

Click on the question-mark icons to display help windows.
 The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning _____, **2023, and ending** _____, **20**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

E Telephone number

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify): _____

I Website: _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

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

Revenue	<input type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received	<input type="text"/>	1	<input type="text"/>
	<input type="checkbox"/> 2	Program service revenue including government fees and contracts	<input type="text"/>	2	<input type="text"/>
	<input type="checkbox"/> 3	Membership dues and assessments	<input type="text"/>	3	<input type="text"/>
	<input type="checkbox"/> 4	Investment income	<input type="text"/>	4	<input type="text"/>
	5a	Gross amount from sale of assets other than inventory	<input type="text"/>	5a	<input type="text"/>
	5b	Less: cost or other basis and sales expenses	<input type="text"/>	5b	<input type="text"/>
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<input type="text"/>	5c	<input type="text"/>
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	<input type="text"/>	6a	<input type="text"/>
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<input type="text"/>	6b	<input type="text"/>	
c	Less: direct expenses from gaming and fundraising events	<input type="text"/>	6c	<input type="text"/>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<input type="text"/>	6d	<input type="text"/>	
7a	Gross sales of inventory, less returns and allowances	<input type="text"/>	7a	<input type="text"/>	
b	Less: cost of goods sold	<input type="text"/>	7b	<input type="text"/>	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<input type="text"/>	7c	<input type="text"/>	
8	Other revenue (describe in Schedule O)	<input type="text"/>	8	<input type="text"/>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<input type="text"/>	9	<input type="text"/>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	<input type="text"/>	10	<input type="text"/>
	11	Benefits paid to or for members	<input type="text"/>	11	<input type="text"/>
	12	Salaries, other compensation, and employee benefits <input type="checkbox"/>	<input type="text"/>	12	<input type="text"/>
	13	Professional fees and other payments to independent contractors <input type="checkbox"/>	<input type="text"/>	13	<input type="text"/>
	14	Occupancy, rent, utilities, and maintenance	<input type="text"/>	14	<input type="text"/>
	15	Printing, publications, postage, and shipping	<input type="text"/>	15	<input type="text"/>
	16	Other expenses (describe in Schedule O) <input type="checkbox"/>	<input type="text"/>	16	<input type="text"/>
17	Total expenses. Add lines 10 through 16	<input type="text"/>	17	<input type="text"/>	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	<input type="text"/>	18	<input type="text"/>
	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)	<input type="text"/>	19	<input type="text"/>
	20	Other changes in net assets or fund balances (explain in Schedule O)	<input type="text"/>	20	<input type="text"/>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<input type="text"/>	21	<input type="text"/>

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 in this Part V

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
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	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

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

	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 completed Schedule A **Yes** **No**

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 Use Only	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**