxes 29 Payroll taxes 30 Professional fundraising fees 31 Accounting fees 31 Telephone 32 Legal fees 33 Supplies 33 Supplies 33 Supplies 34 Telephone 34 Docupancy 35 Postage and shipping 35 Postage and shipping 36 Occupancy 37 Equipment rental and maintenance 37 Tavel 39 Printing and publications 38 Printing and publications 39 Travel 10 Conferences, conventions, and meetings 40 Uniterest 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): a 43a		- another Expenses		•	•	•	
Carants and allocations 22				(A) Total			(D) Fundraising
(crants and allocations \$) 22 23 24 24 24 24 24 24	22	Grants and allocations (attach schedule)					
24		·	22				
25	23	Specific assistance to individuals (attach schedule)	23				
Other salaries and wages 26	24	Benefits paid to or for members (attach schedule).					
Pension plan contributions 27 Bension plan contributions 27 Bension plan contributions 27 Bension plan contributions 28 Bension plan contributions 29 Bensio	25	Compensation of officers, directors, etc					
Other employee benefits 28 29 29 20 20 20 20 20 20	26	Other salaries and wages					
Payroll taxes 29	27						
Professional fundraising fees 30	28						
Accounting fees 31							
Legal fees 32		<u> </u>					
33 Supplies 34 Telephone 34 35 35 35 35 35 35 35							
Telephone 34 Telephone 35 Telephone 35 Telephone 36 Telephone 36 Telephone 37 Telephone 36 Telephone 37 Telephone 38 Telephone 39 Telephone 39 Travel 39 Travel 39 Telephone							
Postage and shipping 35 Postage and shipping 36 Occupancy 36 Occupancy 37 Sequipment ental and maintenance 39 Sequipment ental and maintenance 39 Sequipment ental and maintenance 37 Sequipment ental and maintenance 39 Sequipment ental and sequipment 40 Sequipment ental and sequipment and sequipment ental and sequipment ental and sequipment ental ental sequipment ental ental sequipment ental ental ental sequipment ental e							
Occupancy 36 36 37 38 38 38 38 38 39 39 39							
Sequipment rental and maintenance 37							
Sab Printing and publications 38 38 39 39 39 39 39 39		, ,					
39 Travel 39							
All Interest							
Interest A1							
A2		g ·					
A3a A3b A3b A3c A3d			42				
b 43b 43c 43d 43e 43			43a				
d d d d d d d d d d d d d d d d d d d			43b				
Add Indictional expenses add lines 22 through 43), Organizations Completing columns (B)-(D), carry these totals to lines 13–15 Expenses Add Indictional expenses add lines 22 through 43), Organizations Completing columns (B)-(D), carry these totals to lines 13–15 Expenses Add Indictional expenses Indicated to Fundamental expenses Indicated to Funda			43c				
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15. Joint Costs. Check	d		43d				
Completing columns (B)-(D), carry these totals to lines 13—15	е		43e				
Count Costs. Check Grants and allocations	44						
(Grants and allocations \$) c (Grants and allocations \$) d (Grants and allocations \$)	f "Ye (iii) th Par Wha All or of cli	es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ It III Statement of Program Service Access to it is the organization's primary exempt purpose? It is the organization's primary exempt purpose are accessed in the purpose are accessed.	ompli ▶ chieve	; (ii) the grade ; (iii) the grade ; and (iv) the grade ; in a clear a gents that are not in a clear and in the grade ; in	ne amount allocated ne amount allocated Specific Instructi nd concise manner measurable. (Sectic	to Program services to Fundraising \$ ons on page 24. State the number in 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
(Grants and allocations \$) d (Grants and allocations \$) (Grants and allocations \$)	_	(0	Grants	and allocations	\$)	
C (Grants and allocations \$) d (Grants and allocations \$)	b .						
d (Grants and allocations \$)	_	(0	Grants	and allocations	\$)	
d (Grants and allocations \$)	C .						
(Grants and allocations \$	d -	(0	Grants	and allocations	\$)	
e Other program services (attach schedule) (Grants and allocations \$		((Grants	and allocations	\$)	
	e (Other program services (attach schedule) (C	Grants	and allocations	\$)	

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Part IV Balance Sheets (See Specific Instructions on page 24.)

Note:		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year	(B) End of year
	45	Cash—non-interest-bearing	4	15
	46	Savings and temporary cash investments	4	6
	47a	Accounts receivable		
	b	Less: allowance for doubtful accounts 47b	47	/c
		Pledges receivable		
	b	Less: allowance for doubtful accounts 48b		8c
	49	Grants receivable	4	19
	50	Receivables from officers, directors, trustees, and key employees	-	
		(attach schedule)	5	60 ////
s	51a	Other notes and loans receivable (attach schedule) 51a		
Assets		Schedule),	51	///// 1c
As	ı	Less: allowance for doubtful accounts		52
	52 53	Inventories for sale or use		63
	54	Investments—securities (attach schedule)		54
		Investments—land, buildings, and		
	334	equipment: basis		
	b	Less: accumulated depreciation (attach		
	_	schedule)	55	5c
	56	Investments—other (attach schedule)	5	56
	57a	Land, buildings, and equipment: basis 57a		
	b	Less: accumulated depreciation (attach		
		schedule)		7c
	58	Other assets (describe ►)	5	58
	59	Total assets (add lines 45 through 58) (must equal line 74)		i9
				00
	60 61	Accounts payable and accrued expenses		1
	62	Deferred revenue		2
S	63	Loans from officers, directors, trustees, and key employees (attach		
Liabilities		schedule)		3
iabi	64a	Tax-exempt bond liabilities (attach schedule)		4a
⊐	b	Mortgages and other notes payable (attach schedule)		4b
	65	Other liabilities (describe ►)	6	5
	,,	Tatal lightilities (and lines (A through (T)		
	66	Total liabilities (add lines 60 through 65)	6	06 ////
	Orga	inizations that follow SFAS 117, check here ► and complete lines		
es	47	67 through 69 and lines 73 and 74. Unrestricted	6	07
anc	67 68	Unrestricted		08
3al	69	Permanently restricted		9
<u>Б</u>		inizations that do not follow SFAS 117, check here ▶ □ and		
Fur	o.gc	complete lines 70 through 74.		
o	70	Capital stock, trust principal, or current funds	7	0
sts	71	Paid-in or capital surplus, or land, building, and equipment fund		'1
SSE	72	Retained earnings, endowment, accumulated income, or other funds	7	'2 '///
Net Assets or Fund Balances	73	Total net assets or fund balances (add lines 67 through 69 OR lines		
ž		70 through 72;		//// '3
	74	column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets / fund balances (add lines 66 and 73)		
	74	Total Habilities and Het assets / Iuliu balances (aud Illies oo and 73)	/	'4

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Par	t IV-A	Financia	liation of Revenu I Statements witl See Specific Instru	h Revenue	per	Part	F	Reconciliation of inancial Staten Return			
а			and other support	a		а		penses and lo		a	
b	•	included or	statements > n line a but not on			b	Amounts i	nancial statemen included on line , Form 990:			
(1)	Net unrea	lized gains nents	\$			(1)		services			
(2)	Donated	services of facilities	_			(2)	Prior year acreported or				
(3)		es of prior ts	\$			(3)	Form 990 . Losses rep				
(4)	Other (sp	ecify):				(4)	line 20, Fo	rm 990 . <u>\$</u>			
			\$			(4)	Other (spe	•			
	Add amou	ınts on lines	s (1) through (4) ►	b		<u> </u>	Add amou		rough (4) ►	b	
c d	Amounts	nus line b . included o	n line 12,	С		c d	Amounts i	nus line b ncluded on line	17,	C	
(1)		but not or expenses	n line a:			(1)	Form 990 Investment	but not on line a expenses	1 :		
		ed on line 190	\$				not include 6b, Form 9				
(2)	Other (sp	ecify):				(2)	Other (spe	ecify):			
		unts on line	\$ es (1) and (2) >	d				¢	and (2) •	<i>d</i>	
е	Total reve	enue per lii	ne 12, Form 990			е	Total expe	nses per line 17, s line d)	Form 990		
Par	t V Lis		ers, Directors, T	rustees, a	nd Key	Empl				ensa	ted; see Specific
	1115		e and address				age hours per	(C) Compensation (If not paid, enter	(D) Contribution employee benefit p	plans &	(E) Expense account and other
								-0)	deferred compen	Sation	allowances
75	Did any of	ficar directs	or tructoo or koy on	anlovos rocs	ivo aggres	nate co	mnoncation	of more than \$100	000 from 112	our.	
13	organizatio	on and all rel	or, trustee, or key en lated organizations, dedule—see Specific	of which mor	e than \$10	0,000 v					☐ Yes ☐ No

Pai	Other Information (See Specific Instructions on page 27.)		Yes	No.	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77			
	If "Yes," attach a conformed copy of the changes.	<i>\\\\\\</i>	<i>\\\\\</i>	X//////	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a			
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement				
80a	0a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?				
b	If "Yes," enter the name of the organization ▶			<i>X</i> //////	
	and check whether it is \square exempt OR \square nonexempt.		<i>\\\\\</i>	<i>X//////</i>	
81a	Enter direct or indirect political expenditures. See line 81 instructions	_\\\\\	<i>\\\\\</i>	X//////	
b	Did the organization file Form 1120-POL for this year?	81b			
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?	82a			
b	If "Yes," you may indicate the value of these items here. Do not include this amount			}{//////	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		<i>\\\\\</i>	X//////	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b			
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			X//////	
	or gifts were not tax deductible?	84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			<i>X///////</i>	
	received a waiver for proxy tax owed for the prior year.			<i>X//////</i>	
С	Dues, assessments, and similar amounts from members	<i>-\\\\\\</i>		X/////	
d	Section 162(e) lobbying and political expenditures			<i>X//////</i>	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	- <i>\\\\\\</i>		<i>X//////</i>	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	_\////	<i>\\\\\</i>	X//////	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	L		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its				
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax				
	year?	85h	·////	,,,,,,,,,,	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a			<i>X//////</i>	
b	Gross receipts, included on line 12, for public use of club facilities			}{//////	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-\////		<i>X//////</i>	
b	Gross income from other sources. (Do not net amounts due or paid to other			<i>X//////</i>	
	sources against amounts due or received from them.)			X//////	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			X//////	
	section 4911 ►; section 4912 ►; section 4955 ►	_/////		W//////	
b	501(c)(3) and 501(c)(4) orgs. 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	90h			
	a statement explaining each transaction	89b			
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization				
	List the states with which a copy of this return is filed >				
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)				
91	The books are in care of ▶				
	Located at ► ZIP + 4 ►				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year				

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Part V	II Analysis of Income-Producing Ac	tivities (See Sp	ecific Instruct	ions on pa	ge 32.)	
	Enter gross amounts unless otherwise		siness income (B)		ction 512, 513, or 514	(E) Related or
	rogram service revenue:	Business code	Amount	Exclusion cod		exempt function income
_		_				
_						
d _						
е _		_				
	ledicare/Medicaid payments					
•	ees and contracts from government agencies					
	lembership dues and assessments					
	iterest on savings and temporary cash investments					
	ividends and interest from securities et rental income or (loss) from real estate:					
	ebt-financed property		<i></i>	<i>,,,,,,,,,,,,,,,,,,,,,,,,,</i>		
	ot debt-financed property					
	et rental income or (loss) from personal property					
99 C	ther investment income					
100 G	ain or (loss) from sales of assets other than inventory					
	et income or (loss) from special events					-
	ross profit or (loss) from sales of inventory .					
	ther revenue: a	-				
b _		_				-
_						
e _						
104 S	ubtotal (add columns (B), (D), and (E))					
	otal (add line 104, columns (B), (D), and (E)).				. >	
Note: L	ine 105 plus line 1d, Part I, should equal the Relationship of Activities to the Acc			(C C		
Line N ▼	Explain how each activity for which income of the organization's exempt purposes (other				mportantly to the a	ıccomplishment
Part I	Information Degarding Tayable Subsi	diarios and Disre	aardad Entitia	<u>s (Coo Coo</u>	sific Instructions	on page 22 \
Part I	Information Regarding Taxable Subsi	(B)	egarded Entitle (C)	s (See Spe	(D)	(E)
<u> </u>	lame, address, and EIN of corporation,	Percentage of vnership interest	Nature of ac	tivities	Total income	End-of-year assets
		% %				
		%				
		%				
Part X	Information Regarding Transfers Associ	iated with Persor	nal Benefit Conf	tracts (See S	Specific Instruction	ns on page 33.)
(b) D	d the organization, during the year, receive any funds, di id the organization, during the year, pay prer If "Yes" to (b), file Form 8870 and Form 47	niums, directly or	indirectly, on a	•		☐ Yes ☐ No ☐ Yes ☐ No
Please	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, includin on of preparer (other th	g accompanying sc nan officer) is based	hedules and sta on all informat	atements, and to the bition of which preparer	pest of my knowledge has any knowledge.
Sign Here	Signature of officer				Date	
	Type or print name and title.					
Paid	Preparer's signature		Date	Check if self- employed ▶	Preparer's SSN or	PTIN (See Gen. Inst. W)
Preparer's Use Only	Firm's name (or yours			EIN	-	
USE UIIIY	if self-employed), address, and ZIP + 4			Phor	ie no. ► ()	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2001

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Compensation of the Five High (See page 1 of the instructions. L				nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over				
Part II Compensation of the Five High (See page 2 of the instructions. Lis	 est Paid Independent (st each one (whether indi)	Contractors for viduals or firms).	Professional Se	ervices enter "None.")
(a) Name and address of each independent contractor			of service	(c) Compensation
Total number of others receiving over \$50,000 for				
professional services		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		

Pa	rt II	Statements About Activities (See page 2 of the instructions.)	es No
1	att or	tring the year, has the organization attempted to influence national, state, or local legislation, including any tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities Wust equal amounts on line 38, and VI-A, or line i of Part VI-B.)	
	or	rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of e lobbying activities.	
2	su wi ov	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ibstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority where, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ansactions.)	
а	Sa	ale, exchange, or leasing of property?	
b	Le	ending of money or other extension of credit?	
С	Fu	urnishing of goods, services, or facilities?	
d	Pa	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	
е	Tra	ansfer of any part of its income or assets?	
3 4	Do	bes the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	
		ttach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments.	
Pa	rt l	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The	org	anization is not a private foundation because it is: (Please check only ONE applicable box.)	
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)	
7 8		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	
9		A rederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's nat and state ▶	ıme, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b) (Also complete the Support Schedule in Part IV-A.))(1)(A)(iv).
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	al public.
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, at receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 3 its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	33 1⁄₃% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a) section 509(a)(3).)	
		Provide the following information about the supported organizations. (See page 5 of the instructions.)	_
		(a) Name(s) of supported organization(s) (b) Line number from above	_
			_
			_
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)	

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions					accounting.
	ndar year (or fiscal year beginning in) .	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received. (Do		. , ,			,,,
	not include unusual grants. See line 28.).					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e) line 24	▶ 26a	
b c d	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter li Add: Amounts from column (e) for lines: 18	me of and amoun zation) whose tota rith your return. E ne 24, column (e)	t contributed by al gifts for 1997 th inter the total of a	each person (oth nrough 2000 exce Il these excess an	er than a seded the hounts ▶ 26b	
u	· · · · · · · · · · · · · · · · · · ·					
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				▶ 26e	
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	led in lines 15, 1 total amounts red	16, and 17 that v	vere received fro	m a "disqualified
b	(2000) (1999) For any amount included in line 17 that was receishow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each per year, that was mo 5 through 11, as w the larger amoun	son (other than "c re than the larger vell as individuals.) t described in (1)	disqualified person of (1) the amount Do not file this li or (2), enter the s	s"), prepare a list on line 25 for the st with your returum of these diffe	for your records to year or (2) \$5,000. rn. After computing rences (the excess
	(2000)(1999)		. (1998)		. (1997)	
С	Add: Amounts from column (e) for lines: 15				> 27c	
d		and line 27b tota				
е	Public support (line 27c total minus line 27d to	otal)			▶ 27e	
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	23, column (e).	. ▶ 27f		
g	Public support percentage (line 27e (numera					
h	Investment income percentage (line 18, colu					•
28	Unusual Grants: For an organization described prepare a list for your records to show, for ear description of the nature of the grant. Do not	ch year, the nam	e of the contribu	itor, the date and	amount of the	grant, and a brief

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
	basis?	32b 32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a 33b		
C	Admissions policies?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	×1111111	<i>\111111</i>

Pai	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				e instructions.)	. 9
Chec	k ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck ▶ b 🗌 if	you checked "a" a	nd "limited control"	provisions apply.
	Limits on Lobbyii (The term "expenditures" mea				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
24	· · · · · · · · · · · · · · · · · · ·	-		36		Organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis					
38	Total lobbying expenditures to influence a legis	-				
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amount					
		bbying nontaxab	-			
	Not over \$500,000	f the amount on I	line 40	· ·)		
	Over \$500,000 but not over \$1,000,000 \$100,00	•		l I		X/////////////////////////////////////
	Over \$1,000,000 but not over \$1,500,000 . \$175,00	•		I 1//////		
	Over \$1,500,000 but not over \$17,000,000 .\$225,00					
40	Over \$17,000,000				X/////////////////////////////////////	
42	Grassroots nontaxable amount (enter 25% of li Subtract line 42 from line 36. Enter -0- if line 4	· ·				
43 44	Subtract line 42 from line 38. Enter -0- if line 4					
	Subtract line 41 from line 30. Litter -0- if line 4	i is more than iii	16 30	· · · ·		
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 47	'20.		
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to d	complete all of the of the instruction	ns.)	
			1	1		T
	Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c)	(d) 1998	(e) Total
	inscar year beginning in	2001	2000	1777	1770	Total
45	Lobbying nontaxable amount				XIIIIIIIII	
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
	t VI-B Lobbying Activity by Nonelec	ting Public Cl	harities	l .	1	
	(For reporting only by organiza			Part VI-A) (See	page 12 of th	e instructions.)
Durir	ig the year, did the organization attempt to influ	uence national, st	ate or local legis	lation, including	any Yes No	Amount
atter	npt to influence public opinion on a legislative m	natter or referend	um, through the	use of:	105 110	///////////////////////////////////////
а	Volunteers					
b	Paid staff or management (Include compensati	•	•	c through h.) .	-	
C	Media advertisements					
d	Mailings to members, legislators, or the public					
e	Publications, or published or broadcast statem				-	
f	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gove					
g h	Rallies, demonstrations, seminars, conventions		-	-		
i	Total lobbying expenditures (Add lines c through	•			· · ·	
•	If "Yes" to any of the above, also attach a stat	ement giving a d		n of the lobbying	activities.	•

Schedule A	A (Form 990 or 990-EZ)	2001				Page 6
Part VI			nnsfers To and Transaction	ns and Relationships With Nonch	naritable	rage U
			e page 12 of the instruction			
51 Did	the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization de	escribed in	section
501	(c) of the Code (oth	her than section 50	1(c)(3) organizations) or in section	on 527, relating to political organizations		
a Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of:	Ye	s No
(i)	Cash				51a(i)	
(ii)	Other assets				a(ii)	
b Oth	er transactions:					
(i)			noncharitable exempt organiza		b(i)	
(ii)			itable exempt organization		b(ii)	
(iii)			ner assets		b(iii)	
(iv)					b(iv)	
(v)					b(v) b(vi)	
(vi)			ship or fundraising solicitations		C	
	-			yees		of the
goo	ds, other assets, or	services given by th	e reporting organization. If the org	ganization received less than fair market va s, other assets, or services received:	llue in any	or trie
(a)	(b)		(c)	(d)		
Line no.	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sh	aring arrange	ments
des		01(c) of the Code (other than section 501(c)(3)) or i	e or more tax-exempt organizations n section 527? ▶ [Yes	□ No
	(a) Name of organiz		(b) Type of organization	(c) Description of relationship	ı	

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.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

Inspection

OMB No. 1545-1150

Α	For the 2001 calendar year	or tax year beginning	, 2001, and endi	ng	, 20
В 	Check if applicable: Please Address change use IRS	C Name of organization		D Employ	er identification number
	Name change label or print or linitial return type. Final return See	Number and street (or P.O. box, if mail is not deliv	rered to street address) Ro	pom/suite E Telepho	one number
H	Final return Amended return Application pending See Specific Instructions.	City or town, state or country, and ZIP + 4		F Enter 4	-digit (GEN) ►
		ations and 4947(a)(1) nonexempt charitable tr npleted Schedule A (Form 990 or 990-EZ).	rusts must attach	G Accounting metal Other (specify) ▶	nod: Cash Accrual
<u>J</u>			47(a)(1) or		o attach m 990, 990-EZ, or 990-PF).
_	organization received a Form	on's gross receipts are normally not more than 1990 Package in the mail, it should file a return	without financial data. S	Some states requir	e a complete return.
		ne 9 to determine gross receipts; if \$100,000 or mo			
P	art I Revenue, Expe	nses, and Changes in Net Assets or	Fund Balances (S	ee Specific Inst	ructions on page 35.)
Revenue	1 Contributions, gifts 2 Program service r 3 Membership dues 4 Investment incom 5a Gross amount fro b Less: cost or othe c Gain or (loss) from 6 Special events an a Gross revenue (no reported on line 1 b Less: direct experience or (lo 7a Gross sales of inv b Less: cost of good c Gross profit or (lo 8 Other revenue (de 9 Total revenue (accepted)	s, grants, and similar amounts received	5a 5b 5b	n schedule)	1 2 3 4 5c 6c 6c 8 9 10
Expenses	11 Benefits paid to c 12 Salaries, other co 13 Professional fees 14 Occupancy, rent, 15 Printing, publicati 16 Other expenses (r amounts paid (attach schedule)	actors		11
Net Assets	18 Excess or (deficit)19 Net assets or fur end-of-year figure20 Other changes in	of for the year (line 9 less line 17)	e 27, column (A)) (mu 	ust agree with	18
Р		6—If Total assets on line 25, column (B) are			
			υ ψευσισσου οι πισι ο, 1	(A) Beginning of ye	
	·	see Specific Instructions on page 39.)		(A) beginning of ye	
23	Land and buildings .Other assets (describe	estments			22 23 24 25
25	Total assets				
26	 Iotal liabilities (describ Net assets or fund ha 	pe ►) with line 21\		26

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

Par	t III	Statement of Program Service Accom	plishments (See Sp	ecific Instruc	tions on	page 40.)		Expe	nses	_
What is the organization's primary exempt purpose?									or 501(c)(3)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise mann						icise manner,	and	(4) OI 4947(a	ganizations (1) trusts;	
desc	ribe th	e services provided, the number of persons ber	nefited, or other releva	nt information	for each	program title.	opti	onal for	others.)	
28										
-				(Grants \$)	28a			
20				•						
2, -										
-				(Grants \$)	29a			
30 -				•		•				
JU .										
(Grants \$)	30a					
31 Other program services (attach schedule) (Grants \$)	31a				
32 T	otal p	rogram service expenses (add lines 28a the	rough 31a)			•	32			
	t IV	List of Officers, Directors, Trustees, and Key I						uctions	on page 40	0.)
			(B) Title and average	(C) Com	pensation	(D) Contribution	ons to	(E)	Expense	
		(A) Name and address	hours per week devoted to position	(If no	ot paid, er -0)	employee benefit deferred compe	: plans & ensation	acc other	count and allowances	
			and provided		•					_
										_
										_
Par	rt V	Other Information (Note the attachme	ent requirement in	General Instr	uction '	V, page 14.)			Yes No	_)
33		e organization engage in any activity not previously re	•				ctivity			
34		iny changes made to the organizing or governing docume	•			•	-	nnes .		
			·							
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.							NOT		
2		e organization have unrelated business gross incom						onts?		77.
		s," has it filed a tax return on Form 990-T for					quireini	CIII3 :		_
36			3				tatomo	· ·		_
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a									
		ne organization file Form 1120-POL for this						<i></i>	77.	
	Did the organization file Form 1120-POL for this year?						···			
38a	such loans made in a prior year and still unpaid at the start of the period covered by this return?						k were	any	(11111111111111111111111111111111111111	'//
h	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.									
39		c)(7) organizations. Enter: a Initiation fees and				39a			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
		s receipts, included on line 9, for public use of	•			39b			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
		·								
40a		<i>l(3) organizations.</i> Enter: Amount of tax imposed on 4911 ►; section 49				5 🏲				
							oor or	4i4 i+	7//////////////////////////////////////	22
D	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									
d		: Amount of tax on line 40c, above, reimburs								_
41		ne states with which a copy of this return is file								_
42	Tho h	nocks are in care of	u. 🕨		Tolor	nhone no	()		_
42	The books are in care of ► Telephone no. ► () Located at ► ZIP + 4 ►									
43	Located at ► ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► □									
73	and e	enter the amount of tax-exempt interest recei	ived or accrued durin	a the tax vea		. ► 43	ш			
		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration					to the b	est of m	y knowledge	_
		and belief, it is true, correct, and complete. Declaration	of preparer (other than of	icer) is based on	all informa	tion of which pre	parer ha	as any ki	nowledge.	
Please Sign		e L								
		Signature of officer Date								_
Her	е									
		Type or print name and title.								_
<u> </u>		Preparer's		Date	Check if	Prepar	er's SSN	or PTIN (See Gen. Inst.	W
Paid		signature			self- employe			`		,
	arer's	Firm's name (or yours				EIN ►				_
Use Only		if self-employed), address, and ZIP + 4				Phone no. ► ()			_