990EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year Note: You may have to use a copy of this return to satisfy state reporting requirements. See instruction E.

1990

OMB No. 1545-1150

Interna	I Reve	nue Service Note: You may have to use a copy of this return to satisfy state repo	orting requi	rements. See instructio	N E.		
For the	cale	ndar year 1990, or fiscal year beginning , 199	0, and end	ding		, 19	
Use IRS label. Otherwise,		Name of organization		A Employer Identific	ation nun	iber (see instruct	ion R2)
		Number, street, and room (If P.O. box number, see instruction R1) B State re			number(s	(see instruction	1 E)
pleas print							
type.	.	City or town, state, and ZIP code		C If application for e	vemntion	is nending	
		oney or town, coate, and an obac		check here ▶.			□
D Chan	tuno	of organization—Exempt under section ▶□ 501(c) () (insert number), OR ▶□ se	ection 494				
			ther (speci		.ruction c	7 and question	/
					C. b	au received a	
F Che	ck nei	re > if your gross receipts are normally not more than \$25,000. You need not Deackage in the mail, you should file a return without financial data (see instruction	nne AA and	pieteu return with ik: I R11) Some states	s, but II y require a	ompleted reti	urn.
G Ente	er you	r 1990 gross receipts (add lines 5b, 6b, 7b, and 9)		· · · > \$			
			au Franci	l Dalamana	-		-
Part		Statement of Revenue, Expenses, and Changes in Net Assets					
	1	Contributions, gifts, grants, and similar amounts received (attach sched			1		+
	2	Program service revenue			2		
	3	Membership dues and assessments (see instructions)			3		+
	4	Investment income			4		-
	b	Less: cost or other basis and sales expenses	5b				
<u>a</u>		Gain or (loss) (line 5a less line 5b) (attach schedule)			5c		
Revenue	6						
Š	а	Gross revenue (not including \$ of contributions					
~	_	reported on line 1)	6a				
	b	· ·	6b				
		Net income or (loss) (line 6a less line 6b)	•		6c		
			7a				
		Less: cost of goods sold					
		Gross profit or (loss) (line 7a less line 7b)			7c		
	_				8		†
	8 9	Other revenue (describe ► Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			9		+
					10		1
	10	Grants and similar amounts paid (attach schedule)				<u> </u>	+
	11	Benefits paid to or for members			11		+
es	12	Salaries, other compensation, and employee benefits			12		+
Expenses	13	Professional fees and other payments to independent contractors			13		-
	14	Occupancy, rent, utilities, and maintenance			14		
-	15	Printing, publications, postage, and shipping			15		
	16	Other expenses (describe >			16		+
	17	Total expenses (add lines 10 through 16)			17		
	18	Excess or (deficit) for the year (line 9 less line 17)			18		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (
SSI		(must agree with end-of-year figure reported on prior year's return)			19		
	20	Other changes in net assets or fund balances (attach explanation)			20		
	21	Net assets or fund balances at end of year (combine lines 18 through 20	0)				
		(must agree with line 27, column (B))		<u>. • </u>	21		<u> </u>
Part		Balance Sheets—If Total assets on line 25, Column (B) are \$250,000	or more,	, you must file Form	990 ins	tead of Form 9	990EZ.
				(A) Beginning of y		(B) End of yea	
22	Cach	n, savings, and investments			22		
		and buildings.			23		
23 24		er assets (describe			24		
		assets			25		
					26		
26 27	Net:	al liabilities (describe ►			27		
	'	, , , <u>, , , , , , , , , , , , , , , , </u>					

Form 9908	EZ (1	990)							F	Page 2
Part II		Statement of Program Service Accompli	ishments—(See instruc	ctions.)				Expe	nses	
Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.						and (4)	Required for section 501(c)(3) and (4) organizations; optional for others.			
28										
				(Grants \$)				
29										
				(Grants \$)	į.			
30										
				(Grants \$		٠٠٠٠٠٠٠ ١				
31 Othe	er pr	rogram services (attach schedule))				
		ogram service expenses (add lines 28 through				>				
Part IV	/ L	ist of Officers, Directors, and Trustees (L	ist each one even if not					_		
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compens (if not paid, e zero)		(D) Contrib to emplo benefit p	yee	ac) Expen count a r allowa	nd
Part V	0	Other Information—Section 501(c)(3) or also complete and at	ganizations and section tach Schedule A (Form	n 4947(a)(1) 990). (See in	char struct	itable tri ion C1.)	usts m	iust	Yes	No
		e organization engage in any activity not previous," attach a detailed description of each activity		al Revenue Ser	vice?					
If '										
N	OT r	organization had income from business activitie eported on Form 990-T, attach a statement exp	plaining your reason for no	t reporting the	incom	e on Forn	n 990-	Г.		
		e organization have unrelated business gross in s," have you filed a tax return on Form 990-T, I								
36 Wa	as ti ''Ye:	here a liquidation, dissolution, termination, or so s,'' attach a statement as described in the instr	ubstantial contraction duri uctions.	ng the year? (\$	See ins	tructions	.) .			
37a En	nter	amount of political expenditures, direct or indire	ect, as described in the ins	tructions. ► l	37a	2				
38a Di	d yo	ou file Form 1120-POL, U.S. Income Tax Return ou borrow from or make any loans to any officer, rior year and still unpaid at the start of the perio	director, trustee, or key e	mployee OR w						
	•	s," attach the schedule specified in the instructi		1	38b		•	<u> </u>		
		n 501(c)(7) organizations.—Enter:			20			ı		
		ion fees and capital contributions included on li			39a 39b					
	Gross receipts, included on line 9, for public use of club facilities (see instructions)							son		
be 40 Lis	cau st th	se of race, color, or religion? (see instructions) are states with which a copy of this return is filed.						 		
		ooks are in care of 🕨								.
42 Se	ectio	ed at ►	Z in lieu of Form 1041, U.	S. Fiduciary In	come	Tax Retur	n.—C	heck l	nere 🕨	<u> </u>
Please	and enter the amount of tax-exempt interest received or accrued during the tax year						e best of any kno	my kno wledge	wledge	and
Sign										
Here		Signature of officer	Date		Title					
Paid		Preparer's signature		,	Date			Check self-er	if nployed	ı ▶ [
Preparer Use Only		Firm's name (or yours if self-employed) and address			ZIP cod	е				