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18Excess or (deficit) for the year (subtract line 17 from line 9)1819Net 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)1820Other changes in net assets or fund balances (explain in Schedule O)20										
 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 	6		Excess or ((deficit) for the year (subtract line 17 from line 9)						
iv end-of-year figure reported on prior year's return) 19 iv 20 Other changes in net assets or fund balances (explain in Schedule O) 20 iv 21 Net assets or fund balances at end of year. Combine lines 18 through 20 1 20	set		Net assets	or fund balances at beginning of year (from line 27, column (A)) (mus	t agree	e with				
20 Other changes in net assets or fund balances (explain in Schedule O)	As						9			
121 Net assets or fund balances at end of year. Combine lines 18 through 20	let									
	<u> </u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		2	21			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2023)

	990-EZ (2023)					Page 2
Ра	t II Balance Sheets (see the instructions	-	ny question in this	Dort II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		_	() Dogining of your	22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of colum	., .	,		27	
Par Wha	Statement of Program Service Accon Check if the organization used Schedule is the organization's primary exempt purpose?					Expenses quired for section
as n pers	ribe the organization's program service accompl leasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the				(c)(3) and 501(c)(4) anizations; optional for ers.)
28						
29	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🗌	28 a	1
ZJ						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🗌	29 a	1
30						
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	🔲	30a	1
31	Other program services (describe in Schedule O)					
20		t includes foreign gra			31a	
32 Dar	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke				32	
T al	Check if the organization used Schedule					
	<u> </u>		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
					_	
					_	

Form 99	90-EZ (2023)		Р	age 3
Part	V 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		ν.	
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	Yes	No
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	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)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 37a Did the organization file Form 1120-POL for this year?	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?	38a		
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(2) organizations. Enter: 39b			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 40c reimbursed by the organization			
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	40e		
	List the states with which a copy of this return is filed: The organization's books are in care of: 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	No
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	44a 44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a 45b		

			Yes	No
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	1	I	
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tak	oles fo	or line	es
	50 and 51.			

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	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		

50 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	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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 han a har title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN		
Use Only	Firm's name				Firm's EIN			
					Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions								