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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	93,756	22 120,488
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	93,756	25 120,488
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,756	27 120,488

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

Check if the organization used Schedule Q to respond to any question in this Part II.

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? _____ Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			28a
29			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			29a
30			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>			31a
32 Total program service expenses (add lines 28a through 31a)			32

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