Form **990-EZ**

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)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

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

OMB No. 1545-1150 2007

Open to Public Inspection

Α	For the	2007 calenda	ar year,	r, or tax year beginning	, 2007, and end	ding			, 20			
В	Check if a	Check if applicable:		C Name of organization			D Employer	riden	tification number			
	Address of	I lahel or ∣					1					
Н	Name cha	ange	nge print or Number and street (or P.O. box. if mail is not delivered to street address). Ro					suite E Telephone number				
Н	Initial retu		type.	,			()					
H	Termination Amended	Specific							#:			
H		d return linstruction pending tions. City or town, state or country, and ZIP + 4							tion			
=				zations and 4947(a)(1) nonexempt charitable trus	to must attach	G Acco			Cash Accrual			
	Secui	011 50 1(0)(3) 0	_	mpleted Schedule A (Form 990 or 990-EZ).	sis musi allacm	1	(specify)	u.	Casii Acciuai			
_			u 0011	npicted contidute A (Form coo or coo E2).								
	Websit	to.					k ▶ ∐ if t		•			
							not required to attach nedule B (Form 990, 990-EZ, or 990-P					
					'(a)(1) or 527							
				on is not a section 509(a)(3) supporting organization		ots are nor	mally not mo	re tha	an \$25,000. A return is			
_				nization chooses to file a return, be sure to file a con								
				ine 9 to determine gross receipts; if \$100,000 or more				\$				
Р	art I	Revenue,	Expe	enses, and Changes in Net Assets or F	und Balances	See pag	e 55 of the	e ins	structions.)			
	1	Contribution	s, gifts	s, grants, and similar amounts received			🗀	1				
	2	Program se	rvice r	revenue including government fees and conti	racts		2	2				
	3	Membership	p dues	s and assessments				3				
	4			ne				1				
	5a	Gross amou	unt fro	om sale of assets other than inventory	5a							
	b			er basis and sales expenses								
	С			sale of assets other than inventory. Subtract line 5		ch schedul	e) 5	С				
ne	6			d activities (attach schedule). If any amount is fr			" in i					
Revenue	а			not including \$ of contrib								
Ze,	"	reported on	-	_								
_	b			•								
		b Less: direct expenses other than fundraising expenses						С				
	7a											
	b				7h							
			_	ods soldoss) from sales of inventory. Subtract line 7b			7	С				
	8 8	Other reven			nom me ra .		-					
	9			Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								
_								_				
	10			ar amounts paid (attach schedule)			· · · · · ·	_				
S	11	Benefits paid to or for members				· · ·						
enses	12	Salaries, other compensation, and employee benefits					· · ·					
en Oen	13	Professional fees and other payments to independent contractors						4				
Exp	14	Occupancy, rent, utilities, and maintenance						5				
_	15	Printing, pu	iblicatio	/ I				_				
	16 17			(describe >) 1					
_				Add lines 10 through 16								
ets	18			t) for the year. Subtract line 17 from line 9.			🗀	8				
Net Assets	19											
		end-of-year	figure	re reported on prior year's return)			1	_				
	20			n net assets or fund balances (attach explana				_				
	21			nd balances at end of year. Combine lines 18					t F 000 F7			
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 9												
			•	See page 60 of the instructions.)			ginning of year	_	(B) End of year			
22				vestments				22				
23	3 Land	Land and buildings						23				
24	• Othe	Other assets (describe ▶)						24				
25		Total assets						25				
26	6 Tota	Total liabilities (describe					26					
27	7 Net	assets or fu	ınd ba	alances (line 27 of column (B) must agree wi	th line 21) . ´.			27				

Form	1 990-EZ (2007)							P	age Z		
			plishments (See page 60		ns.)	(Rea	Expen		(c)(3)		
What is the organization's primary exempt purpose?							(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)				
28											
-											
((Grants \$					28a					
	(Grants \$					29a					
30											
-											
(Grants \$					30a					
	Other program services (attach	·									
	(Grants \$ <mark>Total program service expen</mark>		udes foreign grants, check			31a 32					
Pa	rt IV List of Officers, Directo	rs, Trustees, and Key I	Employees (List each one eve	n if not compensate	d. See page 6		e instruc	ctions.	.)		
	(A) Name and add		(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributio	ns to	(E) E	Expens	se		
	(r) Hamo and add		devoted to position	enter -0)	deferred comper		other a				
Pa	<u> </u>		t requirement in Genera					Yes	No		
33	Did the organization make a detailed statement of each c	. •	es or methods of conductir	•	es," attach a	l 	33				
34	Were any changes made to						34				
35	attach a conformed copy of If the organization had income fr	· ·	such as those reported on line			not	04				
	reported on Form 990-T, attach										
а	Did the organization have uni	•		٠,			35a				
h	proxy tax requirements? . If "Yes," has it filed a tax reti						35b				
36	Was there a liquidation, disse										
	statement				.,		36				
	Enter amount of political expe						37b				
	 Did the organization file Form Did the organization borrow f 						370				
JUd	any such loans made in a pr						38a				
b	If "Yes," attach the schedule	e specified in the line	e 38 instructions and enter		_						
20					U						
39 a	501(c)(7) organizations. Enter Initiation fees and capital cor		n line 9	39	a						
	Gross receipts, included on I				b						

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	000 ==	(200.)							ago •	
Pai	rt V	Other Information (Note the statement requirement in	n General Instru	ction V.) (Cont	inued)		-		
40a		c)(3) organizations. Enter amount of tax imposed on the organion 4911 ►; section 4912 ►								
b		0(3) and (4) organizations. Did the organization engage in any section did it become aware of an excess benefit transaction from a pu					40b	Yes	No	
	the ye	amount of tax imposed on organization managers or disquallear under sections 4912, 4955, and 4958		. ▶ _						
d	Enter amount of tax on line 40c reimbursed by the organization ▶									
е		ganizations. At any time during the tax year, was the organiza					40e			
41	List the states with which a copy of this return is filed. ▶									
42a		The books are in care of ▶ Telephone no. ▶ (
	Located at ▶ ZIP + 4 ▶									
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority									
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial							Yes	No	
	account)?									
	If "Yes," enter the name of the foreign country: ▶									
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1.									
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?									
	If "Yes," enter the name of the foreign country:									
43		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here								
		enter the amount of tax-exempt interest received or accrued of								
		Under penalties of perjury, I declare that I have examined this return, including	ng accompanying sch	edules and	d stateme	nts, and to th	e best of n	ny knov	wledge	
Plea	200	and belief, it is true, correct, and complete. Declaration of preparer (other	tnan oπicer) is based	on all into	mation o	r wnich prepa	irer nas ar	iy knov	vieage.	
Sign										
Her		▼ Signature of officer Date								
Hen	C									
		Type or print name and title.								
Paid		Preparer's	Date	Check if self-		Preparer's SS	N or PTIN (S	See Gen.	. Inst. X)	
	arer's	signature	employed >							
Use		Firm's name (or yours if self-employed),			EIN	•				
036	Offiny	address, and ZIP + 4			Phone no	o. ▶ ()				

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