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	2003 calendar year		, 20						
В	Check if a	applicable: Please	C Name of organization		Е	Employer ide	oloyer identification number			
	Address	change use IRS								
	Name ch	ange print or	label or							
	Initial retu									
	Final retu	rn See Specific								
	Amended	Instruc-			F	Group Exem				
	Application	on pending <b>tions</b> .				Number .	<u>.</u> ▶			
	• Secti	ion 501(c)(3) organiz	zations and 4947(a)(1) nonexempt charitable tr	rusts must attach	G Accoun	nting method:	☐ Cash ☐ Accrual			
		a coi	mpleted Schedule A (Form 990 or 990-EZ).		Other (specify) ►					
					H Check	▶ ☐ if the	organization			
ı	Websit	Website: ▶				equired to atta	0			
			only one)—	47(a)(1) or	Schedule B (Form 990, 990-EZ, or 990-PF).					
		_		. , , ,						
K			ion's gross receipts are normally not more than							
-			m 990 Package in the mail, it should file a return				ompiete return.			
_			ine 9 to determine gross receipts; if \$100,000 or mo							
L	Part I	Revenue, Expe	enses, and Changes in Net Assets or	Fund Balances (S	See page	37 of the in	nstructions.)			
	1	Contributions, gifts	s, grants, and similar amounts received			1				
	2	Program service	revenue including government fees and cor	ntracts		2				
	3	-	s and assessments			1 - 1				
	4		ne			4				
			om sale of assets other than inventory	1 _ 1		· · //////				
	5a		•			<del></del>				
	b	Less. Cost of other busis and sales expenses				· · · · · · · · · · · · · · · · · · ·				
Ф	С		m sale of assets other than inventory (line 5		e) . <b>5c</b>					
Š	6	, , ,								
Revenue	a	Gross revenue (n	ot including \$ of cont							
ž		reported on line 1	1)	6a						
	b	Less: direct expe								
	С	Net income or (lo	oss) from special events and activities (line of	6a less line 6b)		6c				
	7a	Gross sales of in	ventory, less returns and allowances	7a						
	b		ods sold							
	c	_	oss) from sales of inventory (line 7a less line		7c					
	8		8							
	9					_ /				
_										
	10		ar amounts paid (attach schedule)							
	11		or for members							
ses	12		ompensation, and employee benefits							
penses	13		and other payments to independent contra							
Exp	14	Occupancy, rent,	utilities, and maintenance			14				
ш	15		ions, postage, and shipping			15				
	16									
_	17	Total expenses (	(add lines 10 through 16)			. 🕨 17				
Net Assets	18	Excess or (deficit	18							
	19		nd balances at beginning of year (from line							
As	' '	end-of-year figure								
eţ	20	Other changes in								
Z	21	Net assets or fun	nd balances at end of year (combine lines 1	8 through 20)						
E	art II		s—If Total assets on line 25, column (B) are				of Form 990-EZ.			
الته			See page 40 of the instructions.)	,		ning of year	(B) End of year			
•	<b>3</b>				( , , z - g	22				
2						23				
2		Land and buildings								
2			₽ ▶			24 25				
2		Total assets								
2	6 Tota	Total liabilities (describe ►)  Net assets or fund balances (line 27 of column (R) must agree with line 21)								
٠,	, Not	DECOTE OF TUNA NO	ALABOR COLOR // OF COLUMN (R) MILET ACTOR I	AULD LIDO /III	1	27	i i			

Par	t III	Statement of Program Service Accom	plishments (See page	ge 41	of the in	structio	ns.)			Expe	nses	_
What	t is the	e organization's primary exempt purpose? _	<u> </u>				,				or 501(c)(	
Desc	ribe w	what was achieved in carrying out the organization	ation's exempt purpos	es. In	n a clear a	nd cond	ise man	ner.	and	(4) org	ganization a)(1) trust	IS S
desc	ribe th	e services provided, the number of persons ber	nefited, or other relevan	nt info	rmation fo	r each p	rogram	title.	optio	onal for	others.)	0,
28												_
-0 -												
-					Grants \$			١	28a			
-									200			_
29 .												
-	(Cranta \$							29a				
									27a			—
30 .												
-												
24 -	\.								30a			—
								31a				
		rogram service expenses (add lines 28a th						<u> </u>	32			
Par	t IV	List of Officers, Directors, Trustees, and Key I										
		(A) Name and address	(B) Title and average hours per week	•	(C) Compe	ensation naid	(D) Con employee I	tributio benefit	ns to		Expense count and	
		(4)	devoted to position		(If not enter	-0)	deferred	comper	sation		allowance	s
												_
Par	t V	Other Information (Note the attachme	ent requirement in (	Gene	ral Instru	ction V	bage	14.)			Yes N	10
		e organization engage in any activity not previously	·						h ootivi		1	_
33			•				•			-		
34		any changes made to the organizing or governing docume	•				•		-		////.	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among of											
	not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form										////.	
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax req								uireme	ents?		—
b	If "Ye	s," has it filed a tax return on Form 990-T for	or this year?									
36		there a liquidation, dissolution, termination, or s						n a st	ateme	nt.)		77777
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a									<i>\$////X///</i>	////.	
b	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								any	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	////,	
	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										
	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9									<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
		s receipts, included on line 9, for public use	•				39b					////.
		•				–	•					
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:										////.	
	section 4911 ►; section 4912 ►; section 4955 ►; section 4955 ►; section 4955 ►; section 4958 excess benefit transaction du								-l!		<i></i>	7777
D												
	year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanate c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _											—
		: Amount of tax on line 40c, above, reimburs						▶.				—
41	List th	ne states with which a copy of this return is file	d. ▶						/	<u> </u>		—
42	The b	pooks are in care of ▶				. Telep	hone no	. ▶	(	-1		
	Located at ►											
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶   43											
	and e											
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declarati	ned this return, including ac	ccomp	anying sched	dules and	statement	ts, and	l to the	best of r	my knowle	dge
Plea	ISA	and belief, it is true, correct, and complete. Decidian	on or preparer (other trial)	onicel,	, is vaseu Ul		nauon OI V	VIIICII	hichait	ı nas di	iy KIIOWIEC	₄ye.
Sign												
_		Signature of officer Date								_		
Here	<b>=</b>											
		Type or print name and title.										_
		,		Date		Check if		Prenare	r's SSN	or PTIN ທ	See Gen. Ins	t. W/
Paid		Preparer's signature				self- employed	l	· -paio				/
•	arer's	Firm's name (or yours		I				<b>&gt;</b>	-;			—
Use (	Only	if self-employed),						-	: )			—
		address, and ZIP + 4 /					Phone no.	- (	,			