

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-L containing fields for tax year, organization name, EIN, address, and tax-exempt status.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Main table with 21 rows for Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming and fundraising events.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II  **InfoInScheduleOPartIIInd**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments <input type="text" value="CashSavingsAndInvestmentsGrp"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>
23	Land and buildings <input type="text" value="LandAndBuildingsGrp"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>
24	Other assets (describe in Schedule O) <input type="text" value="OtherAssetsTotalDetail"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>
25	<b>Total assets</b> <input type="text" value="Form990TotalAssetsGrp"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>
26	<b>Total liabilities</b> (describe in Schedule O) <input type="text" value="SumOfTotalLiabilitiesGrp"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree) <input type="text" value="NetAssetsOrFundBalancesGrp"/>	<input type="text" value="BOYAmt"/>	<input type="text" value="EOYAmt"/>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III  **InfoInScheduleOPartIIIInd**

What is the organization's primary exempt purpose?

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and  each program title.

28	<input type="text" value="DescriptionProgramSrvcAccomTxt"/>	<input type="text" value="GrantsAndAllocationsAmt"/>	If this amount includes foreign grants, check here <input type="checkbox"/> <input type="text" value="ForeignGrantsInd"/>	28a	<input type="text" value="ProgramServiceExpensesAmt"/>
29				29a	
30				30a	
31	Other program services (describe in Schedule O)			31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)			32	<input type="text" value="TotalProgramServiceExpensesAmt"/>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV  **InfoInScheduleOPartIVInd**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<input type="text" value="PersonNm"/> <input type="text" value="BusinessName"/> <input type="text" value="TitleTxt"/>	<input type="text" value="AverageHrsPerWkDevotedToPosRt"/>	<input type="text" value="CompensationAmt"/>	<input type="text" value="EmployeeBenefitProgramAmt"/>	<input type="text" value="ExpenseAccountOtherAllwncAmt"/>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question  InfoInScheduleOPartVInd

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O <input type="checkbox"/> ActivitiesNotPreviouslyRptInd	33	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions <input type="checkbox"/> ChgMadeToOrgnzngDocNotRptInd	34	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? <input type="checkbox"/> OrganizationHadUBIInd	35a	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation <input type="checkbox"/> OrganizationFiled990TInd	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II <input type="checkbox"/> SubjectToProxyTaxInd	35c	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N <input type="checkbox"/> OrganizationDissolvedEtclInd	36	
37a	Enter amount of political expenditures, direct or indirect, as described <input type="checkbox"/> DirectIndirectPtlclExpendAmt	37a	
b	Did the organization file Form 1120-POL for this year? <input type="checkbox"/> Form1120PolFiledInd	37b	
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 outstanding at the end of the tax year covered by this return? <input type="checkbox"/> MadeLoansToFromOfficersInd	38a	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="checkbox"/> 38b LoansToFromOfficersAmt	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a InitiationFeesAndCapContriAmt	39a	
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b GrossReceiptsForPublicUseAmt	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <input type="checkbox"/> TaxImposedUnderIRC4911Amt section 4912 <input type="checkbox"/> TaxImposedUnderIRC4912Amt section 4955: <input type="checkbox"/> TaxImposedUnderIRC4955Amt		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <input type="checkbox"/> EngagedInExcessBenefitTransInd	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> TaxImposedOnOrganizationMgrAmt		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> TaxReimbursedByOrganizationAmt		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <input type="checkbox"/> ProhibitedTaxShelterTransInd	40e	
41	List the states with which a copy of this return is filed: <input type="checkbox"/> StatesWhereCopyOfReturnsFldCd		
42a	The organization's book <input type="checkbox"/> BooksInCareOfDetail Telephone no. <input type="checkbox"/> PhoneNum Located at: <input type="checkbox"/> PersonNm <input type="checkbox"/> BusinessNm <input type="checkbox"/> USAddress <input type="checkbox"/> ForeignAddress 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 account)? If "Yes," enter the name of the foreign country: <input type="checkbox"/> ForeignFinancialAccountInd <input type="checkbox"/> ForeignFinancialAccountCntryCd	42b	
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="checkbox"/> ForeignOfficeInd <input type="checkbox"/> ForeignOfficeCountryCd	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> NECTFilingForm990Ind and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 interestAmt	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> DonorAdvisedFndsInd	44a	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> OperateHospitalInd	44b	
c	Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/> TanningServicesProvidedInd	44c	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="checkbox"/> Form720FiledInd	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/> RelatedOrganizationCtrlEntInd	45a	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions <input type="checkbox"/> TransactionWithControlEntInd	45b	

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input type="checkbox"/>
<small>PoliticalCampaignActyInd</small>	<b>46</b>	

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI  InfoInScheduleOPartVIInd

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
<small>LobbyingActivitiesInd</small>	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
<small>SchoolOperatingInd</small>	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
<small>TrnsfrExmptNonChrtblRltdOrgIn</small>	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
<small>RelatedOrgSect527OrgIn</small>	<b>49b</b>	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	Part VI Of Comp Of Hghst Pd Empl Txt Compensation (Forms W-2/1099-MISC/1099-NEC)	NONE benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<small>CompensationHighestPaidEmplGrp</small> PersonNameType TitleTxt	<small>AverageHoursPerWeekRt</small>	<small>CompensationAmt</small>	<small>EmployeeBenefitsAmt</small>	<small>ExpenseAccountAmt</small>

**f** Total number of other employees paid over \$100,000 OtherEmployeePaidOver100kCnt

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	Part VI Hghst Pd Cntrct Prof Svc Txt	NONE	(c) Compensation
<small>CompensationOfHghstPdCntrctGrp</small> BusinessName USAddress PersonNm ForeignAddress	<small>PartVIHghstPdCntrctProfSvctxt</small>	<small>NONE</small>	<small>CompensationAmt</small>

**d** Total number of other independent contractors each receiving over \$100,000 CntrctRcvdGreaterThan100KCnt

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No FiledScheduleAInd

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.

<b>Sign Here</b>	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No