50rm 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Inspection

Open to Public

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

Department of the Treasury Internal Revenue Service

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

A For the 2020 calendar year, or tax ye			ar year, or tax year beginning , 2020, and ending	ginning , 2020, and ending				
В	Check if ap	plicable:	C Name of organization	mployer ic	dentification number			
	Address cl	hange	_					
	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E T	/suite E Telephone number				
=	Initial retur	rn n/terminated						
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	Group Exemption				
Application pending			1	Number	•			
G	Account	ing Method:	☐ Cash ☐ Accrual Other (specify) ► H Chec	ck ▶ 🗌	if the organization is not			
	N ebsite			ired to at	tach Schedule B			
J T	ax-exem	npt status (che	7 1 10 1 (a)(1) 10	n 990, 99	0-EZ, or 990-PF).			
			☐ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset					
			S500,000 or more, file Form 990 instead of Form 990-EZ	,	<u> </u>			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst		· 			
_			the organization used Schedule O to respond to any question in this Part I .		<u> </u>			
	1		ons, gifts, grants, and similar amounts received					
	2	_	ervice revenue including government fees and contracts					
	3		ip dues and assessments	. 3				
	4	Investment		. 4				
	5a		ount from sale of assets other than inventory					
	b		or other basis and sales expenses					
	6 6	Gaming an	. 5c					
ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)						
Revenue	b	Gross inco						
Re		from fundr						
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b					
	С		t expenses from gaming and fundraising events 6c					
	d	Net incom	ot					
		/		· 6d				
	7a		s of inventory, less returns and allowances	_				
	b		of goods sold					
	С	-	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c				
	8		nue (describe in Schedule O)					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					
Expenses	10		I similar amounts paid (list in Schedule O)	. 10 . 11				
	11 12		aid to or for members					
	13		al fees and other payments to independent contractors					
	14		y, rent, utilities, and maintenance					
	15		ublications, postage, and shipping					
	16		enses (describe in Schedule O)					
	17		enses. Add lines 10 through 16					
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit					
			ur figure reported on prior year's return)					
	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20				
z	21		or fund balances at end of year. Combine lines 18 through 20					

Form 990-EZ (2020) Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments . . . 22 23 23 Land and buildings 24 Other assets (describe in Schedule O) 24 25 25 Total assets 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28a) If this amount includes foreign grants, check here 29a) If this amount includes foreign grants, check here .) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here . . . 31a 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 (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	۷.	
			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 change on Schedule O. See instructions			
05-	· ·	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	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,	35b		
С	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	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	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	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: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	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			
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. ▶			
	7D . 4 N			
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶			
	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
110	Did the organization maintain any dense advised funds during the years if "Vee " Form 000 much be		Yes	No
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		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	4 4 4 4		
	completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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-FZ. See instructions	45h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	0-EZ (2	020)							F	age 4	
									Yes	No	
46		ne organization engage, directly or in									
		candidates for public office? If "Yes," complete Schedule C, Part I						. 46			
Part '		Section 501(c)(3) Organizations									
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, an	d com	plete the	e tables t	or lin	es	
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					
		<u> </u>	·						Yes	No	
47	Did t	the organization engage in lobbying activities or have a section 501(h) election in effect during the tax				tax					
	year?	? If "Yes," complete Schedule C, Part II						. 47			
48	Is the	s 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?									
b											
50									es, an	d ke	
		oyees) who each received more than									
			(b) Average	(c) Reportable	(d) l	Health be	enefits,				
	(a)	Name and title of each employee	hours per week	compensation		contributions to employees benefit plans, and def		(e) Estimat			
			devoted to position	(Forms W-2/1099-MIS	S(:) '	ompensa	I .	Other Cor	ther compensation		
f	Total	number of other employees paid over	er \$100 000								
51		plete this table for the organization's			ont contro	— otore i	who oach	roccivod	more	, than	
31	\$100	,000 of compensation from the organ	nization. If there is no	ne. enter "None."	iii contra	CIOIS V	viio c acii	i ieceived	111016	ulai	
	(a)	Name and business address of each independ	ent contractor	(b) Type of service			(c) Compensation				
d	Total	number of other independent contra	ctors each receiving	over \$100,000	•						
52		the organization complete Schedu	-		nanizatior	ne mu	st attach	n a			
-		bleted Schedule A						ັ⊓ Yes	. 🗆	No	
I Inder n		of perjury, I declare that I have examined this r	eturn including accompany	ving schedules and stat	ements and	to the h	est of my kn				
		d complete. Declaration of preparer (other than						owicage an	a buildi,	,	
Sign		Signature of officer				Date					
Here		_									
		Type or print name and title									
D-11	I	Print/Type preparer's name	Preparer's signature		Date		0h	., PTIN			
Paid							Check L	if			
Prep		Firm's name ▶				Firm's		.			
Use (Unly	Iy Firm's name Firm's EIN Firm's address Phone no.									
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			l	► ☐ Yes		Nο	