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If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <u>here</u>.

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16 Printing, publications, postage, and shipping	be	14	Occupancy, rent, utilities, and maintenance	14
17 Total expenses. Add lines 10 through 16 17   18 Excess or (deficit) for the year (subtract line 17 from line 9) 18   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19   20 Other changes in net assets or fund balances (explain in Schedule O) 20   21 Net assets or fund balances at end of year. Combine lines 18 through 20 21	ũ	15		15
18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19   20 Other changes in net assets or fund balances (explain in Schedule O) 20   21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		16		16
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19   20 Other changes in net assets or fund balances (explain in Schedule O) 20   21 Net assets or fund balances at end of year. Combine lines 18 through 20 21		17		
	ts			18
	sse	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	
	t A£	00		
	Nei			
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2022)				Form <b>990-EZ</b> (2022)

rm 9	90-EZ (2022)					Page
Par	t II Balance Sheets (see the instructions	s for Part II)				÷
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part II....		[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[		22	
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		<b>.</b> . <b>.</b> [		25	
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colum		h line 21)		27	
art	Statement of Program Service Accor			Part III)		
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part III 🛛 . 🗌		Expenses
'hat	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
asc	ribe the organization's program service accomp	lishments for each o	f its three largest p	rogram services		nizations; optional f
s m	easured by expenses. In a clear and concise	manner, describe the	e services provided	, the number of	othe	ers.)
	ns benefited, and other relevant information for					
8				7 —		
	(Grants \$ ) If this amount	nt includes foreign gra	ants, check here		28a	
9						
-					i	
	(Grants \$ ) If this amour	nt includes foreign gra	ants check here		29a	
0		it includes for eight grt		· · · · ⊔	200	
,						
	(Grants \$ ) If this amou	at includes foreign ar	nto obook boro		30a	
		nt includes foreign gra			30a	
	Other program services (describe in Schedule O				0.1	
	(Grants \$ ) If this amour Total program service expenses (add lines 28a	nt includes foreign gra			31a	
					32	
aru	List of Officers, Directors, Trustees, and K Check if the organization used Schedu					
	Check II the organization used Schedu		· ·		· ·	••••
		(b) Average	(c) Reportable compensation	(d) Health benefits,		
	(a) Name and title	hours per week	(Forms W-2/1099-MISC/	contributions to employ benefit plans, and		Estimated amount other compensation
		devoted to position	1099-NEC) (if not paid, enter -0-)	deferred compensatio		
			(		_	
					_	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			Г
		, i di t	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	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			
35a	change on Schedule O. See instructions	34		
b	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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	36		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file <b>Form 1120-POL</b> for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9 39a   Gross receipts, included on line 9, for public use of club facilities 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
b	section 4911:; section 4912:; section 4955: 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	40b		
с	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	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	40e		
41	List the states with which a copy of this return is filed:			
42a	The organization's 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 account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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:	42c		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	N
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	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a	explanation in Schedule O	44d 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	45b		

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			Yes	Ν
46	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	46		
Part	VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les f	or line	эs
	50 and 51.			

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	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI		🗆	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par				tax	Yes No	
48 49a b 50	8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48   9a Did the organization make any transfers to an exempt non-charitable related organization? 49a   b If "Yes," was the related organization a section 527 organization? 49b						
	(a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NISC/ 1099-NISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation						
	Total number of other employees paid ov	NO					

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	(b) Type of service	(c) Compensation
	-	
	-	
	-	
	-	
	_	
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A . . . . . . . .

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.

Sign Here	Signature of officer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only					Firm's EIN		
	Firm's address				Phone no.		
May the IRS	discuss this return with the prepare	r shown above? See instructions			[	Yes 🗌 No	

Page 4

Yes No

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