

Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

1993

Under Section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 1993 calendar year, OR tax year beginning, 1993, and ending, 19

- B Check if: Initial return, Final return, Amended return, Change of address

C Name of organization, Number and street (or P.O. box, if mail is not delivered to street address), Room/suite, City, town or post office, state, and ZIP code

D Employer identification number, E State registration number, F Check if exemption application is pending, H Enter four-digit group exemption number (GEN)

G Accounting method: Cash, Accrual, Other (specify)

I Type of organization— Exempt under Section 501(c) (insert number) OR Section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check 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, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1993 gross receipts (add back lines 5b, 6b, and 7b, to line 9). If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each row includes a description and a corresponding line number.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, Form 990 must be filed instead of Form 990-EZ.

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows 22-27 cover assets and liabilities.

Part III Statement of Program Service Accomplishments —(see instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28 (Grants \$)	
29 (Grants \$)	
30 (Grants \$)	
31	Other program services (attach schedule) (Grants \$)	
32	Total program service expenses (add lines 28 through 31) ▶	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
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Part V Other Information		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	During the year covered by this return, did the organization have unrelated business gross income of \$1,000 or more or incur liability for the section 6033(e) tax on lobbying and political expenditures?		
b	If "Yes," has it filed a tax return on Form 990-T , Exempt Organization Business Income Tax Return, for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement, see instructions		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL , U.S. Income Tax Return for Certain Political Organizations, for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any 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 instructions and enter the amount involved . . . 38b		
39	Section 501(c)(7) organizations. —Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities (see instructions). 39b		
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (If "Yes," attach statement; see instructions.)		
40	List the states with which a copy of this return is filed. ▶		
41	The books are in care of ▶ Telephone no. ▶ ()		
	Located at ▶ ZIP code ▶		
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041, U.S. Fiduciary Income Tax Return. —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 42		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's social security no. _____

Firm's name (or yours if self-employed) and address _____ E.I. No. _____ ZIP code _____