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| <b>Part III Statement of Program Service Accomplishments</b> (See page 39 of the instructions.)  |   | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
| What is the organization's primary exempt purpose? <u>educational/scientific</u>   |   |   |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. |   |   |
| 28   | .....<br>.....<br>.....<br>(Grants \$ )                                     | 28a   |
| 29   | .....<br>.....<br>.....<br>(Grants \$ )                                     | 29a   |
| 30   | .....<br>.....<br>.....<br>(Grants \$ )                                     | 30a   |
| 31   | Other program services (attach schedule) . . . . . (Grants \$ )             | 31a   |
| 32   | <b>Total program service expenses</b> (add lines 28a through 31a) . . . . . | <b>32</b>   |

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| <b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 40 of the 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 |
| <u>see attachment</u>   |  |   |   |  |
| .....   |  |   |   |  |
| .....   |  |   |   |  |
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| <b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.) |  | 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 . . . . .   |     | <input checked="" type="checkbox"/> |
| 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.  |     | <input checked="" type="checkbox"/> |
| 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.             |     | <input checked="" type="checkbox"/> |
| a  | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   |     | <input checked="" type="checkbox"/> |
| b  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  |     | <input checked="" type="checkbox"/> |
| 36   | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)   |     | <input checked="" type="checkbox"/> |
| 37a  | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>-0-</u>  |     | <input checked="" type="checkbox"/> |
| b  | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  |     | <input checked="" type="checkbox"/> |
| 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? . . . . .                      |     | <input checked="" type="checkbox"/> |
| b  | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b> <u>-0-</u>   |     | <input checked="" type="checkbox"/> |
| 39   | <b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 9 <b>39a</b> <u>-0-</u>  |     | <input checked="" type="checkbox"/> |
| b  | Gross receipts, included on line 9, for public use of club facilities <b>39b</b> <u>-0-</u>  |     | <input checked="" type="checkbox"/> |
| 40a  | <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> ; section 4955 ▶ <u>-0-</u>  |     | <input checked="" type="checkbox"/> |
| b  | <b>501(c)(3) and (4) organizations.</b> 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. . . . . |     | <input checked="" type="checkbox"/> |
| c  | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <u>-0-</u>   |     | <input checked="" type="checkbox"/> |
| d  | Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ <u>-0-</u>   |     | <input checked="" type="checkbox"/> |
| 41   | List the states with which a copy of this return is filed. ▶ <u>NONE</u>   |     |                                     |
| 42   | The books are in care of ▶ <u>Neal Norwitz</u> Telephone no. ▶ ( )   |     |                                     |
|  | Located at ▶ ZIP + 4 ▶   |     |                                     |
| 43   | <b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041</b> —Check here ▶ <input type="checkbox"/>   |     |                                     |
|  | and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>43</b>  |     |                                     |

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| <b>Please Sign Here</b>         | 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<br><u>Neal Norwitz, Treasurer</u>  |  | Date            |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature  |  | Date            | Check if self-employed <input type="checkbox"/> |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶   |  | EIN ▶           | Preparer's SSN or PTIN (See Gen. Inst. W)       |
|                                 |   |  | Phone no. ▶ ( ) |   |

